

Respirators are an effective method of protection against designated hazards when properly selected and worn. If a respirator is used improperly or not kept clean, the respirator itself, may become hazardous to the worker.

A respirator wearer shall:

- 1. Read and follow all instructions provided by the manufacturer for use, maintenance, cleaning, care, and warnings regarding limitations.*
- 2. Select only respirators certified by NIOSH. Use respirators for protection against materials they were designed to protect against.*

Part B: Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5000 feet) or in place that has lower than normal (20.9%) amounts of oxygen? Yes / No

If "yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when working under these conditions? Yes / No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (such as gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? If "yes", name the chemicals if you know of them:

3. Have you ever worked with any of the materials, or under any of the conditions listed below:

- a. Asbestos? Yes / No
 - b. Silica (such as sandblasting)? Yes / No
 - c. Tungsten/cobalt (grinding or welding this material)? Yes / No
 - d. Beryllium? Yes / No
 - e. Aluminum? Yes / No
 - f. Coal (fro example mining)? Yes / No
 - g. Iron? Yes / No'
 - h. Tin? Yes / No
 - i. Dusty environments? Yes / No
- Any other hazardous exposures (if "yes", describe these exposures)?

4. List any second jobs or side businesses you have:

5. List your previous occupations:

6. List your current and previous hobbies:

7. Have you ever been in the military services? Yes / No

If "yes" were you exposed to biological and/or chemical agents, either in training or combat?
Yes / No

8. Have you ever worked on a HAZMAT Team? Yes / No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in the questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?

If "yes", name the medications if you know them:

10. Will be using any of the following items with your respirator(s)?

- a. HEPA filters? Yes / No
- b. Canisters (for example, gas masks)? Yes / No
- c. Cartridges? Yes / No

11. How often are you expected to use the respirator(s) - check "yes" or "no" for all the answers that apply to you:

- a. Escape only (no rescue)? Yes / No
- b. Emergency rescue only? Yes / No
- c. Less than 5 hours per week? Yes / No
- d. Less than 2 hours per week? Yes / No
- e. 2 to 4 hours per day? Yes / No
- f. Over 4 hours per day? Yes / No

12. During the period you are using the respirator(s), is your work effort?
(see below for examples of work effort)

Light (less than 200kcal per hour)? Yes / No

If "yes", how long does this period last during the average shift: _____ hours _____ minutes

Moderate (200 to 350 kcal per hour)? Yes / No

If "yes", how long does this period last during the average shift: _____ hours _____ minutes

Heavy (above 350 kcal per hour)? Yes / No

If 'yes", how long does this period last during the average shift: _____ hours _____ minutes

*Examples of **light work** effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.*

*Examples of **moderate work** effort are 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 about 3 mph; or wheelbarrow with a heavy load (about 100 lbs.) on a level surface.*

*Examples of **heavy work** effort are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while brick laying or chipping castings; walking up a 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)*

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using the respirator? Yes / No

If 'yes", describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperatures exceeding ___ F)? Yes / No

15. Will you be working under humid conditions? Yes / No

If "yes", describe the work you will be doing while wearing the respirator:

16. Describe any special or hazardous conditions you might encounter when you're using your respirator(s), for example, confined spaces, life-threatening gases):

17. Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of any other toxic substance you'll be exposed to while wearing your respirator:

18. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well being of others (for example, rescue, security):

RESPIRATORY PROTECTION MEDICAL QUESTIONNAIRE
SUPPLEMENTAL INFORMATION

APPENDIX E

Facility Area: _____

Date: ____ / ____ / ____

Employee Name: _____

Respirator Type:	Respirator Weight:
____ Supplied Air SCBA (Self Contained Breathing Apparatus)	____ 20 - 30 lbs.
____ Supplied Air hose line Unit w/ egress bottle	____ 10 - 20 lbs.
____ ELSA Emergency Escape Apparatus	____ 5 lbs
____ Supplied Air Open-Hood Respirator	____ 2 - 5 lbs.
____ Full Face Air-Purifying Respirator lbs.	____ 2 - 5
____ Half Mask Air-Purifying Respirator	____ 1 - 2 lbs.
____ Dust Mask	

Duration and frequency of use (include use for rescue and escape):

Expected physical work effort:

Additional protective clothing and equipment to be worn:

Environmental extremes, temperature, humidity etc.:

Other:

RESPIRATOR FIT TEST RECORD

1. Employee Name: _____ Date: ___ / ___ / ___
Employee Number: _____
Employee Job Title/Description: _____

2. Employer: _____
Location/Address: _____

3. Respirator Selected: _____ Size: _____
Manufacturer: _____

4. Conditions which could affect respirator fit:

Clean Shaven _____	Facial Scar _____	Dentures Absent _____
1-2 Days Beard Growth _____	Glasses _____	None _____
2+ Days Beard Growth _____	Moustache _____	Other _____

Comments: _____

5. Fit Checks:
Negative Pressure Pass _____ Fail _____ Not Done _____
Positive Pressure Pass _____ Fail _____ Not Done _____

6. Fit Testing:
Quantitative Fit Factor _____
Qualitative Isoamyl Acetate: _____ Saccharin: _____ Bitrex: _____
Stannic Chloride: _____
Pass _____ Pass _____ Pass _____ Pass _____
Fail _____ Fail _____ Fail _____ Fail _____

Employee demonstrates sensitivity to test agent during sensitivity test: Yes _____ No _____

Fit Factor _____ Filters Used During Test: _____

Comments: _____

7. Employee Acknowledgement of Test Results:

Employee Signature: _____ Date: _____

Test Conducted By: _____ Date: _____

Disclaimer

The above respirator fit test was performed in compliance with current respiratory protection standard protocols on and by the persons listed. The results indicate the performance of the listed respiratory protective device as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. The test conductor express or imply no guarantee that this or identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirators may be used even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use. Maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. Fore example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.