

Standard Application Form

Form Approved: OMB No.
0920-0109 Exp. Date: xx/xx/20xx

version 9. 20190409

Import XML

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Before completing this document, please review the instructions as well as the NIOSH Standard Application Procedure for the Approval of Respirators under 42 CFR 84 for the specific class of respirator being submitted.

Section C.1: Project Reference Numbers

(C.1.A) What is your NIOSH-assigned Manufacturer Code?

(C.1.B) Does the manufacturer hold a current approval?

Yes

No

(C.1.C) Assign an unique reference number to this application, as directed by NIOSH

Section C.2: Type of Application

(C.2.A) Type of Application

New

Extension

Quality Assurance Approval

Correlation Testing Only

Refer to Section C.8 for Resubmittal

Section C.3: Manufacturer

(C.3.A) Manufacturer Name

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 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.

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Section C.5: Application Representative

1 (C.5.A) Status of Facility (C.5.B) Manufacturer Name (if different from C.3.A)

(C.5.C) Has the organization submitted a request for approval of any respirator produced at this manufacturing site in the last three years?

Yes No

(C.5.D) Official Title

Name of Representative

(C.5.E) Prefix

(C.5.F) Given

(C.5.G) Middle Initial

(C.5.H) Surname

(C.5.I) Suffix

Address of Representative

(C.5.J) Address Line 1

(C.5.K) Address Line 2

(C.5.L) City

(C.5.M) State

(C.5.N) Country

(C.5.O) Postal Code

(C.5.P) Telephone

(C.6.Q) Fax

(C.5.R) Email

(C.5.S) Shipping Number

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Section C.6: Date of Application

(C.6.A) Date of Application

Section C.7: Type of Product

(C.7.A) Type of Product(s)

- Air-Purifying Atmosphere-Supplying Combination Air-Purifying and Atmosphere-Supplying

Note: By choosing “Combination Air-Purifying and Atmosphere-Supplying”, you indicate that all of the respirators you will describe perform both functions.

Section C.8: Specific Questions Pertaining to Submission

(C.8.A) Is this a resubmittal of a previous application?

- Yes No

(C.8.C) Is this an amended application?

- Yes No

(C.8.D) Is this submission the result of a field problem or site audit?

- Yes No

(C.8.F) Does this application contain any respirators intended for use in mines?

- Yes No

(C.8.G) Does this application depend upon the approval of an application already in progress?

- Yes No

(C.8.I) Is this application the result of a recall or retrofit program?

- Yes No

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(C.8.J) Are you seeking approval for an Self-Contained Breathing Apparatus respirator?

Yes No

(C.8.M) Is this a Chemical, Biological, Radiological, and Nuclear application?

Yes No

(C.8.P) Is testing required?

Yes No

(C.8.Q) Source of submitted samples

(C.8.R) Return tested equipment?

Yes No

Section C.9: Reason for Application

(C.9.A) Reason for Application

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Section MI: Model Information

1 (MI.A) Trade name (MI.B) Model Number(s)

(MI.C) Remarks

Section R: Specific Respirator Model Description(s)

1 (R.A) Draft Approval Number (R.B) Associated Trade Name

(R.C) Facepiece Type (R.D) Fit Type

(R.E) Is this respirator fit-checkable?
 Yes No

(R.F) Does the respirator have an inhalation valve?
 Yes No

(R.G) Does the respirator have an exhalation valve?
 Yes No

(R.H) Have the respirator's electric components been approved by MSHA for intrinsic safety?
 Yes No Not Applicable

Subsection R.AP: Questions Specifically for Air-Purifying Respirators

(R.AP.A) Type of AP Respirator (R.AP.B) Is the mask powered?
 Yes No

(R.AP.C) How many filters? (R.AP.D) Are the filters replaceable?
 Yes No (R.AP.F) Filter location

(R.AP.G) Does the respirator use cartridges or canisters?
 Cartridges Canisters (R.AP.H) How many cartridges or canisters?

(R.AP.I) Can the cartridge or canister be replaced?
 Yes No (R.AP.J) Cartridge or Canister location

(R.AP.K) Does the cartridge or canister have an ELSI (EOSL)?
 Yes No

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(R.AP.M) Does the respirator protection cover more than a one gas?

Yes No

Subsection R.AS: Questions specifically for Atmosphere-Supplied Respirators

(R.AS.A) Type of supplied-atmosphere respirator

(R.AS.B) Regulator Mounting Location

(R.AS.C) SAR Category

(R.AS.D) Airflow

(R.AS.E) SCBA Type

(R.AS.F) SCBA Use

(R.AS.G) Breathing Gas

(R.AS.H) Breathing gas specification or oxygen concentration

(R.AS.I) Cylinder Rating

(R.AS.J) Units

(R.AS.K) Are the materials used in the construction which may be exposed to oxygen at pressures above atmosphere pressures, safe and compatible for the intended use?

Yes No

(R.AS.L) Rated Service Time (minutes)

Hose

1

(R.AS.M) Hose Type

(R.AS.N) Model Number

(R.AS.O) Total Sections

(R.AS.P) Valve Type

(R.AS.Q.A) Shortest Length

(R.AS.Q.B) Units

(R.AS.R.A) Maximum Length

(R.AS.R.B) Units

(R.AS.S.A) Pressure

(R.AS.S.B) Units

(R.AS.T) Other Lengths

Add another Hose

Intended Protections

(R.I) Gas Vapor Protections

1

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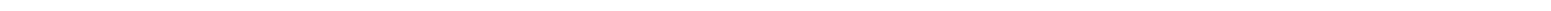
(R.J) Unlisted Gas Vapor Protection

1

(R.K) Particulate Protections

1

(R.L) Description of the respirator



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Section C.13: Pretest Data

(C.13.A) Air-Purified Respirator Pretests

1

(C.13.B) Air-Supplied Respirator Pretests

1

(C.13.C) Other Pretest(s)

1

Section C.15: Test Samples and Hardware

(C.15.A) Part Number

1

(C.15.B) Item

(C.15.C) Quantity

Section C.16: Quality Assurance Documents (Controlled Documents)

(C.16.A) Title

1

(C.16.B) Revision Level

(C.16.C) Document Date

(C.16.D) Has this document been previously accepted by NIOSH?

Yes

No

(C.16.F) If in process, under which reference number was the document previously submitted?

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Section C.17: Fees

Standard Application Fee:

\$200

Pay.Gov was used? Yes No

(C.17.A) Check Amount

(C.17.B) Check Number

(C.17.C) Check Issue Date

Section C.24: Summary of Related Documents

(C.24.A) File Name

Choose File...

1

(C.24.B) Creation Program

(C.24.C) Document Type

(C.24.D) Description

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Checklist

- | | |
|--|---|
| <input type="checkbox"/> Quality assurance manual | <input type="checkbox"/> Check |
| <input type="checkbox"/> Product quality control plan | <input type="checkbox"/> User instructions |
| <input type="checkbox"/> Assembly matrix | <input type="checkbox"/> Packaging art |
| <input type="checkbox"/> CGA thread specifications | <input type="checkbox"/> Special gas data |
| <input type="checkbox"/> Burst disc pressure range (SCBA only) | <input type="checkbox"/> End of service life indicator (EOSL or ESLI) data |
| <input type="checkbox"/> DOT approval documentation | <input type="checkbox"/> List of related documents |
| <input type="checkbox"/> Lens meets GGG-M-125d requirement | <input type="checkbox"/> All test data sufficient to demonstrate compliance with 42 CFR part 84 |
| <input type="checkbox"/> Exploded-view drawing | <input type="checkbox"/> TC numbers are entered into "(C.9.A) Reason for Application" |
| <input type="checkbox"/> Major components drawings | |

Draft Approval Labels

- | | |
|--|--|
| <input type="checkbox"/> Approval label draft: Air-Purifying Respirator | <input type="checkbox"/> Approval label draft: SCBA (in manual) |
| <input type="checkbox"/> Approval label draft: Cartridge or Canister | <input type="checkbox"/> Approval label draft: SCBA harness |
| <input type="checkbox"/> Approval label draft: Filter | <input type="checkbox"/> Approval label draft: SAR (in manual or on packaging) |
| <input type="checkbox"/> Approval label draft: Abbreviated Cartridge or Canister | <input type="checkbox"/> Approval label draft: Scrubber Label |
| <input type="checkbox"/> Approval label draft: Abbreviated Filter | |

I certify that 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, National Personal Protective Technology Laboratory and CVSD branch.

Initials of Authorized Representative: