

# Respiratory Protection Program Annual Evaluation and Consultation

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Respirator Type \_\_\_\_\_

## EVALUATION QUESTIONS:

1. In your opinion, is the current Respiratory Protection Program effective?  
If not, describe how it can be improved \_\_\_\_\_ Yes / No
2. Is the respirator you currently use appropriate for the pesticides you use during the scope of your work? \_\_\_\_\_ Yes / No
3. Is the respirator you currently use appropriate for the workplace conditions you encounter? \_\_\_\_\_ Yes / No
4. Are you able to use the respirator in a manner which does not interfere with effective workplace performance? \_\_\_\_\_ Yes / No
5. Does your respirator fit consistently and properly on your face? \_\_\_\_\_ Yes / No
6. Does the strap fit snugly and comfortably during use? \_\_\_\_\_ Yes / No
7. Do you detect any odors while using the respirator? \_\_\_\_\_ Yes / No
8. While using the respirator, do you have difficulty breathing? \_\_\_\_\_ Yes / No
9. How are you currently maintaining your respirator?  
(Cleaning, cartridge change, inspection, storage?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you had any changes in your medical condition that affects your respirator usage?  
*If "Yes", please speak with your Respirator Program Administrator.* \_\_\_\_\_ Yes / No

Employee signature \_\_\_\_\_

Employer Signature \_\_\_\_\_

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Description of findings, and modifications to the program: \_\_\_\_\_  
\_\_\_\_\_

Date modifications were implemented: \_\_\_\_\_