



CARDINAL SAFETY SUPPLY

www.cardinalsafetysupply.com

Pre-Appointment Check List

Date: _____ Phone Number: _____
 Name: _____ Fax Number: _____
 Company: _____ E-Mail Address: _____
 Address: _____
 Number of Employees to be Fit-Tested: _____

Respirator Type	Brand & Model Number	Pesticides (List All)*	Other Than Pesticides (List)	Required Use (Check)	Voluntary Use (Check)
Filtering Facepieces (Dust Mask)					
Half-Mask					
Full-Face Mask					
PAPR					
SCBA					

*Please attach a separate sheet for additional pesticides if necessary

Do you prefer Quantitative Fit-Testing, which is computerized technology that is very accurate? _____ Yes _____ No

Would you like for Cardinal to perform the Medical Evaluations?

_____ Yes _____ No _____ Number of Employees

Would you like for Cardinal to provide the necessary training for respirators?

_____ Yes _____ No _____ Number of Employees

SCBA Training?

_____ Yes _____ No _____ Number of Employees

Would you like for Cardinal to audit your program as required?

_____ Yes _____ No

Would you like for Cardinal to provide you with the "Written Respiratory Program"?

_____ Yes _____ No

Is there anything else you would like us to provide?

Explain: _____