



CERTIFICATION OF EXTREME RESPIRATOR SHORTAGE

EMPLOYER: _____

ADDRESS: _____

I certify that the above-named employer:

1. Is using respiratory protection for employees engaged in routine care of suspect and confirmed COVID-19 cases as required by California Code of Regulations title 8 section 5199(g), or would be using such respiratory protection but for a current or projected extreme shortage of respirators.
2. Is using the strategies listed on the attached page to conserve and extend respirator supplies *[attach list]*.
3. Does not have sufficient supplies of filtering face piece respirators, elastomeric respirators, and power air purifying respirators to maintain respiratory protection for employees engaged in COVID-19 routine patient care.
4. Is currently out of respirators or will run out of respirators within _____ days, based on the attached calculation, if the use of respiratory protection is continued for employees exposed to suspect and confirmed COVID-19 cases other than during aerosol-generating and other high hazard procedures. *[Please attach an explanation of how you reached this conclusion. You do not need to attach copies of documentation; Cal/OSHA will request documentation if necessary. For purposes of this certification, an explanation can be a basic calculation based upon the employer's current inventory of respirators, usage rate, projected changes in usage rate if any, including precautionary assumptions or safety factors, and any reliable procurement information (delivery dates and numbers of respirators) that will increase inventory. This explanation can be provided on a facility basis or a business unit or business-wide basis, as long as it is consistent with the employer's procurement and inventory tracking systems and accurately reflects the availability of respirators in the workplace. The information should be a good faith, data-informed estimate based upon the most current and accurate information available.]*
5. Is making every reasonable effort to obtain sufficient supplies of filtering face piece respirators, elastomeric respirators, and power air purifying respirators to comply with airborne precautions for COVID-19.

By signing, I affirm that I am authorized to make these representations on behalf of the above-referenced employer and that I either have personal knowledge of these facts or have familiarity with the business records of the employer upon which this certification is based.

I have reviewed the foregoing statement and declare under penalty of perjury that it is true and correct to the best of my knowledge.

Executed at _____, California by

Signature: _____ Date: _____

Name: _____ Title: _____