



# Fast Response On-Site Testing, Inc. (FROST) Respirator Usage Form

SUPERVISOR MUST SELECT WORK PARAMETERS BELOW. WRITE THE NAMES BELOW OF THOSE WHO WILL BE MEDICALLY EVALUATED AND/OR FIT TESTED UNDER THE DAILY WORK PARAMETERS SELECTED. SEPARATE RESPIRATOR USAGE FORMS MUST BE FILLED OUT FOR EACH SET OF WORK PARAMETERS.

NAME: \_\_\_\_\_ COMPANY: \_\_\_\_\_

**THE ABOVE MENTIONED EMPLOYEE NEEDS CLEARANCE FOR THE FOLLOWING RESPIRATORS:**

- |   |   |
|---|---|
| <p>1. Check type or types of respirator(s) to be used:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air-Purifying Half-Face (non-powered) [1]</li> <li><input type="checkbox"/> Air-Purifying Full-Face (non-powered) [2]</li> <li><input type="checkbox"/> Air-Purifying (powered) [3]</li> <li><input type="checkbox"/> Air-Line Respirator [4]</li> <li><input type="checkbox"/> SCBA [5]</li> <li><input type="checkbox"/> Filtering Face-piece (dust mask) [6]</li> <li><input type="checkbox"/> Surveillance Only [7]</li> </ul> | <p>ALL NAMES BELOW WEAR THE SAME RESP. AND WORK UNDER THE SAME WORKLOAD CAPACITY:</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> |
|---|---|
2. From the above listed respirators, which of the numbers is the main respirator this person will use? (1-7) \_\_\_\_\_
3. Which respirator, of the remaining numbers from above, is the next most common (1st alternate) for this person to be using? \_\_\_\_\_, then the next(2<sup>nd</sup> alternate)? \_\_\_\_\_

**SELECT LEVEL OF WORK EFFORT**

(Place the respirator number(s) 1-7 (see above) in the appropriate work effort box. There are three columns. The first column is for the most used respirator (main) and the second and third columns are for 1<sup>st</sup> and 2<sup>nd</sup> alternate respirators you may use occasionally.

MAIN RESP.	1 <sup>st</sup> ALT. RESP.	2 <sup>nd</sup> ALT. RESP.
<input type="checkbox"/> LIGHT	<input type="checkbox"/> LIGHT	<input type="checkbox"/> LIGHT
<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE
<input type="checkbox"/> HEAVY	<input type="checkbox"/> HEAVY	<input type="checkbox"/> HEAVY

**EXTENT OF USAGE**

4. How often is the worker expected to use the respirator(s)? Enter respirator type 1 – 7, from page 1, in areas that apply.

	MAIN RESP.	ALT. RESP.	ALT. RESP.
a. Escape only (no rescue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency rescue only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Less than 5 hours per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Less than 2 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. 2 to 4 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Over 4 hours per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **SPECIAL WORK CONSIDERATIONS** (i.e. high places, temperature, hazardous material, protective clothing, etc.)

YES NO A. In the workers present job, is the worker working at high altitudes ( over 5,000 feet ) or in a place that has lower than normal amounts of oxygen?

YES NO B. Will the worker be wearing protective clothing and / or equipment (other than the respirator) when they are using your respirator?

YES NO C. Will the worker be working under hot conditions (temperature exceeding 77 F)?

YES NO D. Will the worker be working under humid conditions?

Safety Representative: \_\_\_\_\_ Date: \_\_\_\_\_