

**RESPIRATOR USAGE INFORMATION
ATTACHMENT B**

Company Name: _____

JOB TITLE that this is being completed for: _____

{An employee may have two job descriptions which require a respirator to be worn. Example: An employee's full-time job position is a pipe fitter, which he/she wears a respirator for, and this employee is ALSO a part of a first responder team, firefighter team, or Hazmat team. You would use the job description which has the highest potential for level of usage, which would be the first responder team, firefighter team, etc. }

Date Completed: _____ Completed by: _____

1. Type of respirator used by employee
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only)
 - b. _____ Half face piece type
 - c. _____ Full face piece type; powered-air purifying
 - d. _____ Self Contained Breathing Apparatus (SCBA)

2. Frequency of Use		Duration of use
_____ Never	_____ Rescue	_____ Less Than ¼ hour
_____ Seldom	_____ Escape	_____ Less than ½ hour
_____ Monthly	_____ Weekly	_____ ½ hour to 1 hour
_____ Daily		_____ More than 1 hour

3. The expected physical work effort during the period of use of respirator

Level of use	Definition
_____ Light	Sitting while writing, typing, drafting, or performing light assembly work; or standing while controlling machines
_____ Moderate	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 35lbs) 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.
_____ Heavy	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)

4. Any additional protective clothing and equipment to be worn YES / NO
If yes please explain.

5. Will there be any temperature and humidity extremes that may be encountered YES / NO
If yes, please explain.

Please complete and return via fax to :

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|---|---|-------------------|-------------------|
| <input type="checkbox"/> ThedaCare At Work - Appleton | 2809 N Park Drive Lane, Appleton, WI 54911 | Tel: 920.380.4999 | Fax: 920.380.4961 |
| <input type="checkbox"/> ThedaCare At Work - Berlin | 225 Memorial Drive, Berlin, WI, 54923 | Tel: 920.361.5482 | Fax: 920.361.6376 |
| <input type="checkbox"/> ThedaCare At Work - Neenah | 333 N Green Bay Road, Ste B, Neenah, WI 54956 | Tel: 920.454.7180 | Fax: 920.454.7098 |
| <input type="checkbox"/> ThedaCare At Work - New London | 1405 Mill Street, New London, WI 54961 | Tel: 920.531.2045 | Fax: 920.531.2364 |
| <input type="checkbox"/> ThedaCare At Work - Oshkosh | 600 N Westhaven Drive, Oshkosh, WI 54904 | Tel: 920.237.5600 | Fax: 920.237.5601 |
| <input type="checkbox"/> ThedaCare At Work - Shawano | 100 County Road B, Shawano, WI 54166 | Tel: 715.524.1510 | Fax: 715.524.9983 |
| <input type="checkbox"/> ThedaCare At Work - Waupaca | 800 Riverside Drive, Waupaca, WI 54981 | Tel: 715.258.1062 | Fax: 715.258.1143 |