

Respiratory Protection Program

Attachment 3

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT OF TITLE 8CCR § 5144 APPENDIX D

Date: _____

I _____, acknowledge that I have received and read Appendix D of Title 8 California Code of Regulations section 5144, as provided by my supervisor.

Employee's Department: _____

Employee's Signature: _____ Date: _____

Supervisor's Department: _____

Supervisor's Signature: _____ Date: _____

RPP Manager: _____ Date: _____

Cal/OSHA requires that employees who are enrolled in the voluntary-use Respiratory Protection Program (RPP) receive a copy of Appendix "D". By signing this form, this acknowledges that you received and understand that you have enrolled into the UC Berkeley RPP as a voluntary user. Copies of this signed form will be filed in the department's personnel folder and Voluntary-Use Respirator files at EH&S.

CC:
EH&S Fit Testing Files (Voluntary-Use)
Supervisor (Employee File)