



<b>FOOTWEAR</b>	<p><b>R63_70. FOOTWEAR WORN:</b></p> <p><input type="checkbox"/> Sandals or other open toe or open heel shoes</p> <p><input type="checkbox"/> Shoes</p> <p><input type="checkbox"/> Boots</p> <p><input type="checkbox"/> NONE</p> <p><input type="checkbox"/> DK/REF</p> <p><input type="checkbox"/> "Covers over your..."</p>	<p style="text-align:right;">DK, None</p> <p><b>[FOOTWEAR]:</b> _____</p> <p>_____</p> <p><b>[FFEATURES]:</b></p> <p>_____ Closed toe and closed heel shoes, overshoes, boots or overboots</p> <p>_____ Shoes, boots, or shoe or boot covers, in the specified material</p> <p>_____ Socks</p> <p>_____ No special features</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> N/A</p>
<b>GLOVES</b>	<p><b>R76. GLOVES WORN:</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK/REF</p> <p><b>R78. MORE THAN ONE GLOVE ON EITHER HAND?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK/REF</p> <p><b>CHEMICAL RESISTANT GLOVES?</b></p> <p><b>R81. (OUTER)      R90. INNER</b></p> <p><input type="checkbox"/> Yes                      <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No                         <input type="checkbox"/> No</p> <p><input type="checkbox"/> DK/REF                 <input type="checkbox"/> DK/REF/NA</p> <p><b>R87. REUSED (OUTER) GLOVES?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/DK/REF</p>	<p style="text-align:right;">DK, None</p> <p><b>[GLOVES]:</b> _____</p> <p>_____</p> <p><b>[GFEATURES]:</b></p> <p>_____ Gloves in the specified material</p> <p>_____ No special features</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> N/A</p>
<b>RESPIRATORS</b>	<p><b>R105_107. RESPIRATOR WORN:</b></p> <p><input type="checkbox"/> Piece of cloth or bandana</p> <p><input type="checkbox"/> Filtering facepiece respirator</p> <p><input type="checkbox"/> Air-purifying respirator (non-powered)</p> <p><input type="checkbox"/> Powered air-purifying respirator (PAPR)</p> <p><input type="checkbox"/> Supplied air respirator (SAR)</p> <p><input type="checkbox"/> Self-contained breathing apparatus (SCBA)</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> DK/REF</p>	<p style="text-align:right;">DK, None</p> <p><b>[RESPIRATOR/FILTER]:</b> _____</p> <p>_____</p> <p>_____</p> <p><b>[RFEATURES]:</b></p> <p>_____ Filtering facepiece respirator</p> <p>_____ Air-purifying respirator (non-powered) or powered air-purifying respirator (PAPR) with a [TYPE BELOW] filter, cartridge, or canister</p> <p style="padding-left: 40px;">_____ Particulate</p> <p style="padding-left: 40px;">_____ Organic Vapor</p> <p style="padding-left: 40px;">_____ Particulate and Organic Vapor</p> <p>_____ Self-contained breathing apparatus (SCBA)</p> <p>_____ Supplied-air respirator (SAR)</p> <p>_____ Any of the above checked items</p> <p>_____ No special features</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p><input type="checkbox"/> DK</p> <p><input type="checkbox"/> N/A</p>
<p><b>R125. EVER READ LABEL FOR... (PPE/CLOTHING)... FROM SAME PRODUCT?:</b></p>		<p><input type="checkbox"/> YES    <input type="checkbox"/> NO/DK/REF</p>	
<p><b>R132. ABLE TO FIND INFORMATION ON PRODUCT LABEL ABOUT...(PPE/CLOTHING)?:</b></p>		<p><input type="checkbox"/> YES    <input type="checkbox"/> NO/DK/REF/NA</p>	