

## Respirator Use Profile

(to be completed by EHS staff member upon employee's enrollment in the RPP)

**Employee name:**

**Department/Job title**

**Respirator use category:**

Respiratory protection required       Voluntary respiratory use

**Type of respirator assigned:**

Disposable filtering facepiece       Negative pressure half-face       Negative pressure full-face

PAPR

Airline

SCBA

**Frequency of respirator use (check one):**

Daily     Weekly     Monthly     Yearly

**Duration of respirator use (check one):**

Minutes     Hours

**Additional protective equipment work while wearing respirator:**

Safety glasses/goggles     Faceshield     Hardhat     Gloves     Earplugs     Earmuffs

Protective coveralls       Other: \_\_\_\_\_

**Working in hot/humid environments while wearing respirator?**

Yes       No

**Level of physical exertion during respirator use:**

Light (sitting or standing to control machinery, performing light hand or arm work)

Moderate (walking about with moderate lifting and pushing)

Heavy (pick and shovel work, heavy manual handling)

**Profile completed by (EHS staff member name):      Date:**