

**CERTIFICATE OF WORKER'S ACKNOWLEDGMENT**  
**With Respiratory Protection**

PROJECT NAME \_\_\_\_\_ DATE \_\_\_\_\_

PROJECT ADDRESS \_\_\_\_\_

CONTRACTOR'S NAME \_\_\_\_\_

**WORKING WITH LEAD CAN BE DANGEROUS.** INHALING AND INGESTING LEAD DUST CAN CAUSE AN INCREASE IN BLOOD LEAD LEVELS WHICH CAN LEAD TO ADVERSE HEALTH EFFECTS SUCH AS KIDNEY DAMAGE, ELEVATED BLOOD PRESSURE OR INFERTILITY.

Your employer's contract with the University of Vermont for the above project requires that: It is determined you are supplied with the proper respirator and are trained in its use. Regardless of the levels of lead you be trained in safe work practices, proper hygiene and the use of the equipment found on the jobsite. You receive a medical examination. These items are to have been done at no cost to you.

RESPIRATORY PROTECTION: You must have been trained in the proper use of respirators, and informed of the type respirator to be used on the above referenced project. You must be given a copy of the written respiratory protection manual issued by your employer. You must be equipped at no cost with the respirator to be used on the above project.

TRAINING COURSE: You must have been trained in the dangers inherent in handling lead and breathing and ingesting lead dust and in proper work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- Possible routes of exposure to lead
- Health hazards associated with lead
- Respiratory protection
- Use of protective equipment
- Work practices including hands on or on-the-job training
- Personal decontamination procedures
- Health and safety considerations

MEDICAL EXAMINATION: If required to wear a respirator, you must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, physical examination, a blood pressure measurement, pulmonary function test. In addition, you must have biological testing i.e., blood and urine, for lead within the last six months.

By signing this document you are acknowledging only that the University of Vermont who is the owner of the building you are about to work in has advised you of your rights to training and protection relative to your employer, the Contractor.

Workers Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Witness Printed Name \_\_\_\_\_ Witness \_\_\_\_\_