**Respirator Recovery Form**

The Virginia Tech Respiratory Protection Program require that upon termination of employment, termination of participation in the Program or unsuccessful fit with your respirator, this will be surrendered to the designated EHSS personnel or to Mike Lafon, Facilities Services Engineer or his designee. If surrendered to EHSS personnel, the respirator will be returned to Facilities Safety upon request.

By signing this form I acknowledge that today, I surrendered my respirator to the person mentioned below:

Respirator user: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name)

Respirator type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print brand/model/size)

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatures: Respirator user: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respirator receiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_