



Required Respirator Use Agreement to be Clean Shaven

**This model form/template must be customized to meet your Agency’s needs.**

Required Respirator Use - Agreement to be Clean Shaven

**(Form to be signed and renewed annually as part of fit-testing training and requirement)**

I understand that Title 8 of the California Code of Regulations (T8CCR) section 5144(g)(1)(A)1 (Respiratory Protection) prohibits the use of respirators with tight-fitting facepieces if an employee has facial hair where the respirator sealing surfaces contact the face.

I affirm that I will not enter areas or perform tasks, as part of my employment or engage in other activities that would require me to use respiratory protection if I have facial hair that comes between the sealing surface of the facepiece of a respirator and the face.

I further affirm that if circumstances arise that require my use of a respirator; I will shave before using a respirator with a tight-fitting facepiece. Form to be signed and renewed annually as part of fit-testing training and requirement.

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

HR approval by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Respirator Administrator approval by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_