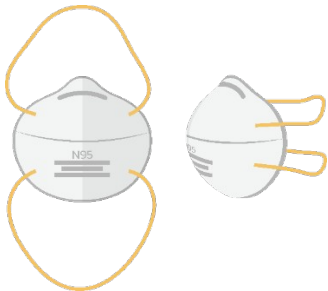






Survey of Respirator Use and Practices

The Survey of Respirator Use and Practices (SRUP) will help the National Institute for Occupational Safety and Health (NIOSH) understand how employees are using respirators for personal protection in businesses across the U.S.

This survey will primarily cover the use of the following NIOSH-Approved respirators, which we will refer to as “respirators” (images and definitions below):

- NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)
- Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators
- Powered Air-Purifying Respirators (PAPRs)
- Supplied-Air Respirators
- Self-Contained Breathing Apparatus (SCBAs)

NIOSH-Approved Respirators (referred to as “Respirators” in the survey)	
<p>NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)</p> <p>FFRs are considered disposable half facepiece respirators that filter out particles such as dusts, mists, and fumes. They do NOT provide protection against gases and vapors.</p> <p>Includes a NIOSH-Approved label</p>	
<p>Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators</p> <p>Elastomeric respirators have reusable facepieces and replaceable cartridges or filters. They provide protection against particles, gases, or vapors when equipped with the appropriate cartridge or filter.</p>	

<p>Powered Air-Purifying Respirators (PAPRs)</p> <p>PAPRs have a battery-powered blower that pulls air through attached filters, canisters, or cartridges. They provide protection against gases, vapors, or particles, when equipped with the appropriate cartridge, canister, or filter. Loose-fitting PAPRs do not require fit testing and can be used with facial hair.</p>	
<p>Supplied-Air Respirators</p> <p>Supplied-air respirators are connected to a separate source that supplies clean compressed air through a hose. They can be lightweight and used while working for long hours in environments. They are used not used for entry into an atmosphere immediately dangerous to life and health (IDLH).</p>	
<p>Self-Contained Breathing Apparatus (SCBAs)</p> <p>SCBA's are used for entry into, work in, or escape from environments considered to be IDLH. They contain their own breathing air supply and can be either open circuit or closed circuit.</p>	

This survey does **not cover** other devices (Non-NIOSH approved respirators and other face coverings), which include:

- Non-NIOSH Approved Emergency Use International Respirators (e.g., KN95)
- Surgical Masks (medical grade, Food and Drug Administration (FDA) cleared)
- Dust Masks (non-medical, not FDA cleared)
- All other non-medical masks or face coverings including cloth masks, disposable masks, gaiters, etc.

What information will I need?

The survey will cover the use of NIOSH-Approved respirators at your company. We are asking about the number of employees in your organization, number of employees using respirators, and topics related to your respiratory protection program (RPP). It may be helpful to have all this information gathered before you start the survey. You can find a PDF version of the survey on the SRUP [website](#).

How long will it take?

The length of the survey will vary depending on the answers you provide, but most people find that it takes about 10 to 15 minutes to complete. Once you start, if you find you need more information, your information can be saved, and you can return to complete the survey later.

How will the information be used?

The survey is conducted for informational purposes only and results will **not** be used in any type of enforcement activity. All responses will remain confidential and used only for statistical

purposes. All data will be reported at the aggregate level and NIOSH will not be able to link you or your company to your responses.

This research is covered by a Certificate of Confidentiality from the National Institutes of Health. This means that the researchers cannot release or use information, documents, or samples that may identify you in any action or suit unless you say it is okay. They also cannot provide them as evidence unless you have agreed. This protection includes federal, state, or local civil, criminal, administrative, legislative, or other proceedings. An example would be a court subpoena.

Does my company have to participate?

Participation by your company is voluntary but we hope you will take part. Your responses will provide NIOSH with valuable information to aid in the effort to make America's workplaces safer and healthier.

What will I receive for taking this survey?

In appreciation for the time you've taken to complete the survey, we will provide you with a respirator usage summary for the industry of your choice.

If you have questions about completing this survey, please call (xxx-xxx-xxxx) or email ([email](#)). For website technical help only, click on the [Help Request Form](#).

See our [Frequently Asked Questions](#) to familiarize yourself with features of this site.

A. Just to confirm, are you completing this survey for {COMPANY NAME}?

Yes, that is the correct name

No, I need to make corrections

- Please provide the correct name for this company

{TEXT RESPONSE}

B. Thinking only about operations within the United States and its territories, does this company have a single location or multiple locations?

Single location

Multiple locations

- If multiple is selected, DISPLAY: For this survey, please consider respiratory usage across all locations.

C. Which of the following industries best describes your company's **primary** type of business?

[INCLUDE A DROP DOWN LIST OF INDUSTRIES]

Instructions: Complete this survey about the use of respiratory devices [IF SINGLE: at your location; IF MULTIPLE: at all of your company's locations.

1. Are you able to provide information on respirator usage at {COMPANY NAME} ?

- Yes, I can report for all of my company's operations [skip to question 2]
- No, I cannot report for all of my company's operations [go to question 1a]

1a. Are you able to report any information about respirator usage for your company's operations ?

- Yes, but only for part of my company's operations [skip to question 2, with instructions on a separate page saying, "Please complete the survey, providing data for the portion of your company's operations you are able to report on."]
- No, I am not able to report at all on my company's operations[go to question 1b]

1b. Is there someone else who is able to report on respirator usage at this company?

- Yes [DISPLAY: Please pass the survey instructions to them.]
- No, there is no one within the company who can report on respirator usage
- No, this company does not currently use respirators of any type

[IF 1b=No, DISPLAY: Thank you. Please provide as much information as you are able for the remainder of the questions.]

1c. Now, thinking about where respirators are used within your company, are they used solely at locations in the US and its territories, partially at locations outside of the US and its territories, or entirely outside of the US and its territories?

- Solely in the US and its territories
- Partially outside of the US and its territories
- Entirely outside of the US and its territories
- Unsure or not applicable

2. How many people are **currently** employed by your company? [Open box, numbers only]

Include:

- Full-time and part-time employees
- Employees who are contracted to work at other companies
- Temporary and seasonal employees

Do not include:

- Contract or sub-contract employees (i.e., not your employees)

Transition screen: The next series of questions will ask about the use of respirators: 1) at least once during the past 12 months, 2) currently, and 3) during the COVID-19 pandemic (which was March 2020 and May 2023).

3. Have employees **at this company** used any of the following respiratory protective devices at least once **during the past 12 months**?

Include any devices that employees have been qualified to wear (i.e., fit tested and/or trained). For FFRs (such as N95s and P100s), include any employees who have worn a device.

	Yes, used at least once during the past 12 months	No, not used at least once during the past 12 months	Don't Know
Respirators			
NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)			
Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators			
Powered Air-Purifying Respirators (PAPRs)			
Supplied-Air Respirators			
Self-Contained Breathing Apparatus (SCBAs)			
Other: (Please specify) _____			

[Note: For the next question, only respirators that are selected 'Yes' should be displayed for each question to reduce burden if the respondent has not used certain respirators in the past 12 months.]

If at least one row in this had a "Yes" response, continue to the next question.

If a respondent answers No or Don't know for all rows in the question, then they go to Q10.

4. How do employees at this company **currently** use the following types of respirators? (Select all that apply)

- **Voluntary Use:** Employee decides to use the respirator (with the employer's approval) for personal reasons (e.g., allergy, desire to reduce exposure beyond that required by regulation, by employer, etc.).
- **Required Non-Emergency Use:** Respirator use for routine exposure to known substances which is required by regulation or by the employer.
- **Required Emergency Use:** Respirator use because of an unplanned situation, including escape from or entry into a potentially hazardous environment.

	Voluntary Use	Required Non-Emergency Use	Required Emergency Use	Don't know
Respirators				
NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)				
Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators				
Powered Air-Purifying Respirators (PAPRs)				
Supplied-Air Respirators				
Self-Contained Breathing Apparatus (SCBAs)				
Other:				

1. How many employees at this company used each of the following [respirators](#) for the time frames listed below?

- For respirators, include any employees who are qualified to wear them (fit tested and trained). For FFRs (such as N95s and P100s), include any employees who have worn a device.
- If employees wore multiple types of devices, include them in the count for each kind they wore.
- If no employees are currently using this type of device, enter '0'.

	Number of employees who have used the device at least once in the last 12 months	Number of employees who currently use the device
Respirators		
NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)		
Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators		
Powered Air-Purifying Respirators (PAPRs)		
Supplied-Air Respirators		
Self-Contained Breathing Apparatus (SCBAs)		
Other:		

2. Which of the substances listed below have been potential airborne hazards for your employees at this company **in the last 12 months**?

Include hazardous substances that could possibly be present, whether under or above the OSHA Permissible Exposure Limits (PEL) or American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLV) even if they are controlled through mechanical ventilation or some other viable control mechanism. (Select all that apply)

<input type="checkbox"/> Employees are not exposed to potential airborne hazards at this location. Gas or Vapor <input type="checkbox"/> Acid gas (such as sulfur dioxide) <input type="checkbox"/> Carbon monoxide <input type="checkbox"/> Chlorine <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Hydrogen sulfide <input type="checkbox"/> Methylene chloride <input type="checkbox"/> Other vapors	Particulate <input type="checkbox"/> Arsenic <input type="checkbox"/> Asbestos <input type="checkbox"/> Beryllium <input type="checkbox"/> Cadmium <input type="checkbox"/> Chromium <input type="checkbox"/> Coal mine dust <input type="checkbox"/> Copper <input type="checkbox"/> Cotton dust <input type="checkbox"/> Iron oxide <input type="checkbox"/> Lead <input type="checkbox"/> Manganese <input type="checkbox"/> Nickel	Both Gas/Vapor and Particulate <input type="checkbox"/> Coal tar pitch volatiles <input type="checkbox"/> Coke oven emissions <input type="checkbox"/> Paint vapors <input type="checkbox"/> Welding fumes and gases <input type="checkbox"/> Fuels (Petroleum, Oils, Lubricants) Other <input type="checkbox"/> Biologicals other than coronavirus (e.g., Tuberculosis) <input type="checkbox"/> Coronavirus
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<input type="checkbox"/> Solvents (any kind) <input type="checkbox"/> Styrene <input type="checkbox"/> Toluene <input type="checkbox"/> Xylene	<input type="checkbox"/> Other dust <input type="checkbox"/> Silica dust <input type="checkbox"/> Zinc oxide	<input type="checkbox"/> Oxygen deficiency <input type="checkbox"/> Pharmaceuticals
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7. In the last 12 months, why have employees used respirators at this company? (Select all that apply)

	Used to protect against coronavirus	Used to protect against any other work-related hazard	Don't know
Respirators			
NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)			
Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators			
Powered Air-Purifying Respirators (PAPRs)			
Supplied-Air Respirators			
Self-Contained Breathing Apparatus (SCBAs)			

8. In the last 12 months, what percentage of their time did employees typically wear respirators to protect against any work-related hazard? Although usage may vary, what would be considered the typical amount of time that your employees would use this type of respiratory device taking into account any employees who use it.

	Rarely	Occasionally	Sometimes	Often	Don't Know
	Up to 2% of their time	2% up to 33% of their time	33% up to 67% of their time	67% or more of their time	
Auto-generated list of respirators used for work-related hazards identified in Q6					

9. Did you experience a shortage of respirators during the COVID-19 pandemic (which was March 2020 through May 2023) at this company?

- A shortage is defined as a difficulty in obtaining respirators when and where they were needed or an actual shortage of supply.

All rows will be displayed in the chart below regardless of the responses provided in the screener question.

	Yes, experienced shortage	No, did not experience shortage	Don't Know
NIOSH-Approved Filtering Facepiece Respirators (FFRs) (e.g., N95, P100)			
Elastomeric Half-Mask or Full Facepiece Air-Purifying Respirators			
Powered Air-Purifying Respirators (PAPRs)			
Supplied-Air Respirators			
Self-Contained Breathing Apparatus (SCBAs)			
Filters, cartridges, and other respirator supplies			

10. During the COVID-19 pandemic (which was March 2020 through May 2023), did you know how to procure the respiratory protection workers needed at this company?

- Yes
- No
- Not applicable, not responsible for procuring respiratory protection during the COVID-19 pandemic

11. At any point during the COVID-19 pandemic (which was March 2020 through May 2023), did you change any of the following at this company:

	Yes	No	Don't Know	Not Applicable
Respirator models				
Respirator manufacturers				
Respirator distributors				

For the next few questions about the COVID-19 pandemic please think about both NIOSH-Approved respirators and non-approved devices.

12. During the COVID-19 pandemic (which was March 2020 through May 2023), how were respirators and masks made available to employees at this company? (Mark all that apply)

- Individual NIOSH-Approved respirators were issued to employees for their own exclusive use
- A shared pool of reusable NIOSH-Approved respirators was made available to employees
- Employees provided their own NIOSH-Approved respirators
- NIOSH-Approved respirators were not issued to employees, but non-NIOSH approved devices (e.g., masks) were issued to employees for their own exclusive use
- A supply of disposable non-NIOSH approved devices were made available to employees
- Employees could provide their own non-NIOSH approved device (i.e., masks)
- Other {manner of availability should be described}

- Prefer not to answer

12a. *If answered bullet 3, 6, or 7 only, ask:* During the COVID-19 pandemic, why did your company not make respirators or masks available to your employees? (Mark all that apply)

- Their use was not mandatory
- Individuals were permitted to obtain respirators of their own preference
- Company resources were limited for providing PPE
- Was not able to obtain respirators or masks
- Other {provide reason}

12b. *If answered bullet 4 or 5, ask:* During the COVID-19 pandemic, why did your company not make NIOSH-Approved respiratory protection available to your employees? (Mark all that apply)

- Their use was not mandatory
- Individuals were permitted to obtain respirators of their own preference
- Company resources were limited for providing PPE
- Was not able to obtain NIOSH-Approved respirators
- Other {provide reason}

[If at least one row in Q3 had a “Yes” response, continue to the next question, else skip to end of the survey.]

Transition screen: The next sections will address questions regarding your respiratory protection program (RPP) for ALL employees at this company.

Respiratory Protection Program (RPP)

13. Does **this company** have a Program Administrator who is **dedicated** to a Respiratory Protection Program (RPP)?

- Yes, it is me
- Yes, it is someone else
- No
- Unsure

14. How often is the written RPP reviewed and evaluated **at this company**?

- Monthly
- Quarterly
- Biannually
- Annually
- Other frequency (please specify)
- Unsure

Fit Testing

15. Are employees who wear respirators **at this company** fit tested prior to using respirators?

- Yes, all are fit tested (continue to next question)
- Yes, some are fit tested (continue to next question)
- No (skip to question 19)
- Don't know (skip to question 19)

16. Which of the following methods do you **currently** use to assess your employees' medical fitness to wear respirators **at this company**?

- No medical fitness assessment
- Questionnaire only
- Questionnaire with follow-up exam required
- Questionnaire with follow-up exam as needed
- Medical exam only
- Other—please list:
- Don't know

17. Who **currently** conducts the fit testing of the respirators **at this company**? (Select all that apply)

- The respirator program administrator or other health and safety expert
- Medical personnel
- A supervisor
- A designated employee other than those listed above
- A respirator manufacturer sales/technical representative
- Another external consultant or third-party company
- Other—please list:

18. During the past 12 months, which of the following fit testing methods were used **at this company**?

- *If only ONE fit testing method was used, enter 100% in the percentage column.*
- *If more than one fit testing method was used, indicate the percentage of times each method was used.*
- *If a method was not used, enter 0 in the percentage column.*
- *The percentage column should total up to 100%.*

Fit testing method	Percentage	Check here if you don't know the percentage
Saccharin		
Bitrex		
Irritant smoke		
Isoamyl acetate		
Generated-aerosol (corn oil, salt, etc.)		
Ambient aerosol (PortaCount)		
Pressure (controlled negative pressure)		
Other		

Training

19. Is respirator training **currently** provided to your employees who wear respirators **at this company**?

- Yes (continue to next question)
- No (skip to question 23)
- Don't know (skip to question 23)

20. When is respirator training **currently** provided to employees who wear respirators **at this company**?
(Select all that apply)

- When the employee starts at the company
- Annually
- Other frequency (please specify):
- Don't know

21. How is respirator training **currently** provided to employees **at this company**? (Select all that apply)

- Classroom training (real time, in-person or remote)
- One-on-one training (real time, in-person or remote)
- Online training (pre-recorded videos and materials)
- Other, please specify:
- Don't know

22. Who **currently** provides the respirator training **at this company**? (Select all that apply)

- The respirator program administrator or other health and safety expert
- Medical personnel
- A supervisor
- A designated employee other than those listed above.
- A respirator manufacturer sales/technical representative
- Another external consultant or third-party company
- Other—please list:

23. What kinds of challenges do you face in carrying out your respiratory protection program?

24. Regarding the use of respiratory protection, what challenges do your employees face?

25. What topics would you like more guidance and resources from NIOSH about?

26. What topics would you like more guidance and resources from OSHA about?

Offer of Respirator Usage Summary Report

27. Thank you very much for answering all these questions. We truly value the information you have provided.

To show our appreciation for the time you have spent to complete the survey, we are happy to provide you with a respirator usage summary for the industry of your choice.

Would you like to receive a respirator usage summary?

- Yes, please send me a respirator usage summary report [\[go to next question\]](#)
- No thank you, I am not interested in receiving a respirator usage summary report [\[skip to end of survey\]](#)

[DO NOT SHOW “Don't know / Not sure” AND “I prefer not to answer” OPTIONS FOR THIS QUESTION.]

28. For which of the following industries would you like to receive a summary report on respirator usage?

- [INCLUDE LIST OF HIGH-LEVEL INDUSTRIES]

29. Please specify the email address you would like the project team to use for the purpose of sending this report to you. This information will be kept confidential and will not be used for any other purpose other than to send you the industry summary report.

{TEXT RESPONSE}

Thank you. We expect to send the industry summary reports in early 2025 after the data collection period has ended and the responses from all participants have been analyzed.

Ending

Thank you again for your time to answer all these questions. The information you provided will help NIOSH understand how employees are using respirators for personal protection in businesses across the U.S.