

PART A, SECTION 2 – MANDATORY: Questions 1 through 9 must be answered by every employee who has been selected to use any type of respirator – please check yes or no.

	YES	NO
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month?		
2. Have you <i>ever had</i> any of the following conditions?		
Seizures (fits)?		
Diabetes (sugar disease)?		
Allergic reactions that interfere with your breathing?		
Claustrophobia (fear of closed in places)?		
Trouble smelling odors?		

3. Have you *ever had* any of the following pulmonary or lung problems:

Asbestosis?		
Asthma?		
Chronic bronchitis?		
Emphysema?		
Pneumonia?		
Tuberculosis?		
Silicosis?		
Pneumothorax (collapsed lung)?		
Lung cancer?		
Broken Ribs?		
Any chest injuries or surgeries?		
Any other lung problem that you've been told about?		

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness:

Shortness of breath?		
Shortness of breath when walking fast on level ground?		
Shortness of breath when walking up a slight hill or incline?		
Shortness of breath when walking with other people at an ordinary pace on level ground?		
Have to stop for breath when walking at your own pace on level ground?		
Shortness of breath when washing or dressing yourself?		
Coughing that produces phlegm (thick sputum)?		
Coughing that wakes you early in the morning?		
Coughing that occurs mostly when you are lying down?		
Coughing up blood in the last month?		
Wheezing?		
Wheezing or shortness of breath that interferes with your job?		
Chest pain when you breathe deeply?		
Any other symptoms that you think may be related on lung problems?		

5. Have you *ever had* one of the following cardiovascular or heart problems:

Heart attack?		
Stroke?		
Angina?		
Heart failure?		
Swelling in your legs or feet (not caused by walking)?		
Heart arrhythmia (heart beating irregularly)?		
High blood pressure?		
Any other heart problem that you've been told about?		

6. Have you *ever had* any of the following cardiovascular or heart symptoms:

Frequent pain or tightness in your chest?		
Pain or tightness in your chest during physical activity while working at your job?		
In the past two years, have you noticed your heart skipping or missing a beat?		
Heartburn or indigestion that is not related to eating?		
Any other symptoms that you think may be related to heart or circulatory problems?		

7. Do you *currently* take medication for any of the following problems:

	YES	NO
Breathing or lung problems?		
Heart trouble?		
Blood pressure?		
Seizures (fits)?		

8. If you've used a respirator, have you *ever had* any of the following problems: (If you've never used a respirator, go to question 9):

Eye irritation?		
Skin allergies or rashes?		
Anxiety?		
General weakness or fatigue?		
Any other problem that interferes with your use of a respirator?		

9. Would you like to talk to our physician staff about your answers to this questionnaire?		
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Questions 10-15 on the following pages MUST BE ANSWERED BY EVERY EMPLOYEE WHO HAS BEEN SELECTED TO USE EITHER A FULL-FACE RESPIRATOR OR A SELF CONTAINED BREATHING APPARATUS (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary and you should proceed to PART B.

	YES	NO
10. Have you <i>ever lost</i> vision in either eye (temporarily or permanently)?		

11. Do you *currently* have any of the following vision problems?

Wear contact lenses?		
Wear glasses?		
Color blind?		
Any other eye or vision problems?		

12. Have you <i>ever had</i> an injury to your ears, including a broken ear drum?		
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13. Do you *currently* have any of the following hearing problems?

Difficulty hearing?		
Wear a hearing aid?		
Any other hearing or ear problems?		

14. Have you <i>ever had</i> a back injury?		
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15. Do you *currently* have any of the following musculoskeletal problems:

Weakness in any of your arms, hands, legs or feet?		
Back pain?		
Difficulty moving your arms and legs?		
Pain or stiffness when you lean forward or backward at the waist?		
Difficulty fully moving your head up or down?		
Difficulty fully moving your head side to side?		
Difficulty bending at your knees?		
Difficulty squatting to the ground?		
Difficulty climbing a flight of stair or ladder carrying more than 25 lbs.?		
Any other muscle or skeletal problem that interferes with using a respirator?		

PART B: Unless you have been specifically instructed by our physician staff NOT to answer the following questions, please complete this section.

	YES	NO
1. In your present job, are you working at high altitudes (over 5,000) feet?		
Or, are you working in a place that has lower than normal amounts of oxygen?		

2. If yes to the question above, while working in these places, do you have feelings of:

Dizziness?		
Shortness of breath?		
Pounding in your chest?		
Other symptoms?		

3. At work or at home, have you ever been exposed to:

Hazardous solvents?		
Hazardous air borne chemicals (gas, fumes, dust)?		
Skin contact with hazardous chemicals?		
If so, please name these chemicals here:		

4. Have you ever worked with any of the materials, or under any of the conditions below:

Asbestos?		
Silica?		
Tungsten/Cobalt (i.e. Grinding or welding this material)?		
Beryllium?		
Aluminum?		
Coal (for example mining)?		
Iron?		
Tin?		
Dusty environment?		
Any other hazardous exposures?		
If yes, please describe these exposures here:		

5. List any second jobs or side businesses you may have:

6. List your previous occupation:

7. List your current and previous hobbies:

	YES	NO
8. Have you been in the military service:		
If yes, were you exposed to biological or chemical agents (training or combat)?		

9. Have you ever worked on a HAZMAT team?		
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10. Other than medication for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over the counter medication)?

If yes, please list them here:

11. Will you be using any of the following items with your respirator(s):

	YES	NO
HEPA filters?		
Canisters (for example, gas masks)?		
Cartridges?		

12. How often are you expected to use the respirator(s) – check yes/no for all that apply:

Escape Only (no rescue)		
Emergency rescue only		
Less than 5 hours per week		
Less than 5 hours per day		
2 to 4 hours per day		
Over 4 hours per day		

13. During the period you are using the respirator(s) is your **work effort**:

Light		
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(Examples of Light: sitting while writing, typing, drafting, or performing light assembly of work, standing while operating a drill press (1-3 lbs.) or controlling machines, all less than 200 calories per hour)

If you checked yes to “Light”, how long does this period last during the average shift:

_____ Hours and _____ Minutes

Moderate		
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(Examples of Moderate: sitting while nailing or filing, driving a truck or bus in urban traffic, standing while drilling, performing assembly work, or transferring a moderate load (35 lbs.) at trunk level, walking on a level surface to 2 mph or down a 5 degree grade about 3 mph. or pushing a wheelbarrow with a heavy load (100 lbs.) on a level surface)

If you checked yes to “Moderate” above, how long does this period last during the avg. shift:

_____ Hours and _____ Minutes

Heavy		
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(Examples of Heavy: lifting a heavy load (50 lbs.+) from the floor to your waist or shoulder work, working on a loading dock, shoveling, standing while bricklaying or chipping castings, waling up an 8 degree grade about 2 mpg, climbing stairs with a heavy load (50 lbs))

If you checked yes to “Heavy” above, how long does this period last during the avg. shift:

_____ Hours and _____ Minutes

14. Will you be wearing protective clothing and/or equipment when you are using your respirator?		
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If yes, please describe the protective clothing and/or equipment here:

	YES	NO
15. Will you be working under hot conditions (temperature greater than 77 degrees F)?		
16. Will you be working under humid conditions?		

17. Describe the work you will be doing while wearing your respirator.

18. Describe any special or hazardous conditions you might encounter when you're using your respirator – for example: confined spaces, life-threatening gasses:

19. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when wearing your respirator:

Substance	Estimated Exposure Level/Shift	Duration of Exposure
1		
2		
3		

20. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well being of others (for example, rescue, and security):