Certification of Voluntary Respirator Use Form

**Employee certification:**

I, ________________________________ (printed name) do hereby certify that I am voluntarily using a respirator to reduce my exposure to _________________________________ (give name or type of air contaminant). I have been given a copy of 29CFR1910.134 Appendix D regarding the proper respirator use and I have read and understand it.

Signed ______________________________________________ Date _________________

**UOEHSM certification:**

I have determined that this voluntary use of a respirator will not create a hazard in the workplace and approve this voluntary usage of respiratory protection for this employee.

The respirator is a NIOSH-approved, filtering facepiece (dust mask) respirator and no further action is required.

Signed ______________________________________________ Date _________________

Printed Name ____________________________________  Title _________________________

**Employer certification:**

I approve this voluntary usage of respiratory protection for this employee.

Signed ______________________________________________ Date _________________

Printed Name ____________________________________  Title _________________________

Please return this form to UOEHSM, 2735 E. 10th Street, Bloomington, IN 47408.