**RESPIRATOR PLAN EVALUATION WORKSHEET**

Name: Job Title: Date:

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|  | **Yes** | **No** |
| 1. Are proper types of respirators selected? |  |  |
| 2. Are the employees wearing respirators properly trained? |  |  |
| 3. Are correct respirators used? |  |  |
| 4. Are respirators worn properly? |  |  |
| 5. Are respirators properly maintained and cleaned? |  |  |
| 6. Are respirators properly stored? |  |  |
| 7. Is fit testing conducted properly? |  |  |
| 8. Are pertinent records being kept? |  |  |
| 9. Are employees receiving periodic medical screening to determine whether they can safely wear a respirator? |  |  |
| 10. Has air contaminant monitoring been conducted for raw material or production process changes? |  |  |

Comments:

Signature: