

Respiratory Protection Acknowledgement Form / Waiver

Information for the Supervisor and Employee

There are locations within your hospital, clinic or other facility (the “**Facility**”) that require respiratory protection, especially now in relation to the COVID-19 coronavirus. To adhere to the OSHA Respiratory Protection Standard (29 CFR 1910.134), the Facility requires documentation of medical clearance, training, and, where applicable, fit testing for employees, contractors, and other individuals such as visitors, students, volunteers, and interns.

Rprime Foundation, a Washington State nonprofit corporation based in Seattle, Washington (“**Rprime**”), due to the extraordinary and urgent threat posed to public health and safety by the COVID-19 coronavirus and in reliance on Section 6005 of the [Families First Coronavirus Response Act \(H.R. 6201\)](#) (which includes a specific liability waiver for manufacturers of N95 personal respiratory protective devices used on an emergency basis during the COVID-19 coronavirus outbreak between January 27, 2020 and October 1, 2024 without clearance, approval or certification by the Food and Drug Administration (“**FDA**”)) has developed and is 3-D printing/manufacturing, and publicly releasing specifications for the 3-D printing/manufacture by others of, a personal respiratory protective device (each, a “**Maker Mask**”) without approval from the FDA, the National Institute for Occupational Safety and Health (“**NIOSH**”), or any other regulatory agency.

This acknowledgment form must be completed by any individual and his or her employer prior to the use of any Maker Mask.

Supervisor, Respiratory Protection Program (RPP) Administrator, or Responsible Official

Company Name: _____

Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Employee

Name: _____

Job Title: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Maker Mask Model No.: _____ Maker Mask Version No.: _____

Scope of Work (to be completed by Employer and/or Employee)

The named employee above will be performing work as follows:

Building _____ Scope of Work _____
(medical, plumbing, electrical, replacing floor, painting, maintenance, etc.)

Name of Chemical, Physical, or Biological Exposure Agent of Primary Concern: COVID-19 coronavirus

PLEASE STERILIZE YOUR MAKER MASK BEFORE USE

Acknowledgement (to be completed by Supervisor, RPP Administrator, or Company Representative)

I, _____, acknowledge that (please initial at right): ____
(print name here)

_____ Our organization follows and is in compliance with the OSHA Respiratory Protection Standard (29 CFR 1910.134), including components such as fit testing requirements, training, and a written plan

_____ I am aware of the potential hazards the employee named above may encounter and have ensured selection of proper respiratory protection accordingly

Acknowledgement (to be completed by Employee)

I _____ acknowledge that (please initial at right): ____
(print name here)

_____ I have been trained on the proper use (including sterilization prior to any use), storage, maintenance, and disposal of respirators, N95 facemasks and other personal respiratory protective devices

_____ I understand that the Maker Mask has **not** been cleared, approved or certified by the Food and Drug Administration (FDA), the National Institute for Occupational Safety and Health (NIOSH), or any other regulatory agency as a surgical mask or respirator, and therefore may not provide the same level of barrier protection, fluid resistance, filtration, and/or infection control as an approved respiratory protective device

_____ I understand that the Maker Mask should not be considered an adequate replacement for a conventional and approved personal respiratory protective device

_____ I understand that, due to the extraordinary and urgent threat posed to public health and safety by the COVID-19 coronavirus, Rprime has developed and is 3-D printing/manufacturing, and publicly releasing specifications for the 3-D printing/manufacture by others of, the Maker Mask without any FDA or NIOSH approval, and I fully accept the risk of using a Maker Mask without any such approval

_____ I have been informed, know and understand the potential hazards that I may be exposed to at the Facility.

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I, _____, as an employee of _____
(Insert Name of Employee) (Insert Name of Employer)

agree to assume all risk of personal injury, sickness or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of the use of any Maker Mask, including but not limited to any failure of the Maker Mask to protect me from the COVID-19 coronavirus or other infectious disease.

We, the undersigned, also release, waive, indemnify, hold harmless, and discharge Rprime, a Washington State nonprofit corporation, and its officers, directors, employees, contractors, agents, partners and vendors, from and against any and all claims, demands, damages and injuries in any way arising out of our activities described herein, including the use of any Maker Mask. The foregoing indemnification is not limited, and includes any liability or payment (including costs and attorneys' fees) by reason of any damages or bodily injury (including death) sustained by any person arising out of or in connection with this Acknowledgement Form/Waiver and its subject matter.

Employee Name (sign/print) _____ / _____ Date _____

Employer Name (sign/print) _____ / _____ Date _____