ROLODEX INFORMATION FORM

☐ **New Employee** ☐ **Employee Transfer** ☐ **Information Update**

Identification	**Telephone Numbers**
Last Name:	Work Phone:
First Name:	Home Phone:
Middle Initial:	Cell Phone #:
Position #:	Cell Phone Carrier: (If Opt-In Emergency Text, On Back)
SSN (only last 5 digits required):	**Home Address Information**
Sex:	Address 1:
Race:	Address 2:
Preferred Name:	City:
	State:
	Zip Code:
Job Information	**Emergency Contact Information**
Job Title:	Name:
Department:	Relationship to Employee:
Location:	Phone:
Shift: 1st 2nd 3rd	Name:
Hire Date:	Relationship to Employee:
	Phone:
Circle the Status Below That Applies to This Employee: TMFT; TMPT; PMFT; PMPT; OTHER_____	Comments:
Vehicle Tag Number(s):	
Make/Model/Color of Vehicle:	

Signature: _____ Date: _____

00-015-0720

Caswell Developmental Center
North Carolina
Division of State Operated
Healthcare Facilities

Emergency Text Message Opt-In or Opt-Out

Alert Messaging System

The alert messaging system will be activated when an event is imminent, or an emergency/disaster is declared. The Alert Messaging System was designed to notify participating staff through text messages to their personal cell phones.

All staff must select one of the options below:

_____ By Opting In:

- You authorize Caswell Developmental Center to use auto-dialer or non-auto dialer technology to send emergency notice text messages to the mobile phone number associated with your Opt-In selection (i.e., the number listed on the Opt-In section of Caswell Centers Staff Rolodex). Message and data rates may apply.

_____ By Opting Out:

- You will not receive emergency notice text messages from Caswell Developmental Center.

Note: You may change your Option at any time.

Print Name: _____

Signature: _____ Date: _____

========== Management Only ==========

Staff Rolodex Updated: _____ Date: _____

Signature: _____

Caswell Developmental Center

Current Effective Date: 10/16/2018
Revision Dates: 10/16/2018; 10/24/2017

Safety Policy #CDC-R1
Respiratory Protection Program

Original Effective Date: 10/19/2016

Purpose

The purpose of this policy is to establish practices and procedures for the training, use, storage, and maintenance of respiratory protective equipment for Caswell staff required to wear a respirator to protect from hazards resulting from assigned job duties.

Policy

It is the policy of Caswell Developmental Center to protect employees, individuals and visitors from respiratory hazards. This policy establishes a respiratory protection plan to ensure compliance with the Occupational Safety and Health Administration (OSHA) standards.

Roles and Responsibilities

Safety Programs Manager
The Safety Programs Manager (SPM) ensures that a written respiratory protection plan is in place. The SPM reviews the policy periodically.

Safety Officer
The Safety Officer monitors his/her assigned area to ensure compliance with this policy. The Safety Officer oversees and monitors the effectiveness of the Respiratory Protection Program. The Safety Officer coordinates training and fit-testing in accordance with this Plan.

Manager/Supervisor
The manager/supervisor ensures that employees comply with the guidelines established by this Plan. The manager/supervisor ensures that designated staff complete required training prior to wearing a respirator.

Caswell Staff
Staff are responsible for complying with this policy. Affected staff complete training and fit-testing as required.

Implementation

Program Scope
In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mist, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished whenever feasible by accepted engineering control measures (i.e.; enclosure or confinement of the operation, general and local ventilation, and substitute with less toxic materials).

To assure the adequacy of a respiratory protection program, monitoring should be conducted on an as needed basis to provide for a continuing healthful environment for employees.

When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used.

Respirator Selection
Respirators and filters will be selected by the Safety Officer on the basis of hazards to which the worker is exposed. All respirators and filters selected shall be approved by the National Institution of Occupational Safety and Health (NIOSH) for that specific purpose.

Respirator Assignment
Each department or work area performing work which requires employees to use respiratory protection equipment provides such equipment to each work site in sufficient quantity to adequately protect all employees involved in the work. Each department or work area provides replacement parts as needed to properly maintain each type of respirator authorized for use. Each department providing respiratory protective equipment only provides those models approved by the Safety Officer. The Safety Officer will identify the correct respirator to be used for each activity, but it is the responsibility of the Supervisors to ensure the protective equipment is worn. Where practicable, the respirator should be assigned to individual employees for their exclusive use.

Training
Employees that are required to wear respiratory protection equipment must be properly trained and fit tested annually prior to use in a contaminated area. If requested, employees are afforded the opportunity for follow-up medical clearances. Employee training shall be provided to each user of a respirator prior to required use. The user trainee must demonstrate their knowledge in the following areas:
Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.

- What the limitations and capabilities of the respirator are.
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- How to inspect, put on and remove, use, and check the seals of the respirator.
- Procedures for maintenance and storage of the respirator. Importance of bagging and storing a clean respirator in a proper location.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- The general requirements of 29 CFR 1910.134.

Medical Clearance
All employees required to use respirators shall be medically cleared to ensure they are physically and psychologically able to perform the work and to use the equipment.

- All employees using tight fitting respirators, to include filtering face pieces, 1/2 face negative pressure, full face negative or positive pressure, or supplied air respirators complete the medical questionnaire (see Attachment A).
- The medical questionnaire is to be treated as confidential information.
- The medical questionnaire will be reviewed by a healthcare professional, who will make provisions to evaluate the questionnaire and provide such physical examinations as deemed necessary.
- The medical questionnaire is made part of the employee's medical file. Upon making medical determination for clearance, the Safety Officer is notified of the results.
- Employees medically cleared are then scheduled for training and fit testing with the appropriate respiratory protection equipment by the Safety Officer or other qualified employees.

Fit-Testing
All employees using respirators will be fit tested annually. Work supervisors will schedule a time for testing their employees with the Safety Officer (see Attachment B). Qualitative fit testing is acceptable for most hazards in the work place. Initial training and fit testing is conducted by the Safety Officer or other qualified employees.

Supervisors schedule a time for testing with the Safety Officer. Fit test procedures comply with the requirements of 29 CFR 1910.134 App A, Fit Testing Procedures as follows:

- The employee is allowed to pick the most acceptable respirator so that the respirator is acceptable to, and correctly fits, the user.
- The employee is shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit.
- The employee is informed that he/she is being asked to select the respirator that provides the most acceptable fit.
- The employee is instructed to hold each chosen face-piece up to the face and eliminate those that obviously do not give an acceptable fit.
- The more acceptable face-pieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn for at least five minutes to assess comfort.
- Determination of respirator comfort will be made by the following:
    1. Position on the nose
    2. Room for eye protection (if other than full face)
    3. Room to talk
    4. Position of mask on face and cheeks
- The following criteria are used to help determine adequacy of the respirator fit:
    1. Chin properly placed
    2. Adequate strap tension, not overly tightened
    3. Fit across nose bridge
    4. Respirator of proper size to span distance from nose to chin
    5. Tendency of respirator to slip
- The employee conducts a user seal check, both negative and positive pressure seal checks. Before conducting the negative and positive pressure checks, the employee is told to seat the mask on the face by moving head from side-to-side and up and down slowly while taking in a few slow deep breaths. Another face-piece is selected and retested if the employee fails the user seal check tests.
- The test is not conducted if there is any hair growth between the skin and the face-piece sealing surface, such as stubble beard growth, beard, mustache or sideburns, which cross the respirator sealing surface.
- Any type of apparel which interferes with a satisfactory fit must be altered or removed.
- If an employee exhibits difficulty in breathing during the tests they are referred to a physician or other licensed health care professional, as appropriate, to determine whether the employee can wear a respirator while performing their duties.
- If the employee finds the fit of the respirator unacceptable, the employee is given the opportunity to select a different respirator and be retested.
- Exercise regimen: Prior to the commencement of the fit test, the employee is given a description of the fit test and employee's responsibilities during the test procedure, including a description of the test exercises the employee will be performing.
- The fit test is performed while the employee is wearing any applicable safety equipment that may be worn during actual respirator use which could interfere with respirator fit.
- Employees perform test exercises during the fit test procedure in the following manner:
    1. Normal breathing. In a normal standing position, without talking, the employee shall breathe normally.
    2. Deep breathing. In a normal standing position, employee shall breathe slowly and deeply, taking caution so as not to hyperventilate.
    3. Turning head side to side. Standing in place, the employee shall slowly turn their head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the employee can inhale at each side.

4. Moving head up and down. Standing in place, the employee shall slowly move his/her head up and down. The employee shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
5. Talking. The employee shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor.
6. Bending over. The employee shall bend at the waist as if he/she were to touch his/her toes.

- The employee is questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried.
- The respirator is not adjusted once the fit test exercises begin. Any adjustments voids the test, and the fit test must be repeated.
- The employees who have been fit tested shall notify the Safety Officer when a change has occurred in their facial structure, due to weight loss or gain, dentures or surgery so an additional fit test can be conducted to ensure the current face-piece is still appropriate.
- When the equipment is used, it will be tested in an uncontaminated atmosphere prior to entering the hazardous area if possible.

Work Activities Requiring Respiratory Protection Equipment

When an employee is required to use products or substances which give off toxic fumes, or when required to work in close proximity to such toxic substances, respirators approved by NIOSH for that specific substance are worn. Substances and/or products that may require respiratory protection include, but are not limited to: petroleum-based paints, lead-based paints, lacquers, finishes, thinners, solvents, pesticides, insecticides, herbicides, rodenticide, and dust.

Although not necessarily required, due to the levels of concentration or hazard exposed to, it is the policy of DHHS that employees working in the areas listed below, or performing work activities listed below, shall be required to use respirators, or other protective devices as specified, to insure worker safety.

- Employees who are performing fogging or fumigation operations with any type of pesticide wear full-face respirators with NIOSH approved agriculture or pesticides filters. Employees applying pesticides, insecticides, herbicides, or fungicides wear at a minimum, a 1/2 face negative pressure respirator fitted with filter cartridges rated for organic vapors, dusts and mists.
- All personnel involved in asbestos related work activities are required to use half-face negative pressure respirators or full face respirators. Air monitoring samples should be obtained prior to authorization.
- Healthcare service personnel may be exposed to air-borne diseases, such as tuberculosis (TB). When in contact with a person clinically diagnosed or suspected to have TB, employees must wear TB HEPA rated respirators or PAPR with HEPA rated filter unit. Used masks are disposed of as biohazardous waste.
- Masonry shop employees using a concrete saw use 1/2 face negative pressure respirators equipped with organic vapor and dust rated filters whenever dust levels are at or exceed the permissible exposure level for nuisance dust or for the specific materials being cut, if required.
- Powerhouse employees engaged in the cleaning of the inside of the boilers where dirt and dust levels may become heavy use 1/2 face negative pressure respirators equipped with dust rated filter cartridges. Filter cartridges shall also be provided with pre-filters.
- Carpenter employees engaged in the use of power sanders, without the use of the dust collection system, shall use 1/2 face respirators equipped with dust rated filter cartridges. Filter cartridges shall also be provided with pre-filters.

Respirator Filter Cartridge Change-Out Schedule and Storage

Due to the infrequent and sporadic use of respirators by employees it is difficult to determine a schedule of filter cartridge replacement that ensures proper protection for the user and is still cost efficient. Most areas only require

the use of a respirator for short periods of time a few times a year. Under these circumstances the filter cartridges are effective for several years.

- All areas which have employees that use respirators shall initiate a program to have the filter cartridges changed, at a minimum, on a yearly basis, to be done in the month one year from the month that the cartridge was placed in service. The month and year that the filter is placed into service shall be written on the cartridge case in permanent ink to indicate when the cartridge is due for replacement. Filter cartridges that have an end of service life indicator are exempt from this filter replacement schedule, and shall be replaced at the end of their usable life.
- Powerhouse employees may need to use respirators a couple of times a year, but will need to change the filter cartridges two or three times per day due to the dust generated when cleaning the boilers.
- Employees using respirators notify their supervisor of the need to change filters more frequently if the flow of air is restricted due to a buildup of particulate matter on the filter.
- Supervisors shall maintain an adequate supply of appropriate filters and pre-filters for replacement as needed.
- Under normal conditions, filter cartridges are used with a pre-filter attached to trap larger particulate matter and extend the usable life of the filter cartridges. These pre-filters are replaced as required by use.

Respirator Cleaning

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed in 1910.134 Appendix B-2 or those listed here. Procedures for cleaning respirators:

- Remove filters, cartridges, or canisters.
- Disassemble face-pieces by removing the speaking diaphragms, demand and pressure demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- Wash components in warm (43°C [110 OF] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably running water. Drain.
- When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

    1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43°C (110 OF); or,
    2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/IOO cc of45% q alcohol) to one liter of water at 43°C (110 OF); or,
    3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

- Rinse components thoroughly in clean, warm (43°C [110 F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on face-pieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- Components should be hand-dried with a clean lint-free cloth or air-dried.
- Reassemble face-piece, replacing filters, cartridges, and canisters where necessary.
- Test the respirator to ensure that all components work properly.

References

- OSHA General Industry Standard, Respiratory Protection, 29CFR 1910.134
  https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716
- OSHA General Industry Standard, Respiratory Protection for Tuberculosis, 29CFR 1910.139
  https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=FEDERAL_REGISTER&p_id=18051

Part A. (Mandatory) Every employee who has been selected to use any type of respirator must provide the following information.

Section 1: Employee Identification

Name:		Home Phone:	
Date of Birth:		Work Phone:	
Social Security Number:		Gender:	
Job title:		Height (lbs.):	
Supervisor:		Weight (ft, in):	
Can you read English?		☐ Yes ☐ No	
Has your employer told you to how to contact the healthcare professional who will review this?		☐ Yes ☐ No	

Section 2: Current Respirator Use

Type of respirator you will use (you can select more than one).	☐ Filtering facepiece (N-95) ☐ Half facepiece ☐ Full facepiece	☐ PAPR ☐ SCBA ☐ Supplied Air				
Have you worn a respirator in the past?	☐ Yes ☐ No					
If yes, what type of respirator have you worn?	Brand		Model		Size	
Describe the job duties requiring the use of a respirator.						
Will there be physical exertion while wearing the respirator?	☐ None ☐ Mild ☐ Moderate ☐ Strenuous					
How long will you wear the respirator in a single day?	☐ Less than 4 hours/week ☐ Less than 2 hours/day ☐ 2-4 hours/day ☐ Over 4 hours/day					
Is protective clothing also worn?	☐ Yes ☐ No		Describe the clothing:			
Identify hazardous or special work conditions	☐ Confined Spaces ☐ Toxic Gases ☐ Asbestos ☐ Lead		Describe any other hazards:			

Retain this form in employee's file in accordance with HIPAA regulations

Part B. (Mandatory) Every employee who has been selected to use any type of respirator must provide the following information.

Section 1: Personal Medical Information

If this is an initial examination, give answers based on your entire work history. If this is a periodic examination, give answers based on the past year. Please answer all questions fully.

Do you smoke tobacco? (No = less than 20 packs per life-time or less than 1 per day per year)	☐ Ever			
	☐ Within the Past Month			
	☐ Currently			
If yes, how many packs per day or pipes/cigars per week?	☐ ½ or less	☐ 1	☐ 2	☐ 2 or more
If yes, how many years have you smoked?	☐ 1-9	☐ 10-19	☐ 20-29	☐ 30 or more

Have you **ever** had any of the following conditions?	Seizures	☐ Yes ☐ No	Jaundice	☐ Yes ☐ No
	Diabetes	☐ Yes ☐ No	Kidney disease	☐ Yes ☐ No
	Rheumatic fever	☐ Yes ☐ No	Bladder disease	☐ Yes ☐ No
	Allergic reactions that interfere with breathing	☐ Yes ☐ No	Claustrophobia	☐ Yes ☐ No
			Can't smell odors	☐ Yes ☐ No
Have you **ever** had any of the following pulmonary or lung problems?	Asbestosis	☐ Yes ☐ No	Emphysema	☐ Yes ☐ No
	Asthma	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
	Chronic bronchitis	☐ Yes ☐ No	Lung cancer	☐ Yes ☐ No
	Pneumonia	☐ Yes ☐ No	Broken ribs	☐ Yes ☐ No
	Chest injuries/surgeries	☐ Yes ☐ No	Silicosis	☐ Yes ☐ No
	Collapsed lung	☐ Yes ☐ No	Hay Fever	☐ Yes ☐ No
	Common Cold	☐ Yes ☐ No	Other lung problem	☐ Yes ☐ No
Do you **currently** experience shortness of breath during any of the following activities?	Walking fast on level ground/up a slight incline	☐ Yes ☐ No	Walking at your own pace	☐ Yes ☐ No
	Walking with other people at an ordinary pace on level ground	☐ Yes ☐ No	Washing/dressing	☐ Yes ☐ No
			Any other time that interferes with job	☐ Yes ☐ No
Do you **currently** experience coughing?	That produces a phlegm (thick sputum)	☐ Yes ☐ No	That occurs mostly when lying down	☐ Yes ☐ No
	That wakes you early in the morning	☐ Yes ☐ No	That produces blood	☐ Yes ☐ No
Do you currently have any other symptoms of pulmonary or lung illness?	Wheezing	☐ Yes ☐ No	Chest pain when breathing deeply	☐ Yes ☐ No
	Wheezing that interferes with your job	☐ Yes ☐ No	Any other related symptoms	☐ Yes ☐ No
Have you **ever** had any of the following cardiovascular or heart problems?	Heart attack.	☐ Yes ☐ No	Stroke	☐ Yes ☐ No
	Angina.	☐ Yes ☐ No	High blood pressure	☐ Yes ☐ No
	Heart Failure.	☐ Yes ☐ No	Heart arrhythmia/ irregular heartbeat	☐ Yes ☐ No
	Swelling in your legs or feet (not caused by walking)	☐ Yes ☐ No	Any other heart problem.	☐ Yes ☐ No

Have you ever had any of the following cardiovascular or heart symptoms?	Frequent pain or tightness in your chest.	☐ Yes ☐ No	Your heart skipping or missing a beat.	☐ Yes ☐ No
	Chest pain/tightness during physical activity.	☐ Yes ☐ No	Heartburn not related to eating.	☐ Yes ☐ No
	Chest pain/tightness that interferes with the job.	☐ Yes ☐ No	Other heart symptoms	☐ Yes ☐ No
Do you currently take medication for any of the following problems?	Breathing/lung problems	☐ Yes ☐ No	Blood pressure	☐ Yes ☐ No
	Heart trouble	☐ Yes ☐ No	Seizures	☐ Yes ☐ No
Do you currently take medication for any of the following problems?	Breathing/lung problems	☐ Yes ☐ No	List any other medications you take now (including over-the-counter)	☐ Yes ☐ No
	Heart trouble	☐ Yes ☐ No		
	Blood pressure	☐ Yes ☐ No		
	Seizures	☐ Yes ☐ No		
If you have used a respirator in the past, have you ever had any of the following problems? (If you've never worn a respirator, proceed to the next question.)	☐ Eye Irritation			
	☐ Skin allergies or rashes			
	☐ General weakness or fatigue			
	☐ Anxiety			
	☐ Any other problem that interferes with your use of a respirator			

Would you like to talk to the healthcare professional who will review this questionnaire about your answers?	**☐ Yes ☐ No**

Retain this form in employee's file in accordance with HIPAA regulations

Part C. (Supplemental) If you will be wearing a full facepiece or SCBA respirator, complete the following section. If not, please skip this section and sign at the bottom.				
Have you **ever** lost vision in either eye?		☐ Yes ☐ No	Have you **ever** had an injury to ears/eardrums	☐ Yes ☐ No
Do you **currently** have any of the following vision problems?	Wear contact lenses	☐ Yes ☐ No	Color blind	☐ Yes ☐ No
	Wear glasses	☐ Yes ☐ No	Any other eye or vision problem	☐ Yes ☐ No
Do you **currently** have any of the following hearing problems?	Difficulty hearing	☐ Yes ☐ No	Other hearing problems	☐ Yes ☐ No
	Wear a hearing aid	☐ Yes ☐ No		
Do you **currently** have any of the following musculoskeletal problems?	Weakness in arms, hands, legs, or feet.	☐ Yes ☐ No	Difficulty bending at knees.	☐ Yes ☐ No
	Difficulty fully moving arms and legs.	☐ Yes ☐ No	Difficulty squatting to the ground	☐ Yes ☐ No
	Pain/stiffness leaning forward/backward at waist.	☐ Yes ☐ No	Difficulty climbing stairs with > 25 lbs.	☐ Yes ☐ No
	Difficulty fully moving head up or down.	☐ Yes ☐ No	Other muscle/skeletal problems that interferes with respirator use.	☐ Yes ☐ No
	Difficulty fully moving head side to side.	☐ Yes ☐ No		
Have you **ever** had a back injury?		☐ Yes ☐ No	Do you currently have back pain?	☐ Yes ☐ No

I hereby certify that the above information is true and accurate to the best of my knowledge.	
Employee's Signature	**Date**

Retain this form in employee's file in accordance with HIPAA regulations

RESPIRATORY PROTECTION
Fit-Testing Form

Attachment B

This form is to be completed and signed by the physician or licensed healthcare professional who reviews the medical surveillance questionnaire. Indicate recommendations and any restrictions. This form must be completed, signed, and given to the Safety Officer prior to respirator fit-testing.

Employee Identification			
Name:		Division:	
Date of Birth:		Department/Facility:	
Date of medical evaluation:			

Recommendations (check one of the following):
☐ No restrictions on respirator use
☐ No restrictions on respirator use
☐ No respirator use permitted.
☐ Employee to use powered air purifying respirator (PAPR) only.
☐ No respirator use until further medical evaluation/diagnostic testing is complete.

Restrictions:
List any restrictions below (not for medical information or LOU sensitive material):

Based on the medical evaluation, this employee should be reevaluated on the following date:	

Signature of Examining Physician or Healthcare Professional	**Date**

Retain this form permanently

RESPIRATORY PROTECTION
Fit-Testing Form

Attachment B

A respirator fit test must be completed annually for individuals wearing respirators. Completed fit-testing forms are kept on file by the Safety Officer.

Name:	**Job Title:**
Department:	**Facility:**
Last 4 digits of SSN:	**Supervisor Name:**

----------**EMPLOYEE STOP HERE** ----------

Requirements:	**YES**	**NO**
Was the employee medically cleared by a healthcare professional?		
Does the employee wear glasses?		
Does the employee have facial hair that will interfere with the respirator seal?		
Does the employee have other attributes that will interfere with the respirator seal?		
Has the employee received respiratory protection training?		

Respirator Information	
Respirator Type: ☐ N95 ☐ Half facemask ☐ Full facemask ☐ PAPR ☐ SCBA	
Make:	Model:
Size:	Use: ☐ Daily ☐ Occasionally ☐ Rarely

Fit-Testing		
Method: ☐ Saccharine ☐ Bitrex ☐ Irritant Smoke ☐ Quantitative		
Activities:	**Pass**	**Fail**
Positive pressure fit check		
Negative pressure fit check		
Normal breathing		
Deep breathing		
Head moving side to side		
Head moving up and down		
Recitation of Rainbow Passage		

Fit-tester Signature:	**Date:**
Employee Signature:	**Date:**

Retain this form permanently

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Human Resources

Human Resources

Criminal Records Check Transmittal Form

For HR Completion: Date Entered _____ Check ID# _____ ☐ Hit ☐ No Hit

Fingerprints Requested: ☐ Yes ☐ No If "Hit" Director Approval _____

Best Practice is no applicant should begin employment until both the Criminal and/or Fingerprints results are received

Applicant to Complete the below information: Please Print/Type

Applicant Name:

First: _____ Middle: _____ Last: _____

Maiden: _____

*Other Names (List all other NAMES ever utilized):

_____

_____

SSN (last 4) _____ DOB: _____ Gender: _____ Race: _____

Current Address:

Street _____ City _____ State _____ Zip _____

County: _____

Has lived in NC for more than five years in a row? ☐ Yes ☐ No (If no, fingerprints are required)

Please list all addresses where you have resided in the past 5 years:

Street	City	State	Zip	Dates at address

To be completed by Human Resources and/or Hiring Manager/Lead Office Administrator (LOA) (please print or type)

Classification: _____ Position Number: _____ ☐ Direct Care ☐ Non Direct Care

Employee Group: ☐ Intern ☐ Unpaid Students ☐ New Hire ☐ Staff ☐ Supervisor ☐ Volunteer

Unit/Work Location: _____ Unit Manager/ LOA: _____

Signature: _____ Date: _____

*Social Security numbers and date of birth are requested to ensure accurate retrieval of records. They will not be considered by the DHHS in making employment decisions. This form will be filed separately from your employment application.

FOR HR: *If more than 2 Alias names, add additional names and/or addresses in the comments section on the CBC System.

DHR-ESB3004
02/01/09

Department of Health and Human Services
Criminal Record Check
Consent Form

RELEASE:

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Division of Criminal Information to perform a name and/or fingerprint search of the State's criminal history record file and/or the Federal Bureau of Investigation for a national criminal history record check in connection with my suitability to perform work for the Department of Health and Human Services pursuant to N.C.G.S. 114-19.6, N.C.G.S. 114-19.2, N.C.G.S. 143B-146.16 and N.C.G.S.115C-332. In addition, I authorize the North Carolina Department of Health and Human Services to conduct a name check through use of the Administrative Office of the Courts (AOC) data system.

I understand that the North Carolina State Bureau of Investigation, Division of Criminal Information, the Administrative Office of the Courts, DHHS and their officials and employees shall not be held legally accountable in any way for providing this information to DHHS and I hereby release said agencies and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that DHHS cannot release the results of the criminal history record check to me.

I understand failure to consent is just cause to deny or terminate employment and a criminal history may serve as a basis to deny or terminate employment.

Signed _____ Date _____

COVID-19 Swab Reimbursement Information Sheet

Staff Member's Name	
Staff Member's DOB	
Race	
Gender	
Patient Street Address	
County, State, Zip	
Phone Number	
Insurance name	
Insurance Number	
Insurance Group	
Name on insurance plan, if different than the patient	
ICD-10 Code (*See Below*)	

The purpose of this document is to enable the laboratory providing COVID-19 testing services to bill your insurance for these services. Please read the following statement and sign below:

"I consent to the use of the above information for purposes of health insurance reimbursement for laboratory testing services and any related payment or healthcare operations purposes. I specifically authorize [FACILITY NAME] to share this information with Labcorp or another laboratory services vendor that performs COVID-19 testing, and with the agents and employees thereof, for the same purposes. I understand that this consent will remain valid unless and until revoked."

Signature:	
Date:	

ICD-10 CODE	DESCRIPTION
Z20.822	Contact with and (suspected) exposure to COVID-19
U07.1	COVID-19: Confirmed Case or Asymptomatic but Tested Positive