

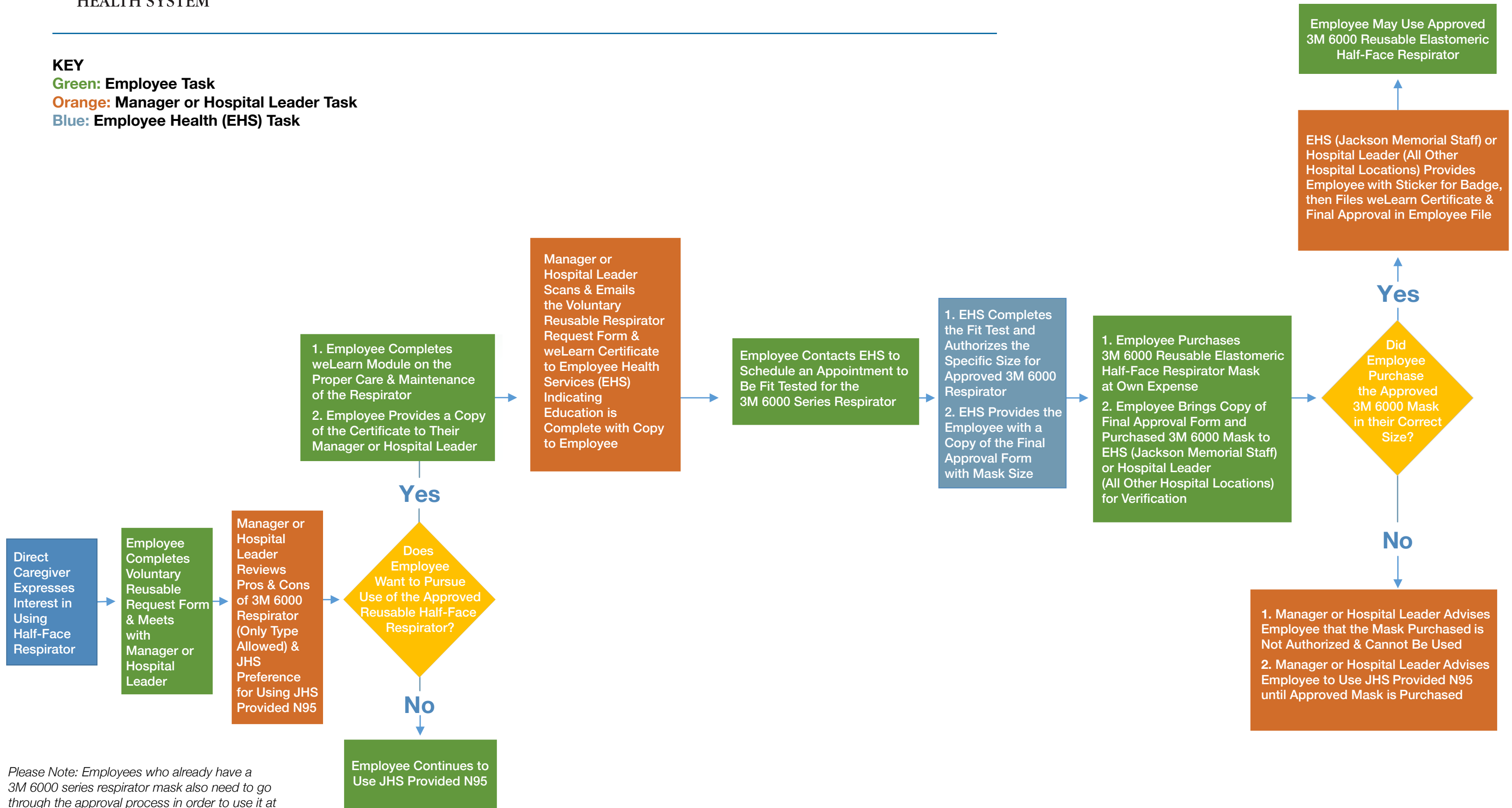
Jackson 3M 6000 Reusable Elastomeric Half-Face Respiratory Request & Approval Process for Direct Caregivers Expressing Interest

KEY

Green: Employee Task

Orange: Manager or Hospital Leader Task

Blue: Employee Health (EHS) Task



Please Note: Employees who already have a 3M 6000 series respirator mask also need to go through the approval process in order to use it at work. Exceptions to the 3M 6000 series may be considered for any employee who previously purchased a different make/model. Employees should specify this information in the request form.

VOLUNTARY REUSABLE RESPIRATOR REQUEST FORM INPATIENT DIRECT CAREGIVERS

This request and approval process in the current state of emergency addresses the use of reusable respirators relative to regulatory agencies. Please complete this request and return to your facility's designated leader or your manager for consideration of alternative respiratory protection when an N95 mask may not personally be considered optimal for a particular case (comfort, duration) or individual (health reasons). This request form is available to employees who provide direct patient care in **inpatient areas only**.

Date		Badge #	
First Name		Last Name	
E-mail		Phone #	
Facility		Position	
Department		Supervisor	

CHECK REASON FOR THIS REQUEST:

- Individual Health
 Comfort Only
 Other (Reason: _____)

REUSABLE RESPIRATOR REQUESTED:

- 3M 6000 Series
 Other (previously purchased) _____

KEYNOTE: Do not use any respirator with a beard, facial hair or anything that prevents direct contact between the face to ensure proper seal.

For Employee Health Office Only.

This employee completed the weLearn module and has provided a copy of the certificate with attestation for care and maintenance of the 3M 6000 Respirator. Date of completion: _____

Respirator Verification completed by Employee Health Services.

Date: _____ Signature of Authorized EHS Representative: _____

Printed Name of EHS Representative: _____

Fit-Test completed by Employee Health Services.

Respirator Model and Size: _____

Employee Health Services Representative reviewed with employee care and maintenance of Respirator Model _____

Date: _____ Signature of Authorized EHS Representative: _____

Printed Name of EHS Representative: _____

Sticker provided Date: _____

https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource1quest2.html