



Respirator Use Questionnaire

Name: _____ Date: _____

Job Title: _____ Supervisor: _____

Department (name, address, mail code): _____

Extension: _____

1. Do you wear any respiratory protection devices? Yes _____ No _____
If yes, please complete questionnaire; if no, return to your supervisor with above information completed

2. What type of respirator do you wear? (check all that apply)
____ Reusable half-face mask w/combination cartridges Brand _____ Model _____
____ Reusable full-face mask w/combination cartridges Brand _____ Model _____
____ Powered air purifying respirator (PAPR) Brand _____ Model _____
____ Other (please specify) _____

3. How often do you wear a respirator? (e.g., 3 times/week, 10 times/month, etc...)

4. How long do you wear a respirator? (e.g., 2 hrs/day, etc...)

5. What duties are you performing while using the respirator? (e.g., painting, applying pesticides, cleaning, etc.) Please be specific.

6. What is the approximate weight of your respirator? _____

7. What additional protective equipment is worn while using a respirator?

8. Are temperature and/or humidity extremes encountered?
No _____ Yes (explain) _____

9. Indicate, with a check, your overall workload level while you are wearing a respirator.

___ Resting

___ Light (examples include) - sitting at ease: light handwork, hand and arm work (small bench tools, inspecting, assembly, or sorting of light materials), arm and leg work. Standing: drill press (sm. parts), milling machine (sm. parts), machining w/light power tools.

___ Moderate (examples include) - hand and arm work (nailing, filing), arm and leg work (off road operation of trucks or construction equipment), arm and trunk work (air hammer operation, plastering, intermittent handling of moderately heavy materials, pushing or pulling light weight carts or wheelbarrows).

___ Heavy (examples include) - heavy arm and trunk work, transferring heavy materials, shoveling, sledge hammer work, sawing, hand mowing, digging, ax work, climbing stairs or ramps, jogging, running, pushing or pulling heavily loaded carts or wheelbarrows, chipping castings, concrete block laying.

10. Briefly describe your working environment while wearing your respirator.

11. Do you wear eyeglasses or contact lenses? (Circle one or both)

12. Do you have facial hair (beard, mustache, goatee)? Yes ___ No ___ Sometimes ___

13. Do you share a respirator with another person? Yes ___ No ___

14. Do you have a maintenance program in place for your respirator? (ex: cleaning, storing replacing valves, etc..)

No ___ Yes (explain) _____

15. If your respirator is a gas/vapor type, do you detect odors when in use? Yes ___ No ___

16. When did you first start using a respirator on campus? _____

17. Do you understand the limitations of your respirator?

Yes ___ No (explain) _____