

National Institute for Occupational Safety and Health  
National Personal Protective Technology Laboratory  
Respirator Branch



## Standard Application Form for the Approval of Respirators Version 7

[C.1] Applicant-Assigned Reference Number: AAA\_Sample

[C.3] **Manufacturer Data:** [C.2] Type of Application: **New**

Does your organization currently hold any NIOSH approvals?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is this a CBRN application?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is this a SEI joint application? (CBRN/NFPA)	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Is this a SEI retrofit respirator?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

CBRN Type N/A

[C.3] Manufacturer: **Sample**

Status of Facility: **Approval Holder**

[C.5] Application Representative: **Sample**

[C.3] Address: **Sample**  
**Sample**  
**Sample**

[C.3] Telephone: **111111**

[C.3] Internet Address:

[C.3] FAX:

[C.15] Shipping Number:

[C.4] Manufacturing Site Name,  
if different from above:

Has your organization submitted a request for approval for any respirator produced at this manufacturing site at any time in the last 3 years? <input type="radio"/> Yes <input checked="" type="radio"/> No
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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(0920-0 109). Do not send the completed form to this address.

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[C.1] Applicant-Assigned Reference Number: **AAA\_Sample**

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[C.6] Date of Application: **07/14/2014**

[C.2] Type of Application: **New**

[B.2.4] Previous Task# (if resubmittal):

[C.7] Type of Product: **Air-Purifying**

[C.8] Is this an amended application?  Yes  No

[C.12/  
C.8] Is this device intended for mine use?  Yes  No

[C.8] Is the approval of this application dependent upon the approval of an application that is in process?  Yes  No  
If yes, enter the reference number of the application in process?

[C.9] Reason for Application: **Sample application**

[C.10] Approval History:

[C.15] Is testing required?  Yes  No

If testing is not required, state why:

Do you want test samples returned?  Yes  No

If no, NIOSH will dispose of samples.

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## [C.11] Respirator Description:

General Type: **Regular Production Unit (RPU)**

Type of AP Respirator: **Particulate Filtering**

Facepiece Type: **Filtering Facepiece**

Powered? **Non-powered**

Type of Fit: **Tight fit**

Is this respirator fit-checkable?  Yes  No

**If the respirator is fit-checkable, include fit check instructions. If the fit check procedure requires use of ancillary equipment, provide this equipment with all other hardware submitted for approval testing.**

If the respirator contains electrical components, have the components been approved by MSHA for intrinsic safety?  Yes  No  Does not apply

Does this respirator have an exhalation valve?  Yes  No

Does this respirator have an inhalation valve?  Yes  No

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Number of Filters: **1**

Location of Filter: **Facepiece-mounted**

Is the filter replaceable?     **Yes**     **No**

Comments:

## [C.12] Intended Protection and Safe Design:

### Series and Level of Protection

N95

## [C.13] Pre-submission tests that have been performed

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## [C.14] Model Numbers:

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## [C.15] Test Samples:

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## [C.16] Quality Assurance Documentation:

Title of QA Manual: **Sample**

Revision: **1**

Date of QA Manual:

Has the QA Manual been previously accepted?     **Yes**     **No**     **In Process**

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

## [C.17] Fee Data:

Check Number:

Check Date:

Check Amount:

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[C.24] **Summary of Related Documents:**

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

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**Signature of Authorized Representative**