| Authorization Table for Required Respirator Use |      |                    |  |
|---|------|--------------------|--|
| Date:   |      |                    |  |
| Name of Department:                             |      |                    |  |
| Department Respirator Program Administrator:    |      |                    |  |
| Job Classification                              | Name | Operation/Location | Respirator Approved<br>(type, model, size,<br>filter or cartridge) |
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