RESPIRATOR USER HEALTH SCREENING

Workforce Safety & Employee Health

Edmonton

Instructions

All employees who wear respirators as part of their work are required to complete this form. Part 1-3 is to be completed by the employee, with assistance from their supervisor. If you have any questions, please call the Occupational Health Nurse at 780-496-7853 or 780-496-7852.

All personal information is collected under the authority of section 33(c) of the Freedom of Information and Privacy Act, for the purpose of managing an employee's health and safety. Certain information will be made available to the tester, if necessary. For further information about the collection, use and disclosure of this information, contact Employee Health Services at 780-496-7853.

Part 1: Employee and Supervisor Information

Employee Name		Payroll Number	
Occupation		Today's Date	
Worksite Location		Work Phone Number	
Department		Employee Email address	
Supervisor/Foreman		Supervisor/Foreman Number	

Part 2: Conditions of Use

List the airborne hazards the employee may potentially be exposed to and activities requiring respirator use: (e.g. dust, silica, fumes, chemicals, mouse droppings)

_____

_____

Frequency of respirator use: ☐ Daily ☐ Weekly ☐ Monthly ☐ Yearly ☐ Uncertain

Exertion level during use: ☐ Light ☐ Moderate ☐ Heavy

Duration of respirator use per shift: ☐ < ¼ hr. ☐ > ¼ hr. ☐ > 2 hr. ☐ Variable

Temperature during use: ☐ < 0°C ☐ > 0° and < 25°C ☐ > 25°C ☐ Variable

Special Work Considerations: (check all that apply)

☐ Hazardous Materials ☐ Confined Spaces ☐ Immediate Danger to Life and Health (IDLH)

☐ Oxygen deficiency ☐ Other_____

Other Personal Protective Equipment (e.g. hard hat, safety eyewear, ear muffs, face shield)

☐ Additional types of personal protective equipment used, specify: _____

☐ Estimated total weight of tools/equipment carried during respirator use: Max. _____ Average: _____

Part 3: Types of Respirators To Be Used (check all that apply):

☐ N95 ☐ Half face ☐ Full face ☐ SCBA ☐ Air-line respirator ☐ Powered air-purifying

If you have had previous difficulty using a respirator or concerns about your future ability to use a respirator, please discuss this with your supervisor or fit tester.

Part 4: Employee Health Confirmation

This section is to be completed by the EMPLOYEE. To maintain your confidentiality, CHECK "NO" OR "YES" ONLY. Do not place medical information on this form.

Some conditions can seriously affect your ability to safely use a respirator. Do you have or do you experience any of the following? ☐ No ☐ Yes

- Heart problems
- Hypertension
- Pacemaker
- Chest pain on exertion
- Cardiovascular disease
- Shortness of breath
- Breathing difficulties
- Chronic bronchitis
- Emphysema
- Lung disease
- Asthma
- Colour blindness
- Dizziness/nausea
- Diabetes
- Thyroid problems
- Neuromuscular disease
- Temperature susceptibility
- Back/neck problems
- Dentures
- Hearing impairment
- Unusual facial features/ skin conditions
- Reduced sense of taste
- Fainting spells
- Seizures
- Reduced sense of smell
- Panic attacks
- Claustrophobia/ fear of heights
- Allergies
- Prescription medication to control a condition
- Other condition affecting respirator use

IF YES - Once your form is submitted, please contact the Occupational Health Nurse as soon as possible by email (EHSnurses@edmonton.ca) or phone (780-496-7853 or 780-496-7852) to schedule an assessment.

Employee Acknowledgment

Please ensure you have fully completed this form before signing.

I have answered all questions to the best of my ability and knowledge. I understand that I am required to report any changes in my health that might affect my ability to be fit tested or wear a respirator to my supervisor and/or the Occupational Health Nurse.

I understand and agree that a "YES" answer to Part 4 will require me to be assessed by the Occupational Health Nurse prior to any fit testing and/or respirator use.

I consent to my personal information, including medical information, being disclosed by the Occupational Health Nurse to a Disability Management Consultant if issues are identified in relation to my fitness to work. I consent to the Occupational Health Nurse discussing my case with the Disability Management Consultant.

I understand and agree that Workforce Safety & Employee Health will advise my employing department as to whether I meet the requirements to be fit tested and wear a respirator while at work.

Employee Signature _____ Date _____

Send the completed form to the Occupational Health Nurse at 11th floor, Century Place, 9803-102A Ave or email to EHSnurses@edmonton.ca.

For Occupational Health Nurse use only. **DO NOT write below this line.**
Comments: