



Company Respirator Usage Summary

Date _____ Company _____ Location _____

Atmosphere Supplying – tight fitting face seal required

Check All That Apply	Type	Weight of Respirator
<input type="checkbox"/>	SCBA (self contained breather apparatus)	
<input type="checkbox"/>	SARS (supplied air respirator)	
<input type="checkbox"/>	Escape only respirator	

List of possible exposures during respirator use (as outlined in company respiratory protection program).

- _____
- _____
- _____

Air Purifying – tight fitting face seal required

Check All That Apply	Type	Weight of Respirator
<input type="checkbox"/>	Air purifying (non-powered)	
<input type="checkbox"/>	Air purifying (powered)	
<input type="checkbox"/>	Filtering facemask (dust mask)	
<input type="checkbox"/>	N95 Particulate Respirator/facemask	
<input type="checkbox"/>	IDLH (immediately dangerous to life and health)	

List of possible exposures during respirator use (as outlined in company respiratory protection program).

- _____
- _____
- _____

Level of work effort:

Light work: Examples-sitting while writing, typing, drafting or performing light assembly work or standing while operating a drill press (1-3 lbs.) or controlling machine.

Moderate work: Examples-sitting while nailing or filing, driving a truck or bus in urban traffic, standing while drilling, nailing, performing assembly work or transferring a moderate load (about 35 lbs.) at trunk level, walking on a level surface about 2 mph or down a 5 degree grade with a heavy load or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

Heavy work: Examples-lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder, working on a loading dock, shoveling, standing while bricklaying or chipping castings, walking up an 8-degree grade about 2 mph, climbing stairs with a heavy load (about 50 lbs.)

Common working conditions while wearing respirator:

Heat between 90-100 (degrees F)	Over 100 (degrees F)
Cold below 55 (degrees F)	Excessive temperature changes
Wetness	Heights
	Confined Spaces

Frequency of respirator use:

Daily Weekly Monthly Escape or emergency only

Usual duration of work requiring respirator use:

Less than 30 minutes 30-60 minutes Greater than 60 minutes

Additional Protective Clothing and Equipment to be worn:

None required
 Apron, gloves, boots
 Chemical protective clothing (full suit)
 Other _____



Date _____

Name _____

Phone number _____

Date of birth ____/____/____ Age _____

Height _____ Weight _____

Have you ever used a respirator before? Yes No

Check the type of respirator you will use (you can check more than one category):

_____ N, R or P disposable respirator (filter-mask, non-cartridge type only)

_____ Other type (i.e. full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus)

Has your employer told you how to contact the health care professional who will review this questionnaire? Yes No

Mandatory Questionnaire-Circle Yes or No for each item on this page.

- 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? Yes No
- 2. Have you ever had any of the following conditions?
 - a. Seizures (fits) Yes No
 - b. Diabetes (sugar disease) Yes No
 - c. Allergic reactions that interfere with your breathing Yes No
 - d. Claustrophobia (fear of closed in places) Yes No
 - e. Trouble smelling odors Yes No
- 3. Have you ever had any of the following pulmonary or lung problems?
 - a. Asbestosis Yes No
 - b. Asthma Yes No
 - c. Chronic bronchitis Yes No
 - d. Emphysema Yes No
 - e. Pneumonia Yes No
 - f. Tuberculosis Yes No
 - g. Silicosis Yes No
 - h. Pneumothorax (collapsed lung) Yes No
 - i. Lung cancer Yes No
 - j. Broken ribs Yes No
 - k. Any chest injuries or surgeries Yes No
 - l. Any other lung problem that you have been told about Yes No
- 4. Do you currently have any of the following symptoms of lung disease?
 - a. Shortness of breath Yes No
 - b. Shortness of breath when walking fast Yes No
 - c. Shortness of breath when walking with other people at an ordinary pace Yes No
 - d. Have to stop for a breath when walking at your own pace Yes No
 - e. Shortness of breath when washing or dressing yourself Yes No
 - f. Shortness of breath that interferes with your job Yes No
 - g. Coughing that produces phlegm (not related to a cold) Yes No
 - h. Coughing that wakens you early in the morning Yes No
 - i. Coughing that occurs mostly when you are lying down Yes No
 - j. Coughing up blood in the last month Yes No
 - k. Wheezing Yes No
 - l. Wheezing that interferes with your job Yes No
 - m. Chest pain when you breathe deeply Yes No
 - n. Any other symptoms that you think may be related to lung problems Yes No
- 5. Have you ever had any of the following heart problems?
 - a. Heart attack Yes No
 - b. Stroke Yes No
 - c. Angina Yes No
 - d. Heart Failure Yes No
 - e. Swelling in your feet or hands (not caused by walking) Yes No
 - f. Heart arrhythmia (heart beating irregularly) Yes No
 - g. High blood pressure Yes No
 - h. Any other heart problems that you've been told about Yes No
- 6. Have you ever had any of the following heart symptoms?
 - a. Frequent pain or tightness in your chest Yes No
 - b. Pain or tightness in your chest during physical activity Yes No
 - c. Pain or tightness in your chest that interferes with your job Yes No
 - d. In the past 2 years have you noticed your heart skipping or missing a beat Yes No
 - e. Heartburn or indigestion that is not related to eating Yes No
 - f. Any other symptoms that you think may be related to heart or circulation Yes No
- 7. Do you currently take medications for any of the following problems?
 - a. Breathing or lung problems Yes No
 - b. Heart trouble Yes No
 - c. Blood pressure Yes No
 - d. Seizures Yes No
 List all medications: _____
- 8. If you've used a respirator, have you ever had any of the following problems while wearing respirator?
 - a. Eye irritation Yes No
 - b. Skin allergies or rashes Yes No
 - c. Anxiety Yes No
 - d. General weakness or fatigue Yes No
 - e. Any other problem that interferes with your use of a respirator Yes No
- 9. Would you like to talk to the health care professional Who will review this questionnaire about your answers to this questionnaire Yes No

Please explain "yes" answers – reference questions by number.



For SARS (full face respirator) and SCBA (self contained breathing) use only

- 10. Have you ever lost vision in either eye (temporarily or permanently) Yes No
- 11. Do you currently have any of the following vision problems Yes No
 - a. Wear contact lenses Yes No
 - b. Wear glasses Yes No
 - c. Color blind Yes No
 - d. Any other eye or vision problem Yes No
- 12. Have you ever had an injury to your ears including a broken ear drum Yes No
- 13. Do you currently have any of the following hearing problems Yes No
 - a. Difficulty hearing Yes No
 - b. Wear a hearing aid Yes No
 - c. Any other hearing or ear problem Yes No
- 14. Have you ever had a back injury Yes No
- 15. Do you currently have any of the following musculoskeletal problems Yes No
 - a. Weakness in any of your arms, hands, legs or feet Yes No
 - b. Back pain Yes No
 - c. Difficulty moving your arms or legs Yes No
 - d. Pain or stiffness when you lean forward or backward at the waist Yes No
 - e. Difficulty moving your head up and down Yes No
 - f. Difficulty moving your head side to side Yes No
 - g. Difficulty bending at your knees Yes No
 - h. Difficulty squatting to the ground Yes No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 pounds Yes No
 - j. Any other muscle or skeletal problem that interferes with using a respirator Yes No

Optional Questions

- 1. Are you working at high altitudes (over 5000 feet) Yes No
- 2. Have you ever worked with any of the materials or under any of the conditions listed below: Yes No
 - a. Asbestos Yes No
 - b. Silica (sandblasting) Yes No
 - c. Tungsten/cobalt (welding) Yes No
 - d. Beryllium Yes No
 - e. Aluminum Yes No
 - f. Coal (mining) Yes No
 - g. Iron Yes No
 - h. Tin Yes No
 - i. Dusty environments Yes No
 - j. Any other hazardous exposures Yes No

Describe _____
- 3. List previous occupations or second jobs. _____

- 4. Have you ever been in the military Yes No
- 5. Were you exposed to biological or chemical agents in training or in combat Yes No
- 6. List all present medications. _____

Clinic Use Only

Notes: _____



Respirator Recommendations

Name _____ Date _____

Professional Licensed Health Care Provider (PLHCP) Recommendations:

Further information regarding respirator usage, hazards, exposures required.
Further medical evaluation required

- A. Respirator use:
Class I-No restrictions on respirator use (as outlined in company respiratory protection program)
- B. Other Recommendations
Medical approval for respirator dependent upon employee passing annual fit test and training
“Before employee is required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit-tested with the same make, model, style and size of respirator that will be issued.”
Tight fitting respirator cannot be worn if there is interference of facial sealing surface by facial hair.
- C. Recommended Follow-up:
Annual Fit Testing _____yr.
Medical Eval. Questionnaire _____yr.
Physician/LHCP _____yr.

Other: _____

Reviewed By _____ Date _____

Physician/LCHP Recommendations:

- A. Respirator use:
Class I-No restrictions on respirator use (as outlined in company respiratory protection program)
Class II-Some specific restrictions.
PARP (powered air purifying respirator recommended)
Tight fitting respirator cannot be worn if there is interference of facial sealing surface by facial hair.

- Class III-No respirator use permitted.
- B. Other Recommendations
Medical approval for respirator dependent upon employee passing annual fit test and training “Before employee is required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit-tested with the same make, model, style and size of respirator that will be issued.”
- C. Recommended Follow-up:
Annual Fit Testing _____yr. Chest x-ray _____yr.
Medical Eval. Questionnaire _____yr. Spirometry _____yr. Stress EKG _____yr.
Physician/LHCP _____yr. EKG _____yr. Specialty referral

Other: _____

Examiner Signature _____ Date _____

Note: Employer required to schedule re-evaluation:

- Employee reports medical signs or symptoms that are related to the ability to wear a respirator
- A PLHCP, supervisor or respirator program administrator informs the employer that an employee needs to be re-evaluated
- Information from the RPP, including observations made during fit testing and program evaluation indicate a need for employee re-evaluation
- A change occurs in the workplace condition (physical work effort, protection clothing, and temperature) that may results in a substantial increase in the physiologic burden placed on an employee.