

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.