



Respirator OSHA Employer Questionnaire

Employer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ FAX number: _____

Date: _____

The following information must be provided to WORKFIRST before the health care provider makes a recommendation concerning an employee's ability to use a respirator:

- A. The type and weight of the respirator to be used by the employee:

- B. The duration and frequency of respirator use (including use for rescue and escape):

- C. The expected physical work effort:

- D. Additional protective clothing and equipment to be worn:

- E. Temperature and humidity extremes that may be encountered:

Please attach a list of employees to whom the respirator information on this page pertains.

The employer shall also provide WORKFIRST with a copy of the written respiratory protection program.