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Respiratory Protection (Voluntary Use – Filtering Face-Piece ONLY)

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. This waiver certifies the employee is opting-in to voluntarily use a respirator provided by The Berg Group (do NOT bring a personal respirator). Further, the employee is using said respirator at their own risk (no fit test will be performed). Employee certifies that they're competent with the respirator and know how to don it.

Employee should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning/care, donning, and warnings regarding the respirator's limitations. Ask the job site foreman for a respirator and he/she will ensure you sign this waiver. The foreman may also provide manufacturer instructions for proper use.
2. Only use filtering face-piece respirators provided by The Berg Group. This waiver is not applicable to half-mask, full-face, self-contained breathing apparatus (SCBA), etc. respirators or any other type of respirator beyond filtering face-piece.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. When storing your respirator, keep it in a sealed container or bag.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator. Contact your medical provider (doctor) if you have a respirable medical condition prior to signing this waiver or using a respirator. Contact your safety manager with any concerns or questions.

Employee Signature: _____

Date: _____

Foreman Signature: _____

Date: _____

Safety Manager Signature: _____

Date: _____

Office Locations

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