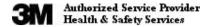
2/15/22, 2:07 PM Respexam.com



1651309

Your employer is required under OSHA Standard 1910.134 to ensure that you are medically certified to wear a respirator as part of your job. The following describes the respirator type and use conditions your account administrator assigned you to test for and the physician's evaluation of your ability to wear the respirator based on the information you provided.

#### MEDICAL CLEARANCE FOR RESPIRATOR USE

Employee Name: Harmon, Brian

Employee ID:

Employer: Hudson Bay Insulation
Date Tested: 2/15/2022 2:15:01 PM
Respirator Use Conditions



Work Effort Med Extent of Use Over	Face lium r 4 hours per day	Temp < 50 F Temp > 77 F	Yes Yes
Extent of Use Over		·	Yes
	or 4 hours per day		
_	1 4 Hours por day	Permit Required Confined Space	Yes
Oxygen Deficient No		Humid Conditions	Yes
Protective Gear (helr	Protection (goggles, faceshield), Head protection met, hard hat, head cover), Hearing Protection plugs, ear muffs), Skin Protection (apron, eralls, Tyvek suits), Gloves, Boots, shoe covers	Hyperbaric	No
	ium hydroxide, Dusts - Particulates - Fibers, Acids kalis - Mists (ammonia, bleach, etc)	High Altitude	No
Work Description Insu	lating mechanical systems.	•	

<sup>\*</sup> Note: The profile name is an arbitrary reference assigned by the employer to the type of mask and work conditions the employee is being evaluated for. It does not in any way impact the medical evaluation.

# PHYSICIAN'S EVALUATION

No restrictions on respirator use in the use conditions listed above.

Recertify: within 5 years

or when there is a change in health or work conditions.

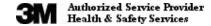
William H. Lohman, MD

Reviewing Physician

2/15/2022 2:40:12 PM

Date

Damarco Solutions, LLC 1807 Market Blvd #281 Hastings, MN 55033



### MEDICAL CLEARANCE FOR RESPIRATOR USE

Employee Name: Harmon, Brian

Employee ID:

Employer: Hudson Bay Insulation Date Tested: 2/15/2022 2:15:01 PM

## Respirator Use Conditions

Face um	Temp < 50 F Temp > 77 F	Yes Yes
um	Temp > 77 F	Voc
		res
4 hours per day	Permit Required Confined Space	No
	Humid Conditions	Yes
	Hyperbaric	No
onia	High Altitude	No
lling Mechanical Insulation		
	4 hours per day  I protection (helmet, hard hat, head cover), ing Protection (ear plugs, ear muffs), Gloves onia  Iling Mechanical Insulation	Space Humid Conditions I protection (helmet, hard hat, head cover), ing Protection (ear plugs, ear muffs), Gloves onia Hyperbaric High Altitude

<sup>\*</sup> Note: The profile name is an arbitrary reference assigned by the employer to the type of mask and work conditions the employee is being evaluated for. It does not in any way impact the medical evaluation.

## **PHYSICIAN'S EVALUATION**

No restrictions on respirator use in the use conditions listed above.

Recertify: within 5 years

or when there is a change in health or work conditions.

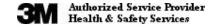
William H. Lohman, MD

Reviewing Physician

2/15/2022 2:40:12 PM

Date

Damarco Solutions, LLC 1807 Market Blvd #281 Hastings, MN 55033



### MEDICAL CLEARANCE FOR RESPIRATOR USE

Employee Name: Harmon, Brian

Employee ID:

Employer: Hudson Bay Insulation
Date Tested: 2/15/2022 2:15:01 PM
Respirator Use Conditions

Profile Name *	Mechanical Insulation		
Respirator Type	Half Face	Temp < 50 F	Yes
Work Effort	Medium	Temp > 77 F	Yes
Extent of Use	Over 4 hours per day	Permit Required Confined Space	No
Oxygen Deficient	No	Humid Conditions	Yes
Protective Gear	Eye Protection (goggles, faceshield), Head protection (helmet, hard hat, head cover), Gloves, Boots, shoe covers	Hyperbaric	No
Toxic Substances	Dusts - Particulates - Fibers, Organic Chemicals	High Altitude	No
Work Description	General insulation and firestop work.	•	

<sup>\*</sup> Note: The profile name is an arbitrary reference assigned by the employer to the type of mask and work conditions the employee is being evaluated for. It does not in any way impact the medical evaluation.

### **PHYSICIAN'S EVALUATION**

No restrictions on respirator use in the use conditions listed above.

Recertify: within 5 years

or when there is a change in health or work conditions.

William H. Lohman, MD

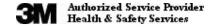
Reviewing Physician

2/15/2022 2:40:12 PM

Date

**Damarco Solutions, LLC** 1807 Market Blvd #281

Hastings, MN 55033



### MEDICAL CLEARANCE FOR RESPIRATOR USE

Employee Name: Harmon, Brian

Employee ID:

Employer: Hudson Bay Insulation Date Tested: 2/15/2022 2:15:01 PM Respirator Use Conditions



Profile Name *	Asbestos		
Respirator Type	Half Face	Temp < 50 F	Yes
Work Effort	Medium	Temp > 77 F	Yes
Extent of Use	Over 4 hours per day	Permit Required Confined Space	Yes
Oxygen Deficient	No	Humid Conditions	Yes
Protective Gear	Head protection (helmet, hard hat, head cover), Skin Protection (apron, coveralls, Tyvek suits), Gloves	Hyperbaric	No
Toxic Substances	Dusts - Particulates - Fibers	High Altitude	No
Work Description	Firestop work		
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<sup>\*</sup> Note: The profile name is an arbitrary reference assigned by the employer to the type of mask and work conditions the employee is being evaluated for. It does not in any way impact the medical evaluation.

## **PHYSICIAN'S EVALUATION**

No restrictions on respirator use in the use conditions listed above.

Recertify: within 5 years

or when there is a change in health or work conditions.

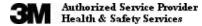
William H. Lohman, MD

Reviewing Physician

2/15/2022 2:40:12 PM

Date

Damarco Solutions, LLC 1807 Market Blvd #281 Hastings, MN 55033



## MEDICAL CLEARANCE FOR RESPIRATOR USE

Employee Name: Harmon, Brian

Employee ID:

Employer: Hudson Bay Insulation
Date Tested: 2/15/2022 2:15:01 PM
Respirator Use Conditions

Profile Name *	Asbestos FF		
Respirator Type	Full Face	Temp < 50 F	Yes
Work Effort	Medium	Temp > 77 F	Yes
Extent of Use	Over 4 hours per day	Permit Required Confined Space	Yes
Oxygen Deficient	No	Humid Conditions	Yes
Protective Gear	Head protection (helmet, hard hat, head cover), Skin Protection (apron, coveralls, Tyvek suits), Gloves	Hyperbaric	No
Toxic Substances	Dusts - Particulates - Fibers	High Altitude	No
Work Description	Firestop work		
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<sup>\*</sup> Note: The profile name is an arbitrary reference assigned by the employer to the type of mask and work conditions the employee is being evaluated for. It does not in any way impact the medical evaluation.

## **PHYSICIAN'S EVALUATION**

No restrictions on respirator use in the use conditions listed above.

Recertify: within 5 years

or when there is a change in health or work conditions.

William H. Lohman, MD

Reviewing Physician

2/15/2022 2:40:12 PM

Date

Damarco Solutions, LLC 1807 Market Blvd #281 Hastings, MN 55033