

## Respirators for Employees Who Are Not Fully Vaccinated

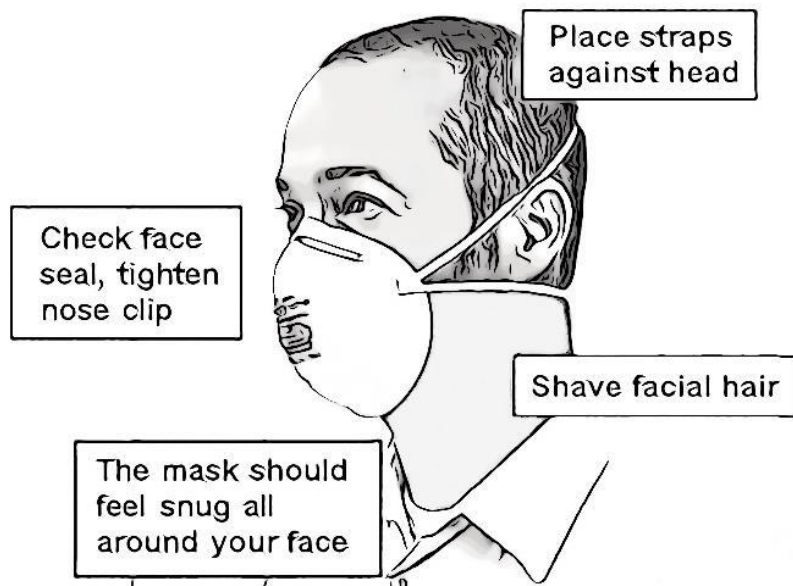
Employees who are not fully vaccinated have the right to request a respirator (N95) for voluntary use. Departments are responsible for ensuring that these employees are provided a respirator at no cost to the employee and encouraging their use without fear of retaliation. N95 respirators can be purchased through [UCSB Gateway](#). Individuals who will wear respirators on a voluntary basis must read the information below and sign the consent form.

Please contact [RPP@ehs.ucsb.edu](mailto:RPP@ehs.ucsb.edu) with any questions or concerns.

To comply with the Cal/OSHA COVID-19 Prevention Standard voluntary filtering facepiece respirator users **must** do the following:

1. Follow instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations. Fit test through EHS are not required for voluntary use.
2. Use a filtering facepiece respirator, such as an N95, certified for particulate use by the National Institute for Occupational Safety (NIOSH). A label or statement of certification should appear on the respirator or respirator packaging.
3. Review the information covering how to fit and maintain respirators. If you have any questions about respirator selection, sizing, or fitting, please contact EH&S using the contact information supplied below. A video covering this information can also be viewed here: <https://s3.amazonaws.com/uc.wildfire/n95use>

### How to properly fit and maintain respirators.



Respirator filters should be replaced if they get damaged, deformed, dirty, or difficult to breathe through. Filtering facepiece respirators are disposable respirators that cannot be cleaned or disinfected.

If you have symptoms such as difficulty breathing, dizziness, or nausea, go to an area with cleaner air, take off the respirator, notify your supervisor and seek medical attention if needed.

## Filtering Facepiece Respirator Voluntary Use Consent Form

A copy of this form with all approved user signatures must be kept at the location where respirators are stored along with a copy of the voluntary use requirements above.

**Approved Usage:** Voluntary use as outlined in the Cal/OSHA COVID-19 Prevention standard

**By signing below, I acknowledge that I have read and understood the UCSB Respiratory Protection Program Filtering Facepiece Respirator COVID-19 Voluntary Use Requirements, and have been shown how use my respirator, perform user seal checks, and ensure proper fit.**

User's Name (Please PRINT)	Employee ID #	Signature	Date

**Please submit this form at [RPP@ehs.ucsb.edu](mailto:RPP@ehs.ucsb.edu)**