

EXHIBIT 15A
NAVAL AIR WARFARE CENTER AIRCRAFT DIVISION LAKEHURST
RESPIRATORY PROTECTION PROGRAM

1

 EMPLOYEE

 SOCIAL SECURITY #

 SUPERVISOR

 DEPARTMENT

 SHOP

 OCCUPATION

 BIRTHDATE

 RATE/GRADE

 WORK EXTENSION

CHECK TYPE / TYPES OF RESPIRATOR TO BE USED:

- SELF CONTAINED BREATHING APPARATUS (SCBA)
- SUPPLIED AIR / AIRLINE
- POWERED AIR PURIFYING RESPIRATOR (PAPR)
- NEGATIVE PRESSURE AIR PURIFYING
- DISPOSABLE AIR PURIFYING

EXTENT OF USAGE:

- 1) ON A DAILY BASIS
- 2) MORE THAN ONCE A WEEK
- 3) INCIDENTAL: AS NEEDED

2

PUBLIC SAFETY DEPARTMENT EVALUATION / COMMENTS:

LEVEL OF WORK EFFORT (CHECK ONE)

- LIGHT MODERATE
- HEAVY STRENUOUS

COMMENTS: _____

 OSH SPECIALIST

3

PHYSICIAN'S EVALUATION:

- CLASS: 1) NO RESTRICTIONS ON RESPIRATOR USE
- 2) SOME SPECIFIC USE RESTRICTIONS
- 3) NO RESPIRATOR USE PERMITTED

REMARKS: _____

EXAMINING PHYSICIAN

NOTE: EMPLOYEE SHALL RETURN COMPLETED FORM TO PUBLIC SAFETY DEPARTMENT

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