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.