

**RHODE ISLAND DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
EMPLOYEE RESPIRATOR USE PROFILE**

Supplemental Information Issued to Physician or Health Care Professional
(To be completed by the employee's/applicant's supervisor and then
to be taken to the physician/health care professional by the applicant/employee.)

Employee/Applicant's Name: _____ Date: _____ Site: _____										
<p>1. Type of respirator to be worn</p> <p style="margin-left: 20px;"><input type="checkbox"/> ½-face air purifying <input type="checkbox"/> full-face air purifying <input type="checkbox"/> other (describe) _____</p> <p>2. The subject will wear the respirator (maximum use per month)</p> <p style="margin-left: 20px;"><input type="checkbox"/> more than 15 times a month <input type="checkbox"/> 5-15 times a month <input type="checkbox"/> 1-4 times a month <input type="checkbox"/> less than once per month</p> <p>3. During those times, the respirator will be worn</p> <p style="margin-left: 20px;"><input type="checkbox"/> 8 hours/day <input type="checkbox"/> 4-7 hours/day <input type="checkbox"/> 1-3 hours <input type="checkbox"/> less than one hour/day</p>										
<p>4. The kind of work to be done while wearing the respirator includes:</p> <p>_____</p> <p>_____</p> <p>_____</p>										
<p>5. In addition to the respirator, the subject may also be wearing the following personal protective equipment:</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%;"><input type="checkbox"/> face shield</td><td style="width: 50%;"><input type="checkbox"/> apron</td></tr><tr><td><input type="checkbox"/> safety glasses</td><td><input type="checkbox"/> goggles</td></tr><tr><td><input type="checkbox"/> rubber gloves</td><td><input type="checkbox"/> coveralls (plastic)</td></tr><tr><td><input type="checkbox"/> coveralls (cotton)</td><td><input type="checkbox"/> rubber boots</td></tr><tr><td><input type="checkbox"/> safety shoes</td><td><input type="checkbox"/> other (specify): _____</td></tr></table> <p style="text-align: right;">_____</p> <p style="text-align: right;">_____</p>	<input type="checkbox"/> face shield	<input type="checkbox"/> apron	<input type="checkbox"/> safety glasses	<input type="checkbox"/> goggles	<input type="checkbox"/> rubber gloves	<input type="checkbox"/> coveralls (plastic)	<input type="checkbox"/> coveralls (cotton)	<input type="checkbox"/> rubber boots	<input type="checkbox"/> safety shoes	<input type="checkbox"/> other (specify): _____
<input type="checkbox"/> face shield	<input type="checkbox"/> apron									
<input type="checkbox"/> safety glasses	<input type="checkbox"/> goggles									
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<input type="checkbox"/> coveralls (cotton)	<input type="checkbox"/> rubber boots									
<input type="checkbox"/> safety shoes	<input type="checkbox"/> other (specify): _____									
<p>6. Temperature and humid conditions anticipated while wearing respirator:</p> <p style="margin-left: 20px;"><input type="checkbox"/> all types of inside and outside temperature and humid extremes <input type="checkbox"/> hot, humid weather <input type="checkbox"/> indoor conditioned air only <input type="checkbox"/> indoor unconditioned air <input type="checkbox"/> other (specify): _____</p>										
<p>Other factors which may cause physical stress to the respirator user:</p> <p>_____</p> <p>_____</p> <p>_____</p>										
<p>Information provided by: _____ Telephone Number: _____ (Print Name)</p>										