

Section C.1: Project Reference Numbers

What is your NIOSH-assigned Manufacturer Code?

Manufacturer holds a current approval

Assign a unique reference number to this application, as directed by NIOSH

Section C.2: Type of Application

Type of Application: New Extension Quality Assurance Approval

Section C.3: Manufacturer

Manufacturer Name

Section C.5: Application Representative

primary contact first

Status of facility Manufacturer name (if different from above)

Check if your organization has submitted a request for approval for any respirator produced at this manufacturing site at any time in the last 3 years.

Official Title

Name: Honoric Given Middle Initial Surname Suffix

Street Address (Line 1)

Street Address (Line 2)

City State Code Postal Code Country

Telephone Fax E-Mail Shipping number

Remove Contact

Add contact

Section C.6: Date of Application

Date of Application: Jul 14, 2014

Section C.7: Type of Application

Type of Application: AirPurifying AirSupplying Combination AirPurifying and Air Supplying

Section C.8: Specific Questions Pertaining to Submission

Is this a resubmittal of a previous application? Yes No

Relevant Task Number(s)

Is this an amended application? Yes No

Is this submission the result of a field problem or site audit? Yes No

Relevant Task Number(s)

Is the respirator intended for use in mines? Yes No

Does this application depend upon the approval of an application already in progress? Yes No

Relevant AAR and/or Task Number(s)

Section C.9: Reason for Application

Reason for application:

Section C.10: Approval History

Approval history:

Section C.11: Respirator Description

Is this a joint SEI (CBRN/NFPA) submission? Yes No

Is this an SEI retrofit respirator? Yes No

Is this a CBRN application? Yes No

Select type of CBRN respirator

Is testing required? Yes No

Return tested equipment? (if no, NIOSH will dispose of equipment) Yes No

Source of submitted samples:

If no testing is required, explain the reason:

Facepiece type

Fit

Is this respirator fit-checkable? Yes No

If the respirator contains electrical components, have the components been approved by MSHA for intrinsic safety? Yes No Not applicable

Does the respirator have an inhalation valve? Yes No

Does the respirator have an exhalation valve? Yes No

Air Purifying Respirator Questions

Type of AP Respirator

Mask Power

How many filters?

Are the filter(s) replaceable? Yes No

Filter location

Does the respirator protection cover more than a single gas? Yes No

Does the respirator use cartridges or canisters? Cartridges Canisters

How many cartridges or canisters? Cartridge or canister location

Can the canister or cartridge be replaced? Yes No

Does the canister or cartridge have an ESLI (EOSL)? Yes No

Air-Supplied Respirator Questions

Type of supplied air respirator:

SCBA type:

SCBA use:

SAR category

Rated Service Time (minutes) 3 5 10 15 30 45 60 120 180 240

Airflow:

Breathing gas:

Concentration of oxygen in breathing gas (percentage)

Cylinder rating (psig):

Regulator mounting location:

Are the materials used in the construction which may be exposed to oxygen at pressures above atmospheric pressures, safe and compatible for their intended use? Yes No

above atmospheric pressures, safe and compatible for their intended use?

Yes No

Add hose set

Please provide a description of the respirator(s):

Section C.12: Intended Protection and Safe Design

add listed gas vapor protection

add unlisted gas vapor protection

add listed particulate protection

Section C.13: Pretest Data

add listed APR pretest

add listed ASR pretest

add other pretest

Section C.14: Model Numbers

add model

Section C.15: Test Samples

add test sample

Section C.16: Quality Assurance Documents

Title Revision level

Document date

Has this document been previously accepted by NIOSH? Yes No

If in process, under which reference number was the QA manual previously submitted?

remove document

add QA document

Section C.17: Fees

Air purifying test fee

Air supplying test fee

Total fee amount

Check amount Check number Check issue date

Section C.24: Summary of Related Documents

add document

Checklist

- Quality assurance manual
- Product Quality Control Plan
- Assembly matrix
- CGA thread specifications
- Burst Disc Pressure Range (SCBA only)
- DOT Approval Documentation
- Lens meets GGG-M-125d requirement
- Exploded view drawing
- Major Components Drawings
- Check
- User's Instructions
- Packaging art
- Special Gas Data
- End of service life indicator (EOSL or ESLI) data
- List of related documents

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- All test data sufficient to demonstrate compliance with 42 CFR part 84.
- TC numbers are entered into the reason for application.

Draft Approval Labels:

- Approval label draft: Air Purifying Respirator
- Approval label draft: Cartridge
- Approval label draft: Filter
- Approval label draft: Abbreviated Cartridge or Canister
- Approval label draft: Abbreviated Filter
- Approval label draft: SCBA (in manual)
- Approval label draft: SCBA harness
- Approval label draft: SAR (in manual or on packaging)
- Approval label draft: Scrubber Label

I certify that the information contained in this application is correct and that if approved, no further changes will be made to the products(s) without prior written approval of the National Institute for Occupational Safety and Health, Respirator Branch.

Initials of authorized representative:

Public reporting burden of this collection of information is estimated to average 229 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA(0920-0109). Do not send the completed form to this address.