



Respirator User Survey Form

Revision Date: 10/12/21

Name (optional): _____
Dept Name: _____
Job Title: _____

UM ID (optional): _____
Date: _____

You have been identified as a current user of respiratory protection at the University of Michigan (U-M) and selected to participate in our annual User Survey. This survey contains a few questions about your use of respirator(s) at U-M and only takes a couple of minutes to complete. The purpose of this survey is to help EHS evaluate the effectiveness of our respirator program and assist us in making any improvements or other changes to the program. Please take some of your time and respond to all questions, as appropriate, and return the completed Form to EHS.

Thank you for completing this survey & helping us improve our program!

If you answer "No" to any of the following questions, please provide comments and indicate the model and type of respirator and/or cartridge you are referring to.

1. For tight-fitting respirators, e.g., a full or ½-face APR; SCBA; or Filtering facepieces (N95): Does the respirator you wear fit properly and maintain a good seal with your face?

Yes No* N/A

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

2. By their nature, respirators may have some impact on your vision, hearing, communication or ability to move about. Other than some minor impact, does the respirator you wear allow you to perform your work effectively?

Yes No* N/A

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

3. Is the respirator you wear appropriate for the hazards of your job, i.e., does it provide you with adequate respiratory protection?

Yes No* N/A

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

4. Is the respirator you wear maintained in good condition, i.e., is it stored properly, cleaned properly and repaired promptly when necessary?

Yes No* N/A

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

5. It is important to wear and use a respirator properly under the workplace conditions you encounter? Do you?

A. Inspect your respirator before each use? Yes No* N/A
B. Perform a User Seal Check before each use? Yes No* N/A

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

6. Do you smell chemical odors while wearing a cartridge respirator? Select the response that best describes your answer.

ALMOST ALWAYS	SOMETIMES	NEVER
1*	2* 3 4	5
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)

7. How satisfied are you with the respirator program in general, which includes such elements as proper selection, fit testing, training, maintenance, cleaning and storage? Select the response that best describes your answer.

NOT SATISFIED	SATISFIED	VERY SATISFIED
1*	2* 3	4 5
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Improvement Suggestions / Comments: (* Please provide the respirator model/type, if you answered no.)
