Cut along line Fold here cut along line

Protective Mask/Respirator Issue Card

Name:

Last Middle MI

Job Title:

Type of respirator:

Military Mask ☐ Half-Face ☐ Emerg Apparatus ☐

Supplied Air ☐ Full-Face ☐ PAPR ☐ SCBA ☐

Size: _____ MFG: _____ Model: _____

Optional inserts required: ☐ Yes ☐ No

IMNE Form 1245a-E-R, 1 May 2006 (Supersedes SSB Form 1245a, which will not be used)

The individual assigned this respirator has been medically evaluated ad approved IAW 29 CFR 1910.134 to use a respirator/protective mask.

Physician Signature Date

The individual assigned this respirator has received training IAW 29 CFR 1910.134.

Respiratory Protection Specialist Signature Date

Expiration Date: