

# Employer Respirator Utilization



INTEGRATED, COMPREHENSIVE OCCUPATIONAL HEALTH SERVICES

A division of Summit Orthopedics for over 20 years

**\*\*This form must be completed for each type of respirator used\*\***

Date: \_\_\_ / \_\_\_ / \_\_\_  
Month Day Year

Company (employer) name (please print): \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Employer email address: \_\_\_\_\_

Person responsible for respirator program: \_\_\_\_\_

Alternate contact: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

1. Respirator type: (Mark all that apply)

- Filtering Face Mask  
  Half Face Mask  
  SCBA  
  PAPR (Powered Air Purifying Respirator)  
 Full Face Mask  
  Helmet/Hood  
  Compressed Air (airline)  
  Other (include:make/Model:) \_\_\_\_\_

2. For air-purifying respirators, please check the filter type:

- Canister or cartridge  
  Dust mask  
  HEPA (High Efficiency Particulate Air) filter

3. How often is the employee expected to use a respirator? (Mark all that apply)

- Escape only (no rescue)  
 Emergency rescue only  
 Less than five hours per week  
 Less than two hours per day  
 Two to four hours per day  
 Over four hours per day

4. During the most frequent respirator use, the expected level of physical work is:

Effort level	Does the employee perform at this level?	If yes, how long does this period last during the average shift?	Examples of this work effort
Light (less than 200 kcal/hr)	<input type="checkbox"/> Yes	____ hrs. ____ mins.	Sitting while writing, typing, drafting, performing light assembly work; standing while operating a drill press (1-3 lbs); controlling machines
Moderate (200 to 350 kcal/hr)	<input type="checkbox"/> Yes	____ hrs. ____ mins.	Sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work; transferring a moderate load (about 35 lbs) at trunk level; walking on a level surface about 2 mph or down a 50-degree grade about 3 mph; or pushing a wheelbarrow on a level surface.
Heavy (above 350 kcal/hr)	<input type="checkbox"/> Yes	____ hrs. ____ mins.	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)

5. Will the employee be wearing protective clothing and/or equipment (other than the respirator) while performing his/her job duties?.....  Yes  No

If yes, describe the protective clothing and/or equipment:

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6. Will the employee be working under hot conditions (temperature exceeding 77 degrees F) while wearing a respirator? .....  Yes  No

If yes, how high does the temperature get? \_\_\_\_\_

7. Will the employee be working under humid conditions while wearing a respirator? .....  Yes  No

8. What is the highest altitude at which a respirator will be worn? (Twin Cities ~ 800 ft) \_\_\_\_\_

9. Provide the following information, if you know it, for each toxic substance that your employee will be exposed to while using the respirator.

Name of toxic substance	Estimated maximum exposure level per shift	Duration of exposure per shift

10. Describe any special or hazardous conditions the employee may encounter when using the respirator. (For example, confined spaces, life-threatening gases, fire)

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Employer signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year