



# required respiratory program information

before you begin...

This form is required each time you send employees for Fit Testing. We do not keep Fit information.

Members with Internet access can register online 24-hours a day, including weekends.

Contact Customer Relations for online access at ext. 2910 or via e-mail at [support@hascxnet.com](mailto:support@hascxnet.com).

<b>HASC Account Number:</b>	_____
<b>Purchase Order/Job #:</b>	_____

* You must sign below if you waive Respirator/Supplied Air Training and/or Pulmonary Function Testing		
Will trainee require Respirator/Supplied Air training at HASC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
Will trainee require Pulmonary Function Testing at HASC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *
Will trainee require Respiratory Fit Testing at HASC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No *

To receive medical documents, we must have your company's physical address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HALF MASK RESPIRATOR	
<b>Primary Mask</b> Brand: _____ Model Number: _____ Select One: <input type="checkbox"/> Silicon <input type="checkbox"/> Rubber Special Instructions? _____	<b>Alternate Mask</b> Brand: _____ Model Number: _____ Select One: <input type="checkbox"/> Silicon <input type="checkbox"/> Rubber Special Instructions? _____

FULL MASK RESPIRATOR	
<b>Primary Mask</b> Brand: _____ Model Number: _____ Select One: <input type="checkbox"/> Silicon <input type="checkbox"/> Rubber Special Instructions? _____	<b>Alternate Mask</b> Brand: _____ Model Number: _____ Select One: <input type="checkbox"/> Silicon <input type="checkbox"/> Rubber Special Instructions? _____

EMPLOYEES TO BE FIT TESTED				
Social Security No.	Last Name	First Name	HASC Code	Date Attending

**Read & sign below if you are waiving the Respiratory Training, Fit or Pulmonary Function Test:**

The OSHA Respiratory Protection Standard (1910.134 (b) (3)) states that a user of a respirator "shall be instructed and trained in the proper use of respirators and their limitations" and "shall have the proper medical clearance" to wear a respirator. The Safety Council offers this respiratory training and the pulmonary function test to each and every individual who comes to the council for Respirator Fit Testing.

Please acknowledge below that you have read the above, understand it, and understand that your company is declining this training and/or pulmonary function testing through HASC.

Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_ Name (print): \_\_\_\_\_