

# Respirator User Screening Form

For initial periodic screening of respirator users in conjunction with CSAZ94.11, Clause 12

## 1. EMPLOYER INFORMATION

EMPLOYER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

## 2. RESPIRATOR USER INFORMATION

NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## 3. CONDITIONS OF USE

ACTIVITIES requiring respirator: \_\_\_\_\_

### FREQUENCY OF USE

- Daily
- Weekly
- Monthly
- Yearly

### EXERTION LEVEL

- Light
- Moderate
- Heavy
- Other

### UNCONTROLLED ENVIRONMENT

- Emergency escape
- Firefighting
- Riot/police
- Resue Operations
- IDLH
- HAZMAT Emergency
- Oxygen Defucuebt
- Confined Space
- Other \_\_\_\_\_

### ATMOSPHERIC PRESSURE

- Reduced
- Normal
- Increased
- Other

### DURATION OF USE PER SHIFT

- Less than 1/4 hr
- More than 1/4 hr
- More than 2 hr
- Other

### TEMPERATURE

- Less than 0 degrees
- 0 - 25 degrees
- More than 25 degrees
- Other

Aditonal types of personal protective equipment required (Specify): \_\_\_\_\_

Estimated total weight of tools/ equipment carried during respirator use: \_\_\_\_\_

## 4. TYPES OF RESPIRATORS USED (CHECK ALL THAT APPLY)

- Tight-fitting
- Non tight fitting
- SCBA open-circuit
- SCBA Closed-Circuit
- Air-purifying, powered
- Airline, Pressure demand
- Multifunctional pressure-demand/airline with escape
- Mouth Bit
- Air-purifying non-powered
- Airline, continous-flow
- SCBA- escape
- Supplied-air suit
- Combined airline with air-purifying elements
- Other (specify): \_\_\_\_\_

**5. RESPIRATOR USER'S HEALTH CONDITIONS** - circle yes or no only - DO NOT SPECIFY

Do you have or do you experience any of the following or any other condition that could affect respirator use?

- |                        |                            |                        |                          |
|------------------------|----------------------------|------------------------|--------------------------|
| Shortness of breath    | Thyroid problems           | Hearing impairment     | Dentures                 |
| Breathing difficulties | Diabetes                   | Pacemaker              | Cardiovascular disease   |
| Chronic bronchitis     | Neuromuscular disease      | Panic attacks          | Unusual facial           |
| Emphysema              | Fainting spells            | Colour blindness       | features/skin conditions |
| Lung disease           | Dizziness/ Nausea          | Asthma                 | Other condition(s)       |
| Chest pain on exertion | Seizures                   | Vision impairment      | affecting respirator use |
| Heart Problems         | Temperature susceptibility | Reduced sense of smell | Prescription medication  |
| Allergies              | Claustrophobia / fear of   | Reduced sense of taste | to control a condition   |
| Hypertension           | heights./uneasiness in     | Back/neck problems     |                          |
|                        | crowds                     |                        |                          |

**YES**

**NO**

HAVE YOU HAD PREVIOUS DIFFICULTY WHILE USING A RESPIRATOR? **YES NO**

DO YOU HAVE ANY CONCERNS ABOUT YOUR FUTURE ABILITY TO USE A RESPIRATOR SAFELY? **YES NO**

**A "YES" answer to any question, indicates further assessment by a health care professional and is required prior to respirator use.**

**SIGNATURE OF RESPIRATOR USER:** \_\_\_\_\_

**SIGNATURE OF SUPERVISOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_