Appendix C to 1910.134:OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

| To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination. |
|---|
| To the employee: |
| Can you read (circle one): Yes No |
| Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. |
| Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print). |
| 1. Today's date: |
| 2. Your name: |
| 3. Your age (to nearest year): |
| 4. Sex (circle one): Male Female |
| 5. Your height: ft in. |
| 6. Your weight: lbs. |
| 7. Your job title: |
| 8. A phone number where you can be reached by the health care professional who reviews this questionnaire |
| (include the Area Code): |
| 9. The best time to phone you at this number: |
| 10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes No |
| 11. Check the type of respirator you will use (you can check more than one category): a N, R, or P disposable respirator (filter-mask, non-cartridge type only). Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained preathing apparatus). |
| 12. Have you worn a respirator (circle one): |
| f "yes," what type(s): |
| |

| 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 interfere with your breathing: d. Claustrophobia (fear of closed-in places): e. Trouble smelling odors (except when you had a cold): 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: y. Yes o. Silteosis: y. Yes h. Pneumonthorax (collapsed lung): i. Lung cancer: y. Yes o. Lany other lung problem that you've been told about: 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 ast on level ground: d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: y. Yes No d. Have to stop for breath when walking at your own pace on level ground: | selected to use any type of respirator (please circle "yes" or "no"). | ho has | been |
|--|--|--------|---|
| a. Scizures (fits): b. Diabetes (sugar disease): c. Allergic reactions that interfere with your breathing: d. Claustrophobia (fear of closed-in places): e. Trouble smelling odors (except when you had a cold): yes o. Trouble smelling odors (except when you had a cold): yes o. Trouble smelling odors (except when you had a cold): yes o. Ashestosis: yes o. Ashestosis: yes o. Chronic bronchitis: yes o. Chronic bronchitis: yes o. Preumonia: yes o. I hubreculosis: yes o. Ji Broken ribs: yes o. Lany other lung problem that you've been told about: yes o. Lany other lung problem that you've been told about: yes o. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: yes o. Shortness of breath when walking with other people at an ordinary pace on level ground: yes o. Shortness of breath when walking with other people at an ordinary pace on level ground: yes o. Shortness of breath when walking with other people at an ordinary pace on level ground: yes o. Shortness of breath when walking with other people at an ordinary pace on level ground: yes o. Shortness of breath when walking with other people at an ordinary pace on level ground: yes o. Shortness of breath when walking with other people at an ordinary pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when walking avito own pace on level ground: yes o. Shortness of breath when wal | 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: | Yes | No |
| b. Diabetes (sugar disease): c. Allergic reactions that interfere with your breathing: d. Claustrophobia (fear of closed-in places): e. Trouble smelling odors (except when you had a cold): 3. Have you ever had any of the following pulmonary or lung problems? a. Asbestosis: b. Asthma: c. Chronic bronchitis: d. Emphysema: e. Preumonia: d. Emphysema: d. Pres d. No d. Hung cancer: d. Pres d. No d. Any other lung problem dung): d. Lung cancer: d. Pres d. Any other lung problem that you've been told about: d. Any other lung problem that you've been told about: d. Do you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath: d. Any other lung problem that you've been told about: d. Do you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: d. Shortness of breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Houghing that overal that interferes with your job: d. Coughing that wakes you early in the morning: d. Shortness of breath that interferes with your job: d. Coughing that produces phlegm (thi | | | |
| b. Diabetes (sugar disease): c. Allergic reactions that interfere with your breathing: d. Claustrophobia (fear of closed-in places): e. Trouble smelling odors (except when you had a cold): 3. Have you ever had any of the following pulmonary or lung problems? a. Asbestosis: b. Asthma: c. Chronic bronchitis: d. Emphysema: e. Preumonia: d. Emphysema: d. Pres d. No d. Hung cancer: d. Pres d. No d. Any other lung problem dung): d. Lung cancer: d. Pres d. Any other lung problem that you've been told about: d. Any other lung problem that you've been told about: d. Do you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath: d. Any other lung problem that you've been told about: d. Do you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: d. Shortness of breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: d. Houghing that overal that interferes with your job: d. Coughing that wakes you early in the morning: d. Shortness of breath that interferes with your job: d. Coughing that produces phlegm (thi | a. Seizures (fits): | Yes | No |
| c. Allergic reactions that interfere with your breathing: d. Claustrophobia (fear of closed-in places): e. Trouble smelling odors (except when you had a cold): 3. Have you ever had any of the following pulmonary or lung problems? a. Asbestosis: b. Asthma: c. Chronic bronchitis: d. Emphysema: d. | b. Diabetes (sugar disease): | Yes | No |
| d. Claustrophobia (fear of closed-in places): e. Trouble smelling odors (except when you had a cold): yes 3. Have you ever had any of the following pulmonary or lung problems? a. Asbestosis: b. Asthma: yes b. Asthma: yes c. Chronic bronchitis: yes d. Emphysema: yes No d. Emphysema: yes No f. Tuberculosis: yes g. Silicosis: yes h. Pneumonia: yes No h. Pneumothorax (collapsed lung): i. Lung cancer: yes j. Broken ribs: yes No Any other lung problem that you've been told about: yes No b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: yes d. Have to stop for breath when walking at your own pace on level ground: yes d. Have to stop for breath when walking at your own pace on level ground: yes c. Shortness of breath when walking at your own pace on level ground: yes d. Have to stop for breath when walking at your own pace on level ground: yes c. Shortness of breath when walking at your own pace on level ground: yes d. Have to stop for breath when walking at your own pace on level ground: yes d. Have to stop for breath when walking at your own pace on level ground: yes d. Have to stop for breath when walking at your own pace on level ground: yes d. Shortness of breath that interferes with your job: yes yo g. Coughing that produces phlegm (thick sputum): yes h. Coughing that produces phlegm (thick sputum): yes h. Coughing that occurs mostly when you are lying down: yes No h. Coughing that occurs mostly when you are lying down: yes No h. Coughing that occurs mostly when you are lying down: yes No h. Wheezing: yes No h. Wheezing that interferes with your job: h. Any other symptoms that you think may be related to lung problems: yes No h. Shortness of speath that interferes with your job: h. Any other symptoms that you think may be related to lung problems: yes No h. Shortness of speath when you breathe deeply: h. Any other symptoms that you think may be related to lung problems: yes No h. Heart failure: yes No h. Heart failure: yes No h. Heart failure: yes No h. Heart failu | c. Allergic reactions that interfere with your breathing: | Yes | No |
| e. Trouble smelling odors (except when you had a cold): 3. Have you ever had any of the following pulmonary or lung problems? a. Asbestosis: b. Asthma: c. Chronic bronchitis: yes No d. Emphysema: e. Pneumonia: f. Tuberculosis: g. Silicosis: h. Pneumothorax (collapsed lung): i. Lung cancer: yes No k. Any chest injuries or surgeries: yes No l. 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? a. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: yes No d. Have to stop for breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No f. Shortness of breath when walking at your own pace on level ground: yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produces phlegm (thick sputum): yes No h. Coughing that produc | d. Claustrophobia (fear of closed-in places): | Yes | No |
| a. Asbestosis: b. Asthma: c. Chronic bronchitis: d. Emphysema: c. Pneumonia: F. Yes No c. Pneumonia: F. Yes No c. Pneumonia: F. Yes No d. Emphysema: F. Yes No c. Pneumonia: F. Yes No d. Emphysema: F. Yes No c. Pneumonia: F. Yes No d. F. Tuberculosis: F. Yes No h. Pneumothorax (collapsed lung): F. Lung cancer: F. Yes No h. Pneumothorax (collapsed lung): F. Lung cancer: F. Yes No J. Broken ribs: F. Yes No L. Any other lung problem that you've been told about: F. Yes No L. Any other lung problem that you've been told about: F. Yes No D. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: F. No C. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: F. No C. Shortness of breath when walking at your own pace on level ground: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath that interferes with your job: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath that interferes with your job: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath when walking or dressing yourself: F. Shortness of breath that interferes with your job: F. Shortness of breath that interferes with your job: F. Shortness of breath that interferes with your job: F. Shortness of breath that interferes with your job: F. No D. Coughing that occurs mostly when you are lying down: F. No D. Coughing that produces pla | e. Trouble smelling odors (except when you had a cold): | Yes | No |
| b. Asthma: c. Chronic bronchitis: d. Emphysema: c. Pneumonia: Fuberculosis: Press No f. Tuberculosis: Press No f. Tuberculosis: Ne g. Silicosis: Ne h. Pneumothorax (collapsed lung): Lung cancer: J. Exp J. Broken ribs: R. Any chest injuries or surgeries: L. Any other lung problem that you've been told about: Yes No A. Do you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No C. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No C. Shortness of breath when walking at your own pace on level ground: Yes A. Have to stop for breath when walking at your own pace on level ground: Yes No C. Shortness of breath when walking at your own pace on level ground: Yes No C. Shortness of breath when walking or dressing yourself: Yes No C. Shortness of breath when walking or dressing yourself: Yes No C. Coughing that produces phlegm (thick sputum): Yes No D. Coughing that occurs mostly when you are lying down: Yes No D. Coughing that occurs mostly when you are lying down: Yes No D. Coughing up blood in the last month: Yes No D. Hweezing that interferes with your job: Yes No D. Hweezing that interferes with your job: Yes No D. Heart attack: Yes No D. Stroke: Yes No D. Hart attack: Yes No D. Hart attack: Yes No D. Stroke: Yes No D. Hart attack: Yes No D. Stroke: Yes No D. Swelling in your legs or feet (not caused by walking): Yes No No D. Swelling in your legs or feet (not caused by walking): Yes No | | | |
| c. Chronic bronchitis: Yes No d. Emphysema: Yes No e. Pneumonia: Yes No e. Pneumonia: Yes No f. Tuberculosis: Yes No g. Silicosis: Yes No p. Pneumothorax (collapsed lung): Yes No h. Pneumothorax (collapsed lung): Yes No h. Pneumothorax (collapsed lung): Yes No j. Broken ribs: Yes No k. Any chest injuries or surgeries: Yes No k. Any other lung problem that you've been told about: Yes No No l. Any other lung problem that you've been told about: Yes No No Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No e. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No d. Have to stop for breath when walking at your own pace on level ground: Yes No e. Shortness of breath when walking or dressing yourself: Yes No g. Coughing that produces phlegm (thick sputum): Yes No g. Coughing that produces phlegm (thick sputum): Yes No h. Coughing that occurs mostly when you are lying down: Yes No h. Coughing that occurs mostly when you are lying down: Yes No h. Chost pain when you breathe deeply: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No n. Any other symptoms that you think may be related to lung problems: Yes No h. Heart failure: Yes No h. Stroke: Yes No h. Stroke: Yes No h. Eart attack: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): | a. Asbestosis: | Yes | No |
| d. Emphysema: Yes No e. Pneumonia: Yes No f. Tuberculosis: Yes No f. Tuberculosis: Yes No h. Pneumothorax (collapsed lung): Yes No h. Pneumothorax (collapsed lung): Yes No i. Lung cancer: Yes No j. Broken ribs: Yes No l. Any chest injuries or surgeries: Yes No l. Any other lung problem that you've been told about: Yes No l. Any other lung problem that you've been told about: Yes No b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No d. Have to stop for breath when walking at your own pace on level ground: Yes No f. Shortness of breath when walking or dressing yourself: Yes No g. Coughing that produces phlegm (thick sputum): Yes No h. Coughing that wakes you early in the morning: Yes No j. Coughing up blood in the last month: Yes No j. Coughing up blood in the last month: Yes No m. Chest pain when you breathe deeply: Yes No m. Chest pain when you breathe deeply: Yes No m. Chest pain when you breathe deeply: Yes No m. Chest pain when you breathe deeply: Yes No m. Chest pain when you breathe deeply: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Chest pain when you breathe deeply: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Chest pain when you breathe deeply: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Any other symptoms that you think may be related to lung problems: Yes No m. Stroke: Yes | b. Asthma: | Yes | |
| e. Pneumonia: Yes No f. Tuberculosis: Yes No g. Silicosis: Yes No g. Silicosis: Yes No h. Pneumothorax (collapsed lung): Yes No i. Lung cancer: Yes No j. Broken ribs: Yes No j. Broken ribs: Yes No k. Any chest injuries or surgeries: Yes No l. Any other lung problem that you've been told about: Yes No h. Any other lung problem that you've been told about: Yes No b. Shortness of breath: Yes No b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No d. Have to stop for breath when walking at your own pace on level ground: Yes No f. Shortness of breath when walking or dressing yourself: Yes No g. Coughing that produces phlegm (thick sputum): Yes No g. Coughing that produces phlegm (thick sputum): Yes No h. Coughing that occurs mostly when you are lying down: Yes No j. Coughing up blood in the last month: Yes No j. Coughing that interferes with your job: Yes No j. Coughing that interferes with your job: Yes No j. Coughing that interferes with your job: Yes No j. Chest pain when you breathe deeply: Yes No m. Chest pain when you breathe deeply: Yes No m. Chest pain when you breathe deeply: Yes No n. Any other symptoms that you think may be related to lung problems: Yes No s. Heart attack: Yes No e. Angina: Yes No e. Suroke: Yes No e. Angina: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. | c. Chronic bronchitis: | Yes | No |
| f. Tuberculosis: Yes No g. Silicosis: Yes No h. Pneumothorax (collapsed lung): Yes No h. Pneumothorax (collapsed lung): Yes No h. Pneumothorax (collapsed lung): Yes No j. European Lung cancer: Yes No j. Broken ribs: Yes No k. Any chest injuries or surgeries: Yes No k. Any other lung problem that you've been told about: Yes No No No you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath: Yes No b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes or c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No d. Have to stop for breath when walking at your own pace on level ground: Yes No e. Shortness of breath when walking at your own pace on level ground: Yes No g. Coughing that produces phlegm (thick sputum): Yes No g. Coughing that wakes you early in the morning: Yes No h. Coughing that wakes you early in the morning: Yes No j. Coughing up blood in the last month: Yes No k. Wheezing: Yes No No No Wheezing: Yes No no Meezing that interferes with your job: Yes No no Meezing that interferes with your job: Yes No no h. Chest pain when you breathe deeply: Yes No no h. Chest pain when you breathe deeply: Yes No no h. Any other symptoms that you think may be related to lung problems: Yes No no h. Stroke: Yes No no h. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No e. Swelling in your legs or feet (not caused by walking): Yes No no e. Swelling in your legs or feet (not caused by walking): Yes No no e. Swelling in your legs or feet (not caused by walking): Yes No no e. Swelling in your legs or feet (not caused by walking): Yes No no e. Swelling in your legs or feet (not caused by walking): Yes No | d. Emphysema: | Yes | No |
| g. Silicosis: Yes h. Pneumothorax (collapsed lung): Yes h. Pneumothorax (collapsed lung): Yes h. Pneumothorax (collapsed lung): Yes h. No i. Lung cancer: Yes j. Broken ribs: Yes k. Any chest injuries or surgeries: Yes h. Any other lung problem that you've been told about: Yes h. Any other lung problem that you've been told about: Yes h. Any other lung problem that you've been told about: Yes h. No other lung problem that you've been told about: Yes h. No other lung problem that you've been told about: Yes h. No other lung problem that you've been told about: Yes h. No other lung problem that you've been told about: Yes h. No other lung problem that you've been told about: Yes h. No other lung problem that you've been told about: Yes h. No other lung problem that you of the following symptoms of pulmonary or lung illness? a. Shortness of breath when walking symptoms of pulmonary or lung illness? a. Shortness of breath when walking at your own pace on level ground: Yes h. No other shortness of breath when walking at your own pace on level ground: Yes h. No other shortness of breath when walking at your own pace on level ground: Yes h. No other shortness of breath when walking at your own pace on level ground: Yes h. No other shortness of breath when walking at your own pace on level ground: Yes h. No other shortness of breath when walking at your own pace on level ground: Yes h. No other shortness of breath when walking at your own pace on level ground: Yes h. No h. Coughing that produces phlegm (thick sputum): Yes h. No h. Coughing that produces phlegm (thick sputum): Yes h. No h. Coughing that wakes you early in the morning: Yes h. No h. Coughing that wakes you early in the morning: Yes h. No h. Coughing that wakes you early in the morning: Yes h. No h. Wheezing that interferes with your job: Yes h. No h. Wheezing that interferes with your job: Yes h. No h. Wheezing that interferes with your job: Yes h. No h. Wheezing that interferes with your job: Yes h. No h. Wheezing that interferes with your job: Yes h. N | e. Pneumonia: | Yes | No |
| h. Pneumothorax (collapsed lung): i. Lung cancer: yes i. Lung cancer: yes yes yes k. Any chest injuries or surgeries: yes l. Any other lung problem that you've been told about: yes vo 4. Do you currently have any of the following symptoms of pulmonary or lung illness? a. Shortness of breath: yes b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: yes c. Shortness of breath when walking with other people at an ordinary pace on level ground: yes d. Have to stop for breath when walking at your own pace on level ground: yes f. Shortness of breath when washing or dressing yourself: yes yo g. Coughing that produces phlegm (thick sputum): yes h. Coughing that produces phlegm (thick sputum): yes h. Coughing that occurs mostly when you are lying down: yes j. Coughing up blood in the last month: yes k. Wheezing: yes 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: yes h. Suroke: yes h. Suroke: yes h. Angina: yes h. Cangina: yes h. No yes yes h. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: yes h. Swelling in your legs or feet (not caused by walking): yes ho | f. Tuberculosis: | Yes | No |
| i. Lung cancer: j. Broken ribs: k. Any chest injuries or surgeries: l. 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? a. Shortness of breath: b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No b. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No d. Have to stop for breath when walking at your own pace on level ground: Yes No f. Shortness of breath that interferes with your job: g. Coughing that produces phlegm (thick sputum): Yes No h. Coughing that produces phlegm (thick sputum): Yes No i. Coughing that occurs mostly when you are lying down: Yes No j. Coughing up blood in the last month: Yes No k. Wheezing: Yes No n. Chest pain when you breathe deeply: No Any other symptoms that you think may be related to lung problems: Yes No h. Stroke: Yes No h. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: Yes No c. Angina: Yes No d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No No | g. Silicosis: | Yes | No |
| i. Lung cancer: j. Broken ribs: k. Any chest injuries or surgeries: l. 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? a. Shortness of breath: b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No b. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No d. Have to stop for breath when walking at your own pace on level ground: Yes No f. Shortness of breath that interferes with your job: g. Coughing that produces phlegm (thick sputum): Yes No h. Coughing that produces phlegm (thick sputum): Yes No i. Coughing that occurs mostly when you are lying down: Yes No j. Coughing up blood in the last month: Yes No k. Wheezing: Yes No n. Chest pain when you breathe deeply: No Any other symptoms that you think may be related to lung problems: Yes No h. Stroke: Yes No h. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: Yes No c. Angina: Yes No d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No No | h. Pneumothorax (collapsed lung): | Yes | No |
| j. Broken ribs: k. Any chest injuries or surgeries: l. 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? a. Shortness of breath: b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: c. Shortness of breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: e. Shortness of breath when walking at your own pace on level ground: f. Shortness of breath when walking or dressing yourself: g. Coughing that produces phlegm (thick sputum): f. Coughing that produces phlegm (thick sputum): f. Coughing that produces phlegm (thick sputum): f. Coughing that occurs mostly when you are lying down: f. Coughing up blood in the last month: f. Wheezing: f. Coughing that interferes with your job: f. Coughing up blood in the last month: f. Wheezing that interferes with your job: f. Wheezing that interferes with your job: f. Have you ever had any of the following cardiovascular or heart problems: f. Heart attack: f. Yes f. No f. Have you ever had any of the following cardiovascular or heart problems: f. Heart attack: f. Yes f. No f. Heart failure: f. Yes f. No f. Stroke: f. Yes f. No f. Heart failure: f. Yes f. No f. Swelling in your legs or feet (not caused by walking): f. Yes f. No f. Swelling in your legs or feet (not caused by walking): f. Yes f. No | i. Lung cancer: | Yes | No |
| k. Any chest injuries or surgeries: I. 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? a. Shortness of breath: b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No C. Shortness of breath when walking with other people at an ordinary pace on level ground: c. Shortness of breath when walking at your own pace on level ground: d. Have to stop for breath when walking at your own pace on level ground: f. Shortness of breath when washing or dressing yourself: f. Shortness of breath that interferes with your job: g. Coughing that produces phlegm (thick sputum): h. Coughing that wakes you early in the morning: f. Coughing that occurs mostly when you are lying down: f. Coughing up blood in the last month: k. Wheezing: f. Coughing up blood in the last month: k. 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: f. No h. Stroke: f. Yes No h. Stroke: f. Yes No h. Heart failure: f. Yes No h. Heart failure: f. Yes No h. G. Swelling in your legs or feet (not caused by walking): f. Yes No h. Swelling in your legs or feet (not caused by walking): f. Yes No h. Swelling in your legs or feet (not caused by walking): f. Yes No h. Yes No | j. Broken ribs: | Yes | No |
| 1. 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? a. Shortness of breath: b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes to 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 walking at your own pace on level ground: yes to d. Have to stop for breath when walking at your own pace on level ground: yes to d. Shortness of breath that interferes with your job: g. Coughings that produces phlegm (thick sputum): h. Coughing that produces phlegm (thick sputum): yes to d. Coughing that occurs mostly when you are lying down: j. Coughing that occurs mostly when you are lying down: j. Coughing up blood in the last month: yes to d. Wheezing: yes to d. Wheezing that interferes with your job: wheezing that interferes with your job: yes to d. Wheezing that interferes with your job: h. Any other symptoms that you think may be related to lung problems: yes to d. Heart attack: yes to d. Heart failure: yes to d. Swelling in your legs or feet (not caused by walking): yes to d. Yes to d. | k. Any chest injuries or surgeries: | Yes | No |
| a. Shortness of breath: b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes 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: g. Coughing that produces phlegm (thick sputum): h. Coughing that wakes you early in the morning: f. Coughing that occurs mostly when you are lying down: f. Coughing up blood in the last month: f. Coughing up blood in the last month: f. Wheezing: f. Wheezing: f. Wheezing that interferes with your job: f. Wheezing that interferes with your job: f. Wheezing that interferes with your job: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the following cardiovascular or heart problems: f. Have you ever had any of the followi | l. Any other lung problem that you've been told about: | Yes | No |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes d. Have to stop for breath when walking at your own pace on level ground: Yes no e. Shortness of breath when washing or dressing yourself: Yes no f. Shortness of breath that interferes with your job: Yes no g. Coughing that produces phlegm (thick sputum): Yes no h. Coughing that wakes you early in the morning: Yes no j. Coughing that occurs mostly when you are lying down: Yes no j. Coughing up blood in the last month: Yes no l. Wheezing: Yes no n. Wheezing: Yes no m. Chest pain when you breathe deeply: Yes no n. Any other symptoms that you think may be related to lung problems: Yes no h. Stroke: Yes no d. Heart attack: Yes no d. Heart failure: Yes no d. Heart failure: Yes no e. Swelling in your legs or feet (not caused by walking): Yes no e. Swelling in your legs or feet (not caused by walking): Yes no | 4. Do you currently have any of the following symptoms of pulmonary or lung illness? | | |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes d. Have to stop for breath when walking at your own pace on level ground: Yes no e. Shortness of breath when washing or dressing yourself: Yes no f. Shortness of breath that interferes with your job: Yes no g. Coughing that produces phlegm (thick sputum): Yes no h. Coughing that wakes you early in the morning: Yes no j. Coughing that occurs mostly when you are lying down: Yes no j. Coughing up blood in the last month: Yes no l. Wheezing: Yes no n. Wheezing: Yes no m. Chest pain when you breathe deeply: Yes no n. Any other symptoms that you think may be related to lung problems: Yes no h. Stroke: Yes no d. Heart attack: Yes no d. Heart failure: Yes no d. Heart failure: Yes no e. Swelling in your legs or feet (not caused by walking): Yes no e. Swelling in your legs or feet (not caused by walking): Yes no | a. Shortness of breath: | Yes | No |
| 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: 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: 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: 5. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: b. Stroke: c. Angina: yes No d. Heart failure: yes No e. Swelling in your legs or feet (not caused by walking): yes No | b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: | Yes | No |
| 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: 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: 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: yes No t. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: yes No d. Heart failure: yes No d. Heart failure: yes No e. Swelling in your legs or feet (not caused by walking): yes No | c. Shortness of breath when walking with other people at an ordinary pace on level ground: | Yes | No |
| e. Shortness of breath when washing or dressing yourself: f. Shortness of breath that interferes with your job: 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: 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: 5. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: b. Stroke: c. Angina: d. Heart failure: yes No d. Heart failure: yes No e. Swelling in your legs or feet (not caused by walking): yes No | d. Have to stop for breath when walking at your own pace on level ground: | Yes | No |
| f. Shortness of breath that interferes with your job: 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: 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: 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): yes No | e. Shortness of breath when washing or dressing yourself: | 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: 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: 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): Yes No | f. Shortness of breath that interferes with your job: | Yes | No |
| 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: 5. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: b. Stroke: c. Angina: d. Heart failure: yes No d. Heart failure: yes No e. Swelling in your legs or feet (not caused by walking): yes No | g. Coughing that produces phlegm (thick sputum): | Yes | No |
| 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: 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): Yes No | h. Coughing that wakes you early in the morning: | Yes | |
| 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: 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): Yes No | i. Coughing that occurs mostly when you are lying down: | Yes | No |
| k. Wheezing: l. Wheezing that interferes with your job: m. Chest pain when you breathe deeply: No n. Any other symptoms that you think may be related to lung problems: Yes No 5. Have you ever had any of the following cardiovascular or heart problems? a. Heart attack: Yes No b. Stroke: Yes No c. Angina: Yes No d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No | j. Coughing up blood in the last month: | Yes | No |
| 1. Wheezing that interferes with your job: Yes No m. Chest pain when you breathe deeply: Yes No n. Any other symptoms that you think may be related to lung problems: Yes No 5. Have you ever had any of the following cardiovascular or heart problems? Yes No b. Stroke: Yes No c. Angina: Yes No d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No | k. Wheezing: | Yes | 1 25.52.53 |
| m. Chest pain when you breathe deeply: n. Any other symptoms that you think may be related to lung problems: 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): Yes No | l. Wheezing that interferes with your job: | Yes | 0.0000000 |
| n. Any other symptoms that you think may be related to lung problems: 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): Yes No | m. Chest pain when you breathe deeply: | Yes | |
| a. Heart attack: b. Stroke: c. Angina: d. Heart failure: e. Swelling in your legs or feet (not caused by walking): Yes No No No | n. Any other symptoms that you think may be related to lung problems: | Yes | 100000000000000000000000000000000000000 |
| a. Heart attack: b. Stroke: c. Angina: d. Heart failure: e. Swelling in your legs or feet (not caused by walking): Yes No No No | 5. Have you ever had any of the following cardiovascular or heart problems? | | |
| b. Stroke: Yes No c. Angina: Yes No d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No | a. Heart attack: | Yes | No |
| c. Angina: Yes No d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No | b. Stroke: | Yes | No |
| d. Heart failure: Yes No e. Swelling in your legs or feet (not caused by walking): Yes No | c. Angina: | Yes | No |
| e. Swelling in your legs or feet (not caused by walking): Yes No | d. Heart failure: | Yes | 10000000 |
| f. Heart arrhythmia (heart beating irregularly): | e. Swelling in your legs or feet (not caused by walking): | Yes | 100000000 |
| | f. Heart arrhythmia (heart beating irregularly): | Yes | 10 Sept. 20 May |

| g. High blood pressure: | Vac | M |
|--|---|------|
| h. Any other heart problem that you've been told about: | r es | N |
| , partition and you to occur told about, | r es | N |
| | | |
| | | |
| | | |
| | | |
| 6. Have you ever had any of the following cardiovascular or heart symptoms? | | |
| a. Frequent pain or tightness in your chest: | 37 | NI |
| b. Pain or tightness in your chest during physical activity: | Yes | No |
| e. Pain or tightness in your chest that it to force with | Y es | No |
| c. Pain or tightness in your chest that interferes with your job: | Yes | No |
| d. In the past two years, have you noticed your heart skipping or missing a beat: | Yes | No |
| e. Heartburn or indigestion that is not related to eating: | Yes | No |
| f. Any other symptoms that you think may be related to heart or circulation problems: | Yes | No |
| 7 D | | |
| 7. Do you currently take medication for any of the following problems? | | |
| a. Breathing or lung problems: | Yes | No |
| b. Heart trouble: | Yes | No |
| c. Blood pressure: | Yes | No |
| d. Seizures (fits): | Yes | No |
| | | |
| 8. Has your wearing a respirator caused any of the following problems? (If you've never used a | | |
| respirator, check the following space and go to question 9:) | | |
| a. Eye irritation: | Vec | No |
| b. Skin allergies or rashes: | Vos | |
| c. Anxiety that occurs only when you use the recognizators | i es | No |
| c. Anxiety that occurs only when you use the respirator: | Yes | No |
| d. Unusual weakness or fatigue: | Yes | No |
| e. Any other problem that interferes with your use of a respirator: | Yes | No |
| O Would you like to talk to the health and an facility to the health and an facility to the second of the second o | | |
| 9. Would you like to talk to the health care professional who will review this questionnaire about you | our answers | |
| to this questionnaire: | Yes | No |
| Questions 10 to 15 below must be answered by every employee who has been selected to use ei | ther a | |
| full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have | iave been | |
| selected to use other types of respirators, answering these questions is voluntary. | | |
| 10. Have you ever lost vision in either eye (temporarily or permanently): | Yes | No |
| 11 De como acomo de la como de | | |
| 11. Do you currently have any of the following vision problems? | | |
| a. Wear contact lenses: | Yes | No |
| b. Wear glasses: | Yes | No |
| c. Color blind: | Yes | No |
| d. Any other eye or vision problem: | Yes | No |
| | 908 FOR 00 CT 0 - 00 CT 0 CT 0 CT 0 CT 0 CT 0 C | |
| 12. Have you ever had an injury to your ears, including a broken ear drum: | Yes | No |
| | | |
| 13. Do you currently have any of the following hearing problems? | | |
| a. Difficulty hearing: | Yes | No |
| b. Wear a hearing aid: | Ves | No |
| c. Any other hearing or ear problem: | Ves | No |
| | 1 68 | INO |
| 14. Have you ever had a back injury: | Yes | No |
| 15. Do you gurrently have one of the fell. | | |
| 15. Do you currently have any of the following musculoskeletal problems? | 0,000 | 2100 |
| a. Weakness in any of your arms, hands, legs, or feet: | | No |
| b. Back pain: | Yes | No |

| c. Difficulty fully moving your arms and legs: | Yes |
|--|---|
| d. Pain or stiffness when you lean forward or backward at the waist: | Yes |
| e. Difficulty fully moving your head up or down: | Yes |
| f. Difficulty fully moving your head side to side: | Vaa |
| g. Difficulty bending at your knees: | Yes |
| h Difficulty squatting to the ground: | Yes |
| h. Difficulty squatting to the ground: | Yes |
| i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: | Yes |
| j. Any other muscle or skeletal problem that interferes with using a respirator: | Yes |
| Part B Any of the following questions, and other questions not listed, may be added to the the discretion of the health care professional who will review the questionnaire. | e questionnaire |
| 1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has | lower than norma |
| amounts of oxygen: | Yes |
| If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or othe | |
| when you're working under these conditions: | Yes |
| 2 44 | |
| 2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne c gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: | hemicals (e.g., Yes |
| If "yes," name the chemicals if you know them: | |
| 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): d. Beryllium: e. Aluminum: f. Coal (for example, mining): g. Iron: | Yes 1 |
| h. Tin: | Yes 1 |
| i. Dusty environments: | |
| j. Any other hazardous exposures: | Yes 1 |
| If "yes," describe these exposures: | |
| | |
| 4. List any second jobs or side businesses you have: | |
| 5. List your previous occupations: | |
| 6. List your current and previous hobbies: | |
| | |

| | - | - |
|--|--------------|----------|
| 7. Have you been in the military services? | Vec | No |
| If "yes," were you exposed to biological or chemical agents (either in training or combat): | Yes | No |
| 8. Have you ever worked on a HAZMAT team? | Yes | No |
| 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): | Yes | No |
| If "yes," name the medications if you know them: | | |
| 10. Will you be using any of the following items with your respirator(s)? | | |
| a. HEPA Filters: | Yes | No |
| b. Canisters (for example, gas masks): | Yes | No |
| c. Cartridges: | Yes | No |
| 11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to y | 011)2: | |
| a. Escape only (no rescue): | Ves | No |
| b. Emergency rescue only: | Yes | No |
| c. Less than 5 hours per week: | Ves | No |
| d. Less than 2 hours per day: | Ves | No |
| e. 2 to 4 hours per day: | Vac | No |
| f. Over 4 hours per day: | Yes | No |
| 12. During the period you are using the respirator(s), is your work effort: | | |
| a. Light (less than 200 kcal per hour): | Yes | No |
| If "yes," how long does this period last during the average shift: hrs. mins. | | |
| Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly w | ork. | or |
| standing while operating a drill press (1-3 lbs.) or controlling machines. | , ork, | OI . |
| b. Moderate (200 to 350 kcal per hour): | Yes | No |
| If "yes," how long does this period last during the average shift: hrs mins. 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. evel; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelba with a heavy load (about 100 lbs.) on a level surface. |) at tr | unk |
| c. Heavy (above 350 kcal per hour): | Yes | No |
| If "yes," how long does this period last during the average shift: hrs. mins. Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree graabout 2 mph; climbing stairs with a heavy load (about 50 lbs.). | worki ide | ng |
| 13. Will you be wearing protective clothing and or equipment (other than the respirator) when you're using respirator: | g youi | r No |
| If "yes," describe this protective clothing and or equipment: | 10000000 | 50000000 |
| yes, asserted and protective clothing and of equipment. | - | |

| | | - |
|---|-----|----|
| 14. Will you be working under hot conditions (temperature exceeding 77 deg. F): | Yes | No |
| 15. Will you be working under humid conditions: | Yes | No |
| 16. Describe the work you'll be doing while you're using your respirator(s): | | |
| | | |
| | | |

| 17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (example, confined spaces, life-threatening gases): |
|---|
| |
| 18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to wl you're using your respirator(s): 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 substances that you'll be exposed to while using your respirator: |
| |
| 19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety well-being of others (for example, rescue, security): |
| |
| |
| |