



MONITORING AWARENESS RESPIRATORY AND SAFETY (MARS) MARS PROGRAM COMPANY REGISTRATION FORM

Company Name	Job Site / Project
Address 1	Phone #
Address 2	Fax #

DESIGNATED COMPANY REPRESENTATIVE

All actions taken under the MARS Program will be strictly confidential and disclosed only to those registered as their company's Designate Representative (DR). Each contractor must designate a primary and secondary DR. Jobsite specific DR's can be added on a per project basis. The Designated Representative responsibilities include:

- *Verify member who needs to be qualified to wear a respirator is eligible in CISAP drug testing program.*
- *Schedule "annual" medical evaluation and pulmonary function test through MMC*
- *Provide eligible members with MMC Industrial Medical Questionnaire*
- *Receive communication from MMC on member's eligibility to wear a respirator via "Respirator Medical Summary."*
- *Train employees on written respirator program*
- *Select the appropriate respiratory protection equipment*
- *Fit test eligible members*
- *Do not disclose any confidential information to any other party.*

Primary- Designated Company Representative	Phone #
Name	Email:
Secondary- Designated Company Representative	Phone #
Name	Email:
Designated Company Representative - Job Site	Cell #
Name	Email:
Designated Company Representative – Job Site	Cell #
Name	Email:

ACCOUNTING DEPARTMENT CONTACT INFORMATION

Accounting Contact Name 1	Accounting Contact Phone	
Email	Phone	Fax
Accounting Contact Name 2	Accounting Contact Phone	
Email	Phone	Fax