



**Filtering Facepiece (Dust Mask) Approval Form  
For Comfort Use Only**

This form is to be used for the approval to use filtering facepiece respirators, or dust masks, for employee **COMFORT ONLY**, *not for protection against hazardous dusts, gases, or vapors*. The employee should be able to remove the respirator at any time without concern about adverse health effects from the material in use. Medical approval is not needed since the respirator is not used for protection against hazardous materials. However, employees who have a history of heart or respiratory problems, or feel that they may have such problems, should seek their physician's approval to wear this device prior to the submission of his form.

This program in compliance with OSHA Standard 29 CFR 1910.143(c)(2)(i) with the exception in 1910.134(c)(2)(ii).

\_\_\_\_\_ has requested participation in this program.  
(Employee Name)

The dust mask will be only used for the following task(s):

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

The conditions stated in the written program exist as understood by the employee's supervisor and the Coordinator of EAOH&S. The employee was given a copy and asked to read the mandatory handout titled, "Instructions for Voluntary Dust Mask Respirator Use at NVCC". By signing below the employee certifies that he/she has read and understands the instructions.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Coordinator of EAOH&S

\_\_\_\_\_  
Date