

## Respirator Use Information

The following information concerning employee respirator use must be provided so that the PLHCP can make a recommendation concerning an employee's ability to use specific respirators. **One form should be filled out for each type of respirator that the employee is expected to use.** Check all boxes that apply. Return completed form to FM-OHS for recordkeeping. If applicable, provide FM-OHS with Safety Data Sheets for any respiratory hazards. Note: Employees that are exposed to Silica or Asbestos may require additional testing for medical evaluations, including X-rays and Tuberculosis testing.

A. Respirator Type		
Negative pressure: <input type="checkbox"/> ½-face APR (elastomeric air purifying respirator) <input type="checkbox"/> full-face APR <input type="checkbox"/> N-95 filtering facepiece	Positive pressure: <input type="checkbox"/> tight-fitting PAPR (powered air purifying respirator) <input type="checkbox"/> loose-fitting PAPR	
B. Expected Use		
Frequency of Use: <input type="checkbox"/> Infrequently (<4 times a year) <input type="checkbox"/> Occasionally (1 time/month) <input type="checkbox"/> Routinely (Several Times/month)	Average duration per use: <input type="checkbox"/> 0-1 hour <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 4-8 hours	
C. Hazards		
<input type="checkbox"/> Particulates: <i>Sanding/Grinding, Fiberglass, Demolition</i> <input type="checkbox"/> Welding Fumes/Metal Dusts <input type="checkbox"/> Biological: Mold <input type="checkbox"/> Nuisance Level Dust/Odors (N-95) List other chemical:		
<input type="checkbox"/> Silica: <i>Brick or Concrete Dust</i> <input type="checkbox"/> Asbestos: <i>Abatement Crews Only</i> <input type="checkbox"/> Chemical (Organic Vapor) <input type="checkbox"/> Other Chemical (Acid Gas, Ammonia, Formaldehyde, etc.)		
D. Expected Work Effort		
<input type="checkbox"/> Light activity: <small>(breathing is easy)</small>	<input type="checkbox"/> Moderate Activity: <small>(can still hold conversation)</small>	<input type="checkbox"/> Hard Activity: <small>(out of breath; can speak small phrases)</small>
E. Additional Clothing and Equipment		
List all clothing and equipment used by employee: (shorts/pants, long/short sleeve, FRC, hood, harness, hardhat, etc.)		
F. Temperature and Humidity Extremes		
Temp °F: <input type="checkbox"/> ≤ 32° <input type="checkbox"/> 32° - 80° <input type="checkbox"/> 80° - 100° <input type="checkbox"/> ≥ 100°	Humidity %: <input type="checkbox"/> Low (< 30%) <input type="checkbox"/> Medium (30% - 60%) <input type="checkbox"/> High (> 60%)	
G. Additional Comments		

Employee Name (Print)

Employee Signature

Date

Supervisor Name (Print)

Supervisor Signature

Date