

Instructions: EH&S staff member completes the profile prior to employee's enrollment in the Respiratory Protection Program.

Information

Employee Name:	USC ID:
Department:	Phone:

Respirator Use Category

☐ Respiratory protection required ☐ Voluntary respirator use

Respirator Type Assigned

☐ Disposable filtering face piece ☐ Negative pressure full-face ☐ Negative pressure half-face
☐ PAPR ☐ Airline ☐ SCBA

Frequency of Use: ☐ Daily ☐ Weekly ☐ Monthly ☐ Annually

Duration of Respirator Use: ☐ Minutes ☐ Hours

Personal Protective Equipment (PPE)

Additional PPE worn with respirator:

Gloves	Glasses/Goggles	Body	Other
<input type="checkbox"/> Nitrile	<input type="checkbox"/> Splash	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Hard Hat
<input type="checkbox"/> Neoprene	<input type="checkbox"/> Safety	<input type="checkbox"/> Lab Coat, FR ¹	<input type="checkbox"/> Ear Plugs
<input type="checkbox"/> Butyl	<input type="checkbox"/> Face Shield ²	<input type="checkbox"/> Protective Coverall	<input type="checkbox"/> Ear Muffs
<input type="checkbox"/> Leather	<input type="checkbox"/> Optical Filter	<input type="checkbox"/> Apron	<input type="checkbox"/>

¹Flame Resistant ²Face shield must be worn with safety glasses or splash goggles

Physical Exertion

Employee working in humid environment with respirator (> 70% relative humidity): Yes ☐ No ☐

- ☐ Light – Sitting or standing to control machinery, performing light hand or arm work.
- ☐ Moderate – Walking about with moderate lifting and pushing.
- ☐ Heavy – Pick and shovel work, heavy manual handling.

Notes

Profile completed by:

Date: