

EMPLOYER RESPIRATOR POLICY SUMMARY

Company Name: _____

Physical Address: _____ City _____ State _____ Zip _____

Billing Address (if different): _____ City _____ State _____ Zip _____

Reason for respirator use: _____

Substance & estimated maximum exposure
per shift: Per each substance

Duration of exposure per shift:

A. _____

A. _____

B. _____

B. _____

C. _____

C. _____

Type and weight of respirator worn by employees: _____

Duration and frequency of respirator use (to include rescue and escape): _____

Level of physical effort that the employee would be expecting while wearing a respirator:

Additional PPE or clothing that employee would wear while wearing a respirator:

Temperature and humidity extremes that may be encountered in the work environment where the
respiratory use is required:

Copy of company written respirator protection program available and reviewed by medical
provider.
