

N95 Program - Employee Engagement Form

Person Conducting Interview, Title	
Employee Interviewed, Title/Dept	
Date of Interview	

What is your opinion or thoughts about...?

Item 1 the N95s the facility has selected	
Item 2 the fit of the respirator you are fit tested to wear	
Item 3 the ability to use the N95 without interfering with effective workplace performance	
Item 4 your knowledge and training about proper N95 use and care	
Item 5 proper removal and disposal of used or soiled N95	