**Instructions:** Respirator user completes this questionnaire for annual training.

### Information

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<thead>
<tr>
<th>Employee Name:</th>
<th>USC ID:</th>
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<th>Department:</th>
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### Respirator Fit

1. Do you feel that the respirator face piece conforms to your face properly?  
   - Yes ☐  No ☐
2. Does your respirator allow you to work without affecting your work performance?  
   - Yes ☐  No ☐
   If NO is checked, please explain:

### Effective Respirator Protection

1. Do you feel your respirator works well in providing respiratory protection?  
   - Yes ☐  No ☐
2. Do you know when to replace the filter cartridges?  
   - Yes ☐  No ☐
3. Do you know what to do if your respirator fails during use?  
   - Yes ☐  No ☐
   If NO is checked, please explain:

### Respirator Maintenance

1. Do you have a proper container and location to store your respirator(s)*?  
   - Yes ☐  No ☐
2. Do you sanitize your respirator(s) regularly*?  
   - Yes ☐  No ☐
3. Do you inspect your respirator(s) before every use and during cleaning?  
   - Yes ☐  No ☐
   If NO is checked, please explain:

*Reusable respirator only

### Additional Comments/Concerns

Employee Signature:  
Date:

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