

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: Caldwell, Lincoln
Employee ID:
Employer: Hudson Bay Insulation
Date Tested: 2/17/2022 8:48:37 AM

Respirator Use Conditions

Profile Name *	Construction		
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	Eye Protection (goggles, faceshield), Head protection (helmet, hard hat, head cover), Hearing Protection (ear plugs, ear muffs), Skin Protection (apron, coveralls, Tyvek suits), Gloves, Boots, shoe covers	Hyperbaric	No
Toxic Substances	sodium hydroxide, Dusts - Particulates - Fibers, Acids - Alkalis - Mists (ammonia, bleach, etc)	High Altitude	No
Work Description	Insulating mechanical systems.		

* 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

May use a respirator in the above listed conditions with the following accommodations:

Must accommodate prescription eyeglass lenses when needed by the employee to safely work while wearing the respirator

**Recertify: within 5 years
or when there is a change in health or work conditions.**

William H. Lohman, MD
Reviewing Physician

2/17/2022 9:06:43 AM
Date

Hastings, MN 55033

Phone: [1-800-383-3393](tel:1-800-383-3393) Fax: [612-617-0990](tel:612-617-0990)

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Employee Name: Caldwell, Lincoln

Employee ID:

Employer: Hudson Bay Insulation

Date Tested: 2/17/2022 8:48:37 AM

Respirator Use Conditions

Profile Name *	Ammonia Cold Work		
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	No
Oxygen Deficient	No	Humid Conditions	Yes
Protective Gear	Head protection (helmet, hard hat, head cover), Hearing Protection (ear plugs, ear muffs), Gloves	Hyperbaric	No
Toxic Substances	ammonia	High Altitude	No
Work Description	Installing Mechanical Insulation		

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PHYSICIAN'S EVALUATION

May use a respirator in the above listed conditions with the following accommodations:

Must accommodate prescription eyeglass lenses when needed by the employee to safely work while wearing the respirator

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Date

Damarco Solutions, LLC
1807 Market Blvd #281
Hastings, MN 55033
Phone: [1-800-383-3393](tel:1-800-383-3393) Fax: [612-617-0990](tel:612-617-0990)

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MEDICAL CLEARANCE FOR RESPIRATOR USE



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Employee ID:

Employer: Hudson Bay Insulation

Date Tested: 2/17/2022 8:48:37 AM

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.		

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PHYSICIAN'S EVALUATION

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

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Employee ID:

Employer: Hudson Bay Insulation

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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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PHYSICIAN'S EVALUATION

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Recertify: within 5 years

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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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PHYSICIAN'S EVALUATION

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