You are receiving this email because you have elected to voluntarily wear a respirator other than a disposable filtering facepiece respirator (N95 mask) to reduce your risks of respiratory hazards in the workplace. \*

To ensure proper use of your respirator, please do the following:

|  |
| --- |
|[ ]  Review, sign, and return the attached Employee Training Form for Voluntary Respirator Use to confirm that you understand using a respirator |
|[ ]  Schedule respirator training to learn how to clean, store, and maintain your respirator |
|[ ]  Complete a medical evaluation to make sure you are cleared to use a respirator (details on this questionnaire will be sent after respirator training) |

To access our written Respiratory Protection Program, you can find it attached [OR PROVIDE LINK].

To schedule your respirator training and return the completed form, please reach out to [INSERT PROGRAM ADMINISTRATOR NAME] at [INSERT PROGRAM ADMIN CONTACT]. You may also contact your supervisor if you have any questions or concerns.

Thank you,

[INSERT YOUR NAME]

[INSERT CUSTOMIZED FORM FROM APPENDIX D OF THE RESPIRATORY PROTECTION PROGRAM TEMPLATE]

[INSERT COMPLETED RESPIRATORY PROTECTION PROGRAM TEMPLATE]

\*If the employee voluntarily wears disposable filtering facepiece respirators, only ask them to review, sign, and return the attached Employee Training Form for Voluntary Respirator Use. They do not need to undergo respirator training or medical evaluation.