Occupational Health Department

NMRTC Bremerton and Branch Health Clinics

(PSNS/Bangor/Everett)

**RESPIRATOR CERTIFICATION**

**Program Elements FY2021**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | Comments/%Compliance |
| 1 | Is a questionnaire for potential respirator user completed (RUQ) |   |   |  Not required for exam, but helpful to provider if brought in with worker. |
| 2 | Occupational History, Datagrid (5100/15), current/updated/stamped |  |  |  |
| 3 | Is the recall frequency (periodicity) appropriate as required by age  |   |   |  15 to 34 y/o – 5 years 35 to 44 y/o – 2 years > 45 y/o – Annual SCBA User – Annual (Firefighter) |
| 4 | Is the MMO form (716) in the EHF and complete (including demographics), note charted in MHS Genesis |  |  | No longer RN exam, unless screening questions are all “no.” |
| 5 | Is a medical statement made noting whether the individual is qualified for respirator use |   |   | Via PWO, or 5100/1 form, or medical scheduler’s tool, MMO completed/signed by provider (nurse if applicable) |

**\*Spirometry not required for respirator user program, but can be requested by provider as indicated/needed\***

**Records screened for compliance**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of review | Pt. Init. | Last 4SSN | 1 | 2 | 3 | 4 | 5 | Comments (write on back PRN) |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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

Validated by/Program Manager Signature Date