

Respiratory Protection Survey

- 1) As part of OSHA respiratory regulations, an annual evaluation of the Respiratory Program. Do you wear your respirator during operations or in areas which require respiratory protection? Y/N
- 2) Do feel you've been adequately trained on respirator usage, limitations, cleaning and inspecting? Y/N
- 3) Do you clean and inspect your respirator after each use? Y/N
- 4) Is your respirator stored away from heat, chemicals, or in a way to prevent damage? Y/N
- 5) Did you complete your annual physical prior to your fit test? Y/N
- 6) Does your respirator fit comfortably? Y/N
If not, would you like to be refitted with a different brand or size? Y/N
- 7) Is breathing resistance when wearing a respirator unbearable? Y/N
- 8) Does wearing a respirator cause you to become fatigued quickly? Y/N
- 9) Are you confident that your respirator is providing adequate protection? Y/N
- 10) Does your respirator significantly interfere or restrict motion? Y/N

Comments: _____

Name: _____ Date: _____