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.)

Date: Site: 1. Type of respirator to be worn	Employee/Applicant's Name:
1. Type of respirator to be worn '½-face air purifying tull-face air purifying	
'3-face air purifying full-face air purifying cull-face air purifying cult-face air purifying cuter (describe)	1 Type of respirator to be worn
other (describe) 2. The subject will wear the respirator (maximum use per month) more than 15 times a month 1-4 times a month less than once per month 3. During those times, the respirator will be worn 8 hours/day 4-7 hours/day 1-3 hours less than one hour/day 4. The kind of work to be done while wearing the respirator includes: 5. In addition to the respirator, the subject may also be wearing the following personal protective equipment: face shield apron safety glasses goggles rubber gloves coveralls (plastic) coveralls (cotton) rubber boots safety shoes other (specify): 6. Temperature and humid conditions anticipated while wearing respirator: all types of inside and outside temperature and humid extremes hot, humid weather indoor conditioned air only indoor unconditioned air other (specify): Other factors which may cause physical stress to the respirator user:	
2. The subject will wear the respirator (maximum use per month)	other (describe)
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Information provided by: Telephone Number:	Other factors which may cause physical stress to the respirator user: