

Shurtape Technologies, LLC
Emergency Response Team Evaluation

Name: _____ Date: _____

DOB: _____ Sex: M F

Plant #: _____ Dept: _____

Respirator: SCBA and/or 1/2 Mask – Emergency Use Only

Height: _____ Weight: _____ Facial Hair: _____

BP: _____ Pulse: _____ Respirations: _____

Lungs: _____ Air Consumption WNL: Yes ___ No ___

Vision OU: 20/_____

Uncorrected: _____ Corrected: Glasses ___ Contacts ___

Dentures: _____ Loose Teeth: _____

ROM – Back/Extremities: _____

Comments: _____

Based on physical evaluation and respiratory questionnaire:

_____ IS ABLE to participate in all ERT duties.

_____ IS NOT ABLE to wear SCBA but can participate in all other ERT duties due to

_____ IS NOT ABLE to participate in ERT duties for the following reasons:

Company Nurse Signature: _____