

# **PPE Waiver**

## **LANL TA-49 Emergency Response Training Center**

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**Organization/Team**

<b>PRINTED NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

The above employees are authorized per OSHA 1910.134 “Respiratory Protection” and OSHA 1910.120 “Hazardous Waste Operations and Emergency Response” to participate in Hazardous Materials Training involving the use of:

- Full-face air purifying respirator and/or a self-contained breathing apparatus. Current authorization requires annual training on the make/model of respiratory protection equipment to be worn and a current medical evaluation by a licensed physician.
- Wear turnout gear and an encapsulated chemical protective suit.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization Signature of Physician or Employer

\_\_\_\_\_  
Title

**Questions call: 505-695-4106 or 505-665-665-8501**

**Email form to: [hazmatchallenge@lanl.gov](mailto:hazmatchallenge@lanl.gov)**