

Respirator User Screening Form

For initial and periodic screening of respirator users in conjunction with CSA Z94.4, Clause 12

PART 1: EMPLOYER INFORMATION

Employer name: _____ Employer #: _____
Date: _____
Supervisor name: _____ Email: _____
Telephone: () _____ Facsimile: () _____

Worksite address: _____

PART 2: RESPIRATOR USER INFORMATION

Name: _____ Employee #: _____ Email: _____
Title/Occupation: _____ Telephone: () _____ Facsimile: () _____

PART 3: CONDITIONS OF USE

ACTIVITIES requiring respirator use:

FREQUENCY of respirator use: Daily Weekly Monthly Yearly
 Other

EXERTION level during use: Light Moderate Heavy Other

DURATION of respirator use per shift: < 1/4 h > 1/4 h > 2 h Variable
 Other

TEMPERATURE during use: < 0° C > 0 and < 25° C > 25° C

ATMOSPHERIC PRESSURE during use: Reduced Normal/ambient Increased

SPECIAL WORK CONSIDERATIONS

Uncontrolled hostile environment:

Emergency escape Firefighting Riot/Police activity Rescue operations
 IDLH
 Hazardous materials (emergency) Oxygen deficiency Confined spaces
 Other _____

Other personal protective equipment:

Additional types of personal protective equipment required (specify): _____
 Estimated total weight of tools/equipment carried during respirator use: Maximum: _____ Average: _____

PART 4: TYPES OF RESPIRATORS USED (check all that apply)

Tight-fitting Non-tight-fitting (e.g., hood) SCBA — open-circuit Mouth bit
 SCBA — closed-circuit Air-purifying, non-powered Airline, continuous-flow SCBA — escape
 Air-purifying, powered Airline, pressure-demand SCBA — closed-circuit escape
 Multi-functional pressure-demand/Airline with escape Supplied-air suit
 Combined airline with air-purifying elements Other (specify): _____

