

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.

Yes No

___ ___ 1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?

2. Have you *ever* had any of the following conditions?

___ ___ a. Seizures (fits)

___ ___ b. Diabetes (sugar disease)

___ ___ c. Allergic reactions that interferes with your breathing

___ ___ d. Claustrophobia (fear of closed-in places)

___ ___ e. Trouble smelling odors

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

___ ___ a. Asbestosis

___ ___ b. Asthma

___ ___ c. Chronic bronchitis

___ ___ d. Emphysema

___ ___ e. Pneumonia

___ ___ f. Tuberculosis

___ ___ g. Silicosis

___ ___ h. Pneumothorax (collapsed lung)

___ ___ i. Lung cancer

___ ___ j. Broken ribs

___ ___ k. Any chest injuries or surgeries

___ ___ l. Any other lung problems that you've been told about

If yes, explain: _____

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

___ ___ a. Shortness of breath

___ ___ b. Shortness of breath when walking fast on level ground or walking up a slight hill/incline

___ ___ c. Shortness of breath when walking with other people at an ordinary pace on level ground

___ ___ d. Have to stop for breath when walking at your own pace on level ground

___ ___ e. Shortness of breath when washing or dressing yourself

___ ___ f. Shortness of breath that interferes with your job

Yes No

- g. Coughing that produces phlegm (thick sputum)
- h. Coughing that wakes you early in the morning
- i. Coughing that occurs mostly when you are lying down
- j. Coughing up blood in the last month
- k. Wheezing
- l. Wheezing that interferes with your job
- m. Chest pain when you breathe deeply
- n. Any other symptoms that you think may be related to lung problems

If yes, explain: _____

5. Have you *ever* had any of the following cardiovascular or heart problems?

- a. Heart attack
- b. Stroke
- c. Angina
- d. Heart failure
- e. Swelling in your legs or feet (not caused by walking)
- f. Heart arrhythmia (heart beating irregularly)
- g. High blood pressure
- h. Any other heart problem you've been told about

If yes, explain: _____

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

- a. Frequent pain or tightness in your chest
- b. Pain or tightness in your chest during physical activity
- c. Pain or tightness in your chest that interferes with your job
- d. In the past two years, have you noticed your heart skipping or missing a beat
- e. Heartburn or indigestion not related to eating
- f. Any other symptoms you think may be related to heart or circulation problems

If yes, explain: _____

Yes No

7. Do you *currently* take medication for any of the following problems:
- a. Breathing or lung problems
 - b. Heart trouble
 - c. Blood pressure
 - d. 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, check the space and go to question 9
- a. Eye irritation
 - b. Skin allergies or rashes
 - c. Anxiety
 - d. General weakness or fatigue
 - e. Any other problem that interferes with your use of a respirator
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full face-piece 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.

Yes No

10. Have you ever lost vision in either eye (temporarily or permanently)?
11. Do you *currently* have any of the following vision problems?
- a. Wear contact lenses
 - b. Wear glasses
 - c. Color blind
 - d. Any other eye or vision problem: _____
12. Have you *ever* had an injury to your ears, including a broken eardrum?
13. Do you *currently* have any of the following hearing problems?
- a. Difficulty hearing
 - b. Wear a hearing aid
 - c. Any other hearing or ear problem
14. Have you *ever* had a back injury?

Yes No

15. Do you *currently* have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet
 - b. Back pain
 - c. Difficulty fully moving your arms and legs
 - d. Pain or stiffness when you lean forward or backward at the waist
 - e. Difficulty fully moving your head up or down
 - f. Difficulty fully moving your head side to side
 - g. Difficulty bending at your knees
 - h. Difficulty squatting to the ground
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs
 - j. Any other muscle or skeletal problem that interferes with using a respirator

Part B. Any of the following questions, and other questions not listed may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

Yes No

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?
- If yes to the above question, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?
- If yes, name the chemicals if you know them: _____

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3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
- a. Asbestos
 - b. Silica (e.g., in sandblasting)
 - c. Tungsten/cobalt (e.g., grinding or welding this material)

___ ___
Yes No

d. Beryllium

___ ___

e. Aluminum

___ ___

f. Coal (for example, mining):

___ ___

g. Iron

___ ___

h. Tin

___ ___

i. Dusty environments

___ ___

j. Any other hazardous exposures

If yes, describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: (Start with the most recent)

6. List your current and previous hobbies: _____

Yes No

___ ___

7. Have you been in the military services?

___ ___

If yes to the previous question, were you exposed to biological or chemical agents (either in training or combat)?

___ ___

8. Have you ever worked on a HAZMAT team?

___ ___

9. Other than medications 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 medications)? If yes, name the medications:

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

___ a. HEPA Filters

___ b. Canisters (for example, gas masks)

___ c. Cartridges

11. How often are you expected to use the respirator? (check all that apply to you)

- a. Escape only (no rescue)
- b. Emergency rescue only
- c. Less than 5 hours per week
- d. Less than 2 hours per day
- e. 2 to 4 hours per day
- f. Over 4 hours per day

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

- a. *Light* (less than 200 kcal per hour)

Examples of a *light* work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

If "yes," how long does this period last during the average shift: ____ hrs. ____ minutes

- b. *Moderate* (200 to 350 kcal per hour):

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

If yes, how long does this period last during the average shift: ____ hrs. ____ minutes

- c. *Heavy* (above 350 kcal per hour)

Examples of *heavy* work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

If "yes," how long does this period last during the average shift: ____ hrs. ____ minutes

13. Will you be wearing protective clothing and/or equipment, other than the respirator, when you're using your respirator?

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (exceeding 77 degrees F)?

15. Will you be working under humid conditions?

Describe the work you'll be doing while you're using your respirator: _____

16. Describe any special or hazardous conditions you might encounter when you're using your respirator (for example, confined space, life-threatening gases): _____

17. Provide the following information, if you know, for each toxic substance you'll be exposed to when using your respirator:

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substance you'll be exposed to while using your respirator:

18. 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, security): _____
