

SMALL ENTITY
RESPIRATORY PROTECTION PROGRAM
SAMPLE PROGRAM & COMPLIANCE GUIDE

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1.0 Purpose

The purpose of this program is to ensure that all *(company)* employees are protected from exposure to respiratory hazards. The company has determined that employees in the *(affected departments)* departments are exposed to respiratory hazards during routine operations. These hazards include *(list respiratory hazards i.e. wood dust, particulates, vapors, etc.)*

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at *(company)*; however, engineering controls have not always been feasible for some of our operations or have not always completely controlled the identified hazards. In these situations, respirators and other protective equipment must be used. The work processes requiring respirator use at *(company)* are outlined in Table 1 in the Scope and Application section of this program.

In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy, *(company)* will review each of these requests on a case-by-case basis. If the use of respiratory protection in a specific case will not jeopardize the health or safety of the worker(s), *(company)* will provide respirators for voluntary use. As outlined in the Scope and Application section of this program, voluntary respirator use is subject to certain requirements of this program, including medical clearance and training, except if only dust masks are used.

2.0 Scope and Application

This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. This includes employees in the *(list of covered departments i.e. Maintenance)* departments. All employees working in these areas and engaged in certain processes or tasks, as outlined in the table below, must be enrolled in the company's respiratory protection program.

In addition, any employee who voluntarily wears a respirator when a respirator is not required, is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with certain information specified in this section of the program. The only exception are employees who voluntarily wear filtering facepieces (dust masks).

Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

TABLE 1: VOLUNTARY AND REQUIRED RESPIRATOR USE AT *(COMPANY)*

<u>Respirator Type</u>	<u>Department/Process</u>	<u>Required or Voluntary</u>
Filtering facepiece (dust mask)	i.e. Warehouse workers	V
Half-facepiece APR or PAPR w/P100 filter (APR = Air Purifying Respiratory, PAPP = Powered Air Purifying Respirator 100% filter)	i.e. Preparation and Assembly Maintenance workers when cleaning spray booth walls or changing filter	R V
Half-facepiece APR w/organic vapor cartridge	i.e. Dip Coat Tenders, Spray Booth Operators (gun cleaning), Maintenance workers	V

3.0 Responsibilities

Program Administrator

The Program Administrator is the Plant Manager. The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

- Identifying work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Selection of respiratory protection options.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Arranging for and/or conducting training.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Conducting qualitative fit testing.
- Administering the medical surveillance program.
- Maintaining records required by the program.
- Evaluating the program.
- Updating written program, as needed.

Supervisors

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate training, fit testing, and annual medical evaluation.

- Ensuring the availability of appropriate respirators and accessories.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

Employees

Each employee has the responsibility to wear his or her respirator when and where required and in the manner in which they were trained. Employees must also:

- Care for and maintain their respirators as instructed and store them in a clean sanitary location.
- Inform their supervisor if the respirator no longer fits well and request a new one that fits properly.
- Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

4.0 Program Elements

Hazard Assessment & Selection Procedures

The Program Administrator will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with all OSHA standards. The Program Administrator will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include:

- 1) Identification and development of a list of hazardous substances used in the workplace, by department, or work process. This materials review should identify the hazards of substances including their toxicological (potential acute and chronic effects) and physical (dust or particulate, oxygen displacing) properties. Identify the locations where these substances are stored and handled. Note the circumstances, operations and methods of handling involved.
- 2) Review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.
- 3) Consider areas where possible exposure is suspected to be at or above any existing Action Level or Permissible Exposure Limits. Standards include those set for 8-hours (Time Weighted Average, TWA), fifteen minutes (Short Term Exposure Limits, STEL), and Ceiling Limits which are never to be exceeded at any time. Areas and operations

that have received employee complaint should also be investigated. This information should be integrated and used to determine the need for industrial hygiene monitoring. This should be made based on substance toxicity, severity of potential hazard present in a given operation and the frequency of potential exposure. Exposure monitoring to quantify potential hazardous exposures may be necessary. Monitoring will be contracted out. (Company) currently has made arrangements with (GCG Risk Management or whomever is your industrial hygiene consultant) to provide industrial hygiene employee exposure monitoring when needed.

The results of the current hazard evaluation are the following:

(Table 3 at the end of this program contains the sampling data that this section was based on.)

Example - **Prep-sanding:** Ventilation controls on some sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5-7.0 mg/rn³ (8-hour time-weighted-average, or TWA). Half-facepiece APRs with P100 filters and goggles are required for employees sanding wood pieces. PAPRs will be available for employees who are unable to wear an APR.

Example - **Prep-cleaning:** Average methylene chloride exposures measured at 70 ppm based on 8 hr. TWA exposure results for workers cleaning/stripping furniture pieces. Ventilation controls are planned but will not be implemented until designs are completed and a contract has been let for installation of the controls. In the meantime, employees must wear supplied air hoods with continuous airflow, as required by the Methylene Chloride standard 19 10.1052.

Example - **Coating-spray booth:** (Company) has decided to take a conservative approach and require all employees to wear supplied air respirators when working inside the spray booth. Based on exposure data in published reports on the same type of spray booth operations, the Program Administrator has determined that an SAR in the continuous flow mode will provide sufficient protection. Spray booth employees may opt to wear half-facepiece APRs with organic vapor cartridges when cleaning spray guns.

Employees may voluntarily wear half-facepiece APRs with P100 cartridges when (describe tasks, i.e. cleaning spray booth walls or changing booth filters) and half-facepiece APRs with organic vapor cartridges when (describe tasks i.e. loading coating agents into supply systems). Although exposure monitoring has shown that exposures are kept within PELs during these procedures, (Company) will provide respirators to workers who are concerned about potential exposures.

Updating the Hazard Assessment

The Program Administrator must revise and update the hazard assessment as needed (i.e., any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a particular activity, he/she is to contact his or her supervisor or the Program Administrator. The Program Administrator will evaluate the potential hazard, arranging for outside assistance as necessary. The Program Administrator will then communicate the results of that assessment back to the employees. If it is determined that respiratory protection is necessary, all other elements of this program will be in effect for those tasks and this program will be updated accordingly.

NIOSH Certification

All respirators must be certified by the National Institute for Occupational Safety and Health, NIOSH, and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

Voluntary Respirator Use

(Company) will provide respirators at no charge to employees for voluntary use for the following work processes:

- i.e. Employees may wear half-facepiece APRs with organic vapor cartridges while working in the dip coat area.
- i.e. Warehouse workers may wear filtering facepieces.
- i.e. Spray Booth Operators may wear half-facepiece APRs with organic vapor cartridges while cleaning spray guns.
- i.e. Maintenance personnel may wear half-facepiece APRs with P100 cartridges while cleaning spray booth walls, and organic vapor cartridges while loading spray guns.

The Program Administrator will provide all employees who voluntarily choose to wear either of the above respirators with a copy of Appendix D of the standard. (Appendix D details the requirements for voluntary use of respirators by employees.) Employees choosing to wear a half facepiece APR must comply with the procedures for Medical Evaluation, Respirator Use, and Cleaning, Maintenance and Storage.

The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.

Medical Evaluation

Employees who are either required to wear respirators, or who choose to wear an APR voluntarily, must pass a medical exam (See Appendix C herein for the mandatory Medical Evaluation Questionnaire Form to be used in initial evaluation) before being permitted to wear a respirator on the job. Note however, that answers to questions in Section 1, and to question 9 in Section 2 of Part A of this mandatory Questionnaire, do not require a medical examination. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

A licensed physician at (Name of Clinic or office where you have made arrangements for the medical clearance process), where (all/these) company medical services are provided, will provide the medical evaluations. Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in Appendix C of the respiratory protection standard (contained herein). The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible, the company will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the physician for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to fill out the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the (Company) medical clinic physician.
- All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
- The Program Administrator has provided the medical clinic physician with a copy of this program, a copy of the Respiratory Protection standard, the list of hazardous substances by work area, and for each employee requiring evaluation: his or her work area or job title, proposed respirator type and weight, length of time required to wear respirator, expected physical work load (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective clothing required.
- Any employee required for medical reasons to wear a positive pressure air purifying respirator will be provided with a powered air purifying respirator.
- After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
 - Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
 - The medical clinic physician or supervisor informs the Program Administrator that the employee needs to be reevaluated;
 - Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation;
 - A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

A list of (Company) employees currently included in medical surveillance is provided in Table 2 of this program. All examinations and questionnaires are to remain confidential between the employee and the physician.

Fit Testing

Fit testing is required for employees wearing half-facepiece APRs (air purifying respirators) for exposure to *(list potentially hazardous material i.e. wood dust)* in *(identify area i.e. Prep and Assembly)*. Employees voluntarily wearing half-facepiece APRs may also be fit tested upon request. Employees who are required to wear half-facepiece APRs will be fit tested:

- Prior to being allowed to wear any respirator with a tight fitting facepiece.
- Annually.
- When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit.

The Program Administrator will arrange to have fit tests conducted following the OSHA approved QLFT (qualitative fit testing) Protocol in Appendix A of the Respiratory Protection standard (not included herein). The Program Administrator has determined that QNFT (quantitative fit testing) is not required for the respirators used under current conditions at *(Company)*. If conditions affecting respirator use change, the Program Administrator will evaluate on a case-by-case basis whether QNF is required.

Respirator Use

Respiratory protection is required for the following personnel:

Name	Department	Job Description/ Work Procedure	Respirator
Joe Apple	Prep	Operator	Half mask APR P100 Filter when sanding/ SAR, continuous Flow hood for cleaning
Ron Carey	Maintenance	Dip tank cleaning	SAR pressure Demand with Auxiliary SCBA
Lisa Jones	Coating	Spray Booth Operator	SAR, continuous Flow hood

General Use Procedures:

- Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.

- All employees shall conduct user seal checks each time that they wear their respirator. Employees shall use either the positive or negative pressure check (depending on which test works best for them) specified in Appendix B-1 of the Respiratory Protection as follows:

Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

- All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons: to clean their respirator if the respirator is impeding their ability to work, change filters or cartridges, replace parts, or to inspect respirator if it stops functioning as intended. Employees should notify their supervisor before leaving the area.
- Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

Respirator Malfunction

APR (Air Purifying Respirator) Respirator Malfunction: For any malfunction of an APR (e.g., such as breakthrough, facepiece leakage, or improperly working valve), the respirator wearer should inform his or her supervisor that the respirator no longer functions as intended and go to the designated safe area to maintain the respirator. The supervisor must ensure that the employee receives the needed parts to repair the respirator or is provided with a new respirator.

Cleaning, Maintenance, Change Schedules and Storage

Cleaning

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station located in the employee locker room. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary, but at least *(describe minimum cleaning frequency)*. The following procedure is to be used when cleaning and disinfecting respirators:

- Disassemble respirator, removing any filters, canisters, or cartridges.
- Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
- Rinse completely in clean warm water.
- Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.
- Air dry in a clean area.
- Reassemble the respirator and replace any defective parts.
- Place in a clean, dry plastic bag or other air tight container.

Note: The Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees should contact their supervisor, who will inform the Program Administrator.

Maintenance

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. The following checklist will be used when inspecting respirators:

- Facepiece: cracks, tears, or holes, facemask distortion, cracked or loose lenses/face shield
- Head straps: breaks or tears, broken buckles
- Valves: residue or dirt, cracks or tears in valve material
- Filters/Cartridges: approval designation gaskets, cracks or dents in housing, ensure proper cartridge for hazard

Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include to wash their face and respirator facepiece to prevent any eye or skin irritation, to replace the filter, cartridge or canister, and if they detect vapor or gas breakthrough or leakage in the facepiece or if they detect any other damage to the respirator or its components.

Change Schedules

Employees wearing APRs with P100 filters for protection against (list hazards, i.e. wood dust and other particulates) shall change the cartridges on their respirators when they first begin to experience difficulty breathing (i.e., resistance) while wearing their masks.

Based on discussions with our respirator distributor about (Company) 's workplace exposure conditions, employees voluntarily wearing APRs with (identify appropriate type of canister, i.e. organic vapor cartridges) shall change the cartridges on their respirators (determine appropriate changing frequency, i.e. at the end of each work week) to ensure the continued effectiveness of the respirators.

Storage

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program and will store their respirator in a plastic bag in their own locker. Each employee will have his/her name on the bag and that bag will only be used to store that employee's respirator.

The Program Administrator will store (Company)'s supply of respirators and respirator components in their original manufacturer's packaging in the equipment storage room.

Defective Respirators

Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his or her supervisor. Supervisors will give all defective respirators to the Program Administrator. The Program Administrator will decide whether to:

- Temporarily take the respirator out of service until it can be repaired.
- Perform a simple fix on the spot such as replacing a head strap.
- Dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of similar make, model, and size. All tagged out respirators will be kept in the storage cabinet inside the Program Administrator's office.

Training

The Program Administrator will provide training to respirator users and their supervisors on the contents of (Company)'s Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection standard. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators. The training course will cover the following topics:

- (Company)'s Respiratory Protection Program
- The OSHA Respiratory Protection standard
- Respiratory hazards encountered at (Company) and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks
- Fit testing
- Emergency use procedures
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators

Employees will be retrained annually or as needed (e.g., if they change departments and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by the Program Administrator and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

5.0 Program Evaluation

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records.

Problems identified will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to (Company) management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections.

6.0 Documentation and Recordkeeping

A written copy of this program and the OSHA standard is kept in the Program Administrator's office and is available to all employees who wish to review it. Also maintained in the Program Administrator's office are copies of training and fit test records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The Program Administrator will also maintain copies of the medical records for all employees covered under the respirator program. The completed medical questionnaire and the physician's documented findings are confidential and will remain at (your selected clinic or office) Medical Clinic. The company will only retain the physician's written recommendation regarding each employee's ability to wear a respirator.

TABLE 3: (Company) HAZARD ASSESSMENT - Date

Department	Contaminants	Exposure level (8hrs TWA)*	PEL	Controls
Prep: Sanding	Wood dust	2.5 -7.0 mg/m ³	5 mg/m ³ (TLV=1 mg/m ³)	Local exhaust ventilation (LEV) for sanders. Half-facepiece APR with P100 filter.
Coating: Spray booth gun cleaning	Toluene	80 ppm (30 min)	200 ppm 500 ppm = 10 min peak	Half-facepiece APR with organic vapor cartridge
	Methanol	300 (30min)	200 ppm	

Drying (oven)	None (monitoring revealed no significant exposures)	NA	NA	NA
Warehouse	None	NA	NA	NA
Maintenance: Spray Booth Cleaning/ Filter change	Particulates	1.8mg/m ³	5mg/m ³	Voluntary use, half-facepiece APR with P100 filter
Maintenance: Loading Coatings into supply Systems	toluene	40 ppm (1)	200 ppm 500 ppm = 10 min peak	Voluntary use, half-facepiece APR with organic vapor cartridges
	xylene	80 ppm (1hr)	100 ppm 150 ppm = STEL	
	MEK	100 ppm (1hr)	200 ppm	

QUESTIONNAIRE: GAS MASK AND RESPIRATOR RECOMMENDATION
(Sample Not Mandatory)

Name of Individual _____ Home Phone # _____

CHEMICAL(S) INFORMATION:

I. Material:

Chemical Name _____

Trade Name _____ Formula _____

OSHA PEL (if any): _____ ACGIH TLV (if any): _____

II. Form in which it is used: Liquid / Solid / Gas

If gaseous, is it an organic vapor or acid gas? _____ Or other? _____

Maximum expected concentration: _____ (ppm or mg/m³)

Heated? _____ If so, to what temperature? _____ (degrees F / C)

Odor Threshold (if any) _____ IDLH level (if any) _____

III. Health Effects:

- 1) Can substance be absorbed through the skin? yes / no
- 2) Is substance an EYE irritant? Yes / no . RESPIRATORY TRACT irritant? Yes / no .
- 3) Is it a SKIN irritant? yes / no. At what concentration is it an irritant? _____
- 4) If substance is known to be flammable, what are the lower and upper flammable limits, in percent by volume? _____ What is the vapor pressure? _____
- 5) Will material be mixed with other chemicals? If so, give details - _____

OPERATIONAL INFORMATION

1. Any possibility of oxygen deficiency where chemical is used? _____
2. Can good ventilation of the area be maintained? _____
3. Will exposure be continuous or intermittent? _____
4. Will respiratory device be used for routine exposure or as emergency escape device?

5. Provide as much detail as possible concerning exposure conditions: _____

SAMPLE RESPIRATOR FIT TEST EMPLOYEE RECORD (Required)

A. Employer: _____

Location/ Address: _____

B. Employee: _____ Employee #: _____ Date: _____

Employee Job Title/Description: _____

C. Respirator Selected: _____ Manufacturer: _____

D. Conditions which could affect respirator fit:

Clean Shaven: _____ Facial Scar: _____ 1-2 Days Beard Growth: _____

Dentures Absent: _____ Glasses: _____ 2+ Days Beard Growth: _____

Mustache: _____

Comments: _____

E. Fit Checks

Negative Pressure: Pass: _____ Fail: _____ Not Done: _____

Positive Pressure: Pass: _____ Fail: _____ Not Done: _____

Comments: _____

F. Qualitative Fit Test

Bitrex (Denatonium Benzoate): Pass: _____ Fail: _____

Isoamyl Acetate: Pass: _____ Fail: _____

Saccharin Solution Aerosol: Pass: _____ Fail: _____

Irritant Smoke (Stannic Chloride): Pass: _____ Fail: _____

Comments: _____

G. Employee acknowledgment of test results

Employee Signature: _____ Date: _____

Fit Tester: _____ Date: _____

SAMPLE RESPIRATORY PROTECTION PROGRAM TRAINING RECORD (Required)

Program Content:

- (*Company*)'s Respiratory Protection Program
- The OSHA Respiratory Protection standard
- Respiratory hazards encountered at (*Company*) and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks
- Fit testing
- Emergency use procedures
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators
- **Individual employee's respiratory type, model & size*

DATE OF TRAINING: _____

TRAINER: _____

<u>NAME OF EMPLOYEE</u>	<u>SIGNATURE</u>
_____	_____
_____	_____
_____	_____
_____	_____
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**Appendix C –
MANDATORY RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

Note: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Can you read (circle one): Yes / No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age: _____
4. Sex (circle one): M / F
5. Height: _____ ft. _____ in.
6. Weight: _____ lbs.
7. Job Title: _____
8. Phone _____ - _____ - _____
9. The best time for healthcare professional to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No Phone# of Healthcare Profession: _____ - _____ - _____
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
 - b. _____ Other type (half- or full-facepiece type, powered-air purifying, supplied-air, etc.)
12. Have you worn a respirator (circle one): Yes/No If yes, what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you ever had any of the following conditions?
 - a. Seizures (fits): Yes/No
 - b. Diabetes (sugar disease): Yes/No
 - c. Allergic reactions that interfere with your breathing: Yes/No
 - d. Claustrophobia (fear of closed-in places): Yes/No
 - e. Trouble smelling odors: Yes/No
3. Have you ever had any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
 - b. Asthma: Yes/No
 - c. Chronic bronchitis: Yes/No
 - d. Emphysema: Yes/No
 - e. Pneumonia: Yes/No
 - f. Tuberculosis: Yes/No
 - g. Silicosis: Yes/No
 - h. Pneumothorax (collapsed lung): Yes/No
 - i. Lung cancer: Yes/No
 - j. Broken ribs: Yes/No
 - k. Any chest injuries or surgeries: Yes/No
 - l. Any other lung problem that you've been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

- e. Heartburn or indigestion that is not related to eating: Yes/ No
- f. Any other symptoms that you think may be related to heart or circulation problems:
Yes/No

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, circle "No" and go to question 9): Yes / No

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Note: Questions 10 to 15 are omitted herein and are only applicable to employees who have been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). Additional voluntary questions are also available in the original text of this Appendix in the Standard to be used at the discretion of the healthcare provider. These have not included herein in the interest of space. Please contact our office for more details (800-922-2362 x253).

Appendix D
(Mandatory) for Voluntary Users
Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.