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# Sample Respiratory Protection ProgramCompWest-brandstripe.wmf

Company name here

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**1. INTRODUCTION**

Improper use of respirators can result in death or serious illness. This program specifies the procedures used to comply with California/OSHA regulation for the use of respirators, which can be found in Title 8 of the California Code of Regulations (T8CCR), section 5144 and its appendices.

This standard applies to respirator use in all workplaces, but there are additional standards that may apply involving regulated carcinogens like lead, asbestos or toxic metals. Respiratory protection for firefighters are subject to additional requirements under T8CCR, Section 3409.

**2. THINGS TO CONSIDER BEFORE INTRODUCING RESPIRATORS**

Respirator use and related regulations are very cumbersome on both the employer and employee. Wearing a respirator can place a physical burden on the user and is very uncomfortable, especially during the warmer months. Providing and requiring their use should be the employer's last resort with priorities placed on minimizing or eliminating the air contaminants through the following methods, as outlined in T8CCR Section 5141-Control of Harmful Exposure to Employees:

* Engineering Controls: examples include the use of general or local mechanical ventilation, enclosing or isolating a process, tank or equipment; and/or
* Substitution: replacing with a less toxic material or chemical, or a less hazardous process; and/or,
* Administrative Controls: changing work practices.

When the above are ineffective in reducing the airborne contaminant exposures to below established health standards (e.g., Permissible Exposure Limits (PELs) or Action Levels (AL)), then respiratory protection will be required.

**3. PURPOSE**

This Respiratory Protection Program (RPP) establishes procedures for **(INSERT COMPANY NAME)** employees who are exposed to hazardous chemical substances or atmospheres such as dust, fumes, mists, gases, smokes, sprays or vapors that may adversely affect personal health. Respirators are used to reduce exposures when engineering controls cannot. We strive to limit employee exposures to harmful chemical or physical agents to concentrations less than the established health standards specified in the Permissible Exposure Limits (PEL).

Additionally, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy, we 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 employee(s), then respirators will be provided for voluntary use, as outlined in this program. Voluntary respirator use is subject to certain requirements of this program.

**4. PROGRAM ELEMENTS**

The RPP program includes the following elements:

**4.1 RESPONSIBILITIES**

**Program Administrator:** The program administrator **(NAME AND/OR TITLE)** is responsible for administering the respiratory protection program. Duties of the program administrator include:

* Develop, implement and review the RPP complies with Title 8, California Code of Regulations.
* Assist departments in fulfilling with program requirements.
* Provide training for employees on respiratory protection, standards and criteria for selecting, fit testing, use and maintenance of respirators.
* Develop and implement a medical surveillance program for respirator users.
* Conduct periodic inquiries to ensure managers and supervisors document routine inspections for equipment usage, maintenance and storage.
* Conduct evaluations of the workplace to ensure respirators are appropriate for hazards.
* Maintain recordkeeping requirements for the program.
* Update the written program, as needed.

**Department Managers and Supervisors:**

* Ensure that the respirator protection program is applied in their particular areas.
* Work with the program administrator to explore options that eliminate the need for respirators.
* Ensure that employees attend training.
* Confirm that employees comply with their components of the program, including respirator inspection and maintenance.

**Employees:**

* Understand and comply with required respiratory procedures while performing assigned duties.
* Utilize respiratory protective equipment in accordance with the instruction and training provided.
* Report any observed or suspected malfunctioning in respirator immediately to supervisor.
* Use only the specific brand, model and size of respiratory protective equipment for which training and fit testing have been provided.
* Conduct positive and negative pressure fit tests prior to each respirator use.
* Ensure that the assigned respirator is inspected, cleaned, disinfected, repaired and stored.
* Attend all training and ensure attendance roster is signed.
* Request additional training or assistance when uncomfortable or unclear with information provided relative to personal safety.

**4.2 RESPIRATORY SELECTION PROCEDURES**

An evaluation must be completed to determine if a respirator should be provided and used and to identify the appropriate type of respirator. Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be purchased and used. The NIOSH approval is typically indicated on the respirator box, cartridge or instructions.

**Hazard Evaluation:** The evaluation will be completed for each work process or area where airborne contaminants may be present in routine operations or during a reasonably foreseeable emergency situation. The folowing guidelines will be considered by or under the direction of the program administrator (**Refer to Table in Appendix A**):

* Identify and list by department or process any harmful air contaminants in the workplace, their chemical state, physical form and their extent, magnitude and how to control them. Begin with obtaining and reviewing the most up-to-date safety data sheets (SDSs), other relevant information and health standards, including exposure limits, warning properties, etc. Current Permissible Exposure Limits (PELs) will be considered. The PELs for specific respiratory hazards can be found in *T8CCR,* Section 5155, [Table AC-1](https://www.dir.ca.gov/Title8/5155table_ac1.html).
* A reasonable estimate of the respiratory hazard and exposure to the employees will be determined by taking the above into consideration in conjunction with reviewing the work processes and employee work tasks. Discussions with the supervisors and employees will take place as needed to complete the hazard/process assessment. Other work factors will be considered, including ventilation systems that exhaust contaminants out of the area, hours spent, the distance between the affected employee and the process, etc.
* Air monitoring will be conducted, if needed, to quantify potential hazardous substances. Depending on the above factors, this can be completed in-house, by a contracted service or by the workers' compensation insurance carrier.
* In the event we are unable or cannot identify or reasonably estimate the employee exposure, the atmospheres will be considered Immediately Dangerous to Life and Health (IDLH).
* Weight and limitations of the equipment service life of the cartridge and environmental factors should be taken into account.

**Respirator Types:** While respirators only reduce exposures to airborne contaminants, they do not eliminate it. Therefore, choosing the correct type of respirator and understanding its limitations are critical.

Based on how they operate, there are several types of respirators – Powered Air Purifying Respirators (PAPR), Supplied Air Respirators (SAR) or a combination of the two.

The adequate respirator will be selected from a sufficient number of models and sizes so that it is acceptable to and correctly fits the user. The respirator vendors or the industrial hygienist performing the air monitoring (if one is performed) are a good resources for choosing the precise type.

Respirators for IDLH atmospheres, if applicable, will be provided. Oxygen-deficient atmospheres will be considered IDLH. These respirators include a full-facepiece, pressure-demand Self-Contained Breathing Apparatus (SCBA) certified by NIOSH for a minimum service life of thirty minutes or a combination full facepiece pressure-demand supplied-air respirator (SAR), with auxiliary self-contained air supply.

**Assigned Protection Factor**: Each respirator has an Assigned Protection Factor (APF) that reflects its level of protection. Respirators have different APFs. Tight-fitting, half-mask and air-purifying have the lowest APF, while self-contained breathing apparatus (SCBAs) have the highest. An APF of 10 means indicates that the concentration of air contaminants inside the respirator facepiece is reduced by a factor of 10.

**Respirator Filter & Canister Replacement/Change Schedule:** The life of an air-purifying respirator cartridge is is important. The canisters and filters are equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the specific contaminant.

If there is no ESLI appropriate for conditions, a change schedule for canisters and filters based on objective information will be used before the end of their service life. Cartridges are changed based on the following factors:

* Prior to their indicated expiration date
* Manufacturers' recommendations based on hours of use and the work environment
* After each use (if deemed necessary)
* When requested by an employee
* When airflow restriction has occurred (as evident from the user's increased effort to breath normally)

**4.3 VOLUNTARY USE OF RESPIRATORS**

Voluntary use occurs when an employee requests a respirator even though it is not required and when the program administrator deems that one is not necessary to protect the employee's health.

Providing such respirator will be considered on a case-by-case situation and can be permitted by the administrator. The following conditions must be met:

1. The program administrator will decide that respirator use will not create or present a hazard to its user.
2. Ensure that the voluntary user is medically able to use one, that the respirator is cleaned, stored and properly maintained. *Exception: The program administrator has the option to not include employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks) in the components of this program.*
3. The voluntary respirator users will be provided with the information contained in **Appendix D** of this section, "Information for Employees Using Respirators When Not Required Under the Standard."

**4.4 MEDICAL EVALUATION**

Respirator use places a physical burden on the human body, which varies with type of respirator, the working conditions, the length of time it is worn and the health condition of the employee. Prior to its use, the worker must be cleared to wear one through a medical evaluation and/or questionnaire. An employee who refuses to complete the medical questionnaire and evaluation will not be allowed to work in an area requiring respirator use. This is to be performed before the fit testing as outlined below:

1. **Medical Evaluation Procedures**: The below physician or licensed health care professional (PLHCP) has been identified to perform the medical evaluation using the medical questionnaire or if deemed necessary by the PLHCP, an initial medical examination that obtains the same information as this questionnaire.

**Name of Clinic or Authorized PLHCP:**

**Address:**

1. **Questionnaire Administration:** A copy of the questionnaire provided in **Appendix B** will be provided to all affected employees during normal business hours or at a time convenient for the user.

To the extent feasible and to ensure confidentiality, the program administrator or supervisor will assist employees who are unable to read the questionnaire. If this is not possible, the employee will be directed to the above PLHCP for assistance.

Employees that are provided with the questionnaire to complete will also be given a stamped and addressed envelope to mail the completed form to the above selected authorized clinic.

Regardless of the method of administration, all employees will have the option to speak confidentially with the health care professional regarding their medical evaluations upon request.

1. **Supplemental Program and Medical Information:** The below supplemental information has been added in **Appendix B** and will be made available to the PLHCP before he/she makes a recommendation concerning the employee's ability to use a respirator:
	1. A list of hazardous substances by work area and by the employee
	2. A copy of this program and the Cal/OSHA Respiratory Protection Standard
	3. The type and weight of the respirator to be used by the employee
	4. The duration and frequency of respirator use (including use for rescue and escape)
	5. The expected physical work effort
	6. Additional protective clothing and equipment to be worn
	7. Temperature and humidity extremes that may be encountered
2. **Medical Clearance**: Following the health care professional's medical examinations:
3. A written recommendation will be obtained regarding the employee's ability to use the respirator from the PLHCP. The recommendation will not provide any confidential medical information, but information as follows:
* Full medical clearance
* Any limitations on respirator use
* The need (if any) for a follow-up medical evaluation
* A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation
1. If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, the employer shall provide a Powered Air Purifying Respirator (PAPR). If the PLHCP's medical evaluation finds that the employee can use such a respirator, if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.

**Follow-up Medical Evaluations**. Following the above initial clearance, additional medical evaluations will be provided if:

* An employee reports medical signs or symptoms that are related to the ability to use a respirator.
* A PLHCP, supervisor or the respirator program administrator informs the employer that an employee needs to be reevaluated.
* Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
* A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

**4.5 FIT TESTING PROCEDURES AND FREQUENCY**

The purpose of fit testing is to identify the respirator that is best suited for each employee. It also provides an opportunity to check for problems with the personal respirator and reinforces training by giving employees a chance to put on the respirator.it

The test will be completed on affected employees (and possibly voluntary users) on the same make, model and size of the respirator to be used. The program administrator will ensure that quantitative (QNFT) or qualitative fit testing (QLFT) will be performed in accordance to the specified protocols in the Cal/OSHA standard.

This is to be performed:

* Following the medical clearance and before initial use.
* If an employee is required to wear a different respirator facepiece , including size, style, model or make.
* At least annually.
* Whenever visual observations of changes in the employee that can affect the fit, including weight loss/gain by 10 pounds, facial scarring, dental changes, cosmetic changes, etc.
* Whenever an employee is notified that the fit of the respirator is unacceptable as observed by the program administrator.

Records will be maintained of this test.

**4.6 RESPIRATOR USE**

Once the respirator has been properly selected and fit-tested, it is necessary to ensure proper use in the workplace on an on-going basis.

**Seal Check Before Each Use:** Each user will perform a seal check every time they wear their respirator to ensure that an adequate seal is achieved every time. Either the positive or negative pressure checks will be used, depending on which one works best for the user.

Seal checks are not a substitute for qualitative or quantitative fit tests.

**Other Factors Affecting Use:** Respirator users are not permitted to wear tight-fitting respirators if they have any facial hair, facial scars, missing dentures or other conditions that prevent them from achieving a good seal, as outlined in this program.

**Continued Respirator Effectiveness:** Employees will be allowed to leave the respirator-use area at any time they feel it is necessary to wash their hands and/or face due to irritation. The employees are also allowed to leave the area when they detect vapors or gasses breaking through or any changes in breathing resistance or breakage in the seal.

**Emergency Situations:** The program administrator has identified the following work areas as having a foreseeable emergency (the list may include a hazardous waste spill or a considerable leak in a hazardous substance):

1.
2.
3.

In such an event, the emergency procedures outlined in the emergency action plan will be followed. Upon the sound of the alarm:

* The designated and trained emergency personnel will immediately don their respiratory and other emergency gear, shut down process equipment (if applicable) and leave the area.
* All other employees are to evacuate the building under established evacuation procedures.

**Respirator Malfunction:** If any malfunctions occur to the respirator (e.g., breakthrough, facepiece leakage or valve malfunction), the user should inform their supervisor of the failure, leave the immediate work area and go to a safe space to repair the respirator. The supervisor is responsible for ensuring the employee received a new, properly functioning respirator.

**4.7 RESPIRATOR MAINTENANCE AND CARE**

The respirators in use must be properly cleaned and disinfected, stored, inspected and repaired. The program administrator and the supervisors will ensure the following:

**Cleaning & Disinfecting**: Each user will be provided with clean, sanitary and proper working condition respirators. It is the employee's responsibility to maintain it as such. Cleaning and disinfecting products will be readily available in each applicable work area. The cleaning and sanitation will be completed per the instructions provided in training and as often as necessary to maintain it in a sanitary condition.

If multiple users use a respirator, then it must be cleaned and sanitized before being worn by the individual. Also, respirators used for fit testing must be cleaned and disinfected after each time.

**Storage**: All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals. They will be packed or stored in the safety supply closet/locker. It is prohibited to leave the respirator in the immediate work area to collect dust and other contaminants.

Emergency respirators, if applicable, are stored in compartments marked as such and within the manufacturer's recommendations.

**Inspection**:Employees must inspect their respirators before they use them and after they clean them. The inspection includes a check of respirator function, tightness of connections and the condition of the elastomeric face piece, head straps, valves, connecting tubes, cartridges, canisters and filters.

A damaged respirator will be taken to the program administrator or supervisor. Only trained employees are authorized to repair or replace damaged respirators.

**4.8 TRAINING**

Each employee required to wear a respirator will be trained before its first use. The training will be provided by the program administrator or a qualified supervisor and documented on the **Sample Training Form in Appendix C**. The training will be repeated annually or more often if deemed necessary. The training will include:

* Why the respirator is necessary and how improper fit, usage or maintenance can compromise the protective effect of the respirator.
* What the limitations and capabilities of the respirator are.
* How to use the respirator effectively in reasonably foreseeable emergencies, including situations in which the respirator malfunctions.
* How to inspect, don and doff (e.g. put on and remove), use and check the seals of the respirator.
* What the procedures are for maintenance and storage of the respirator.
* How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
* Fit testing.
* The general requirements of this section.

All users must demonstrate an understanding of the above topics. The training will be documented and retained.

**5. DOCUMENTATION AND RECORDKEEPING**

A written copy of this program is kept in the program administrator's office and is available to all employees who wish to review it.

Also maintained are copies of the 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 human resources department will also maintain copies of the medical clearances for all employees covered under the respirator program. Only the physician's written recommendation regarding each employee's ability to wear a respirator will be retained. The completed medical questionnaire and the physicians documented finding are confidential and will remain at the PLHCP. Employees and their designated representatives will be allowed access to medical records.

**6. PROGRAM EVALUATION**

The program administrator or a designated knowledgeable person will conduct a review and evaluation of the respirator program to ensure that the provisions are implemented and continue to be effective.

Supervisors and individual users are urged to discuss any concerns about their respirator use in regularly scheduled safety training meetings or at any time.

The evaluation will include a review of all components contained here and any new standards or regulations.

**APPENDIX A – HAZARD ASSESSMENT SAMPLE TABLE (OPTIONAL)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Contaminants** | **Air Monitoring Completed?** | **Applicable PEL or AL** | **Respirator** |
| **Example:** Grinding/Sanding | Respirable wood dust | Yes | 15 mg/cu.m. | Half face air-purifying respirator with HEPA cartridge |
|       |       |       |       |       |
|       |       |       |       |       |
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Assessment Date:

Prepared by:

**APPENDIX B- MEDICAL QUESTIONNAIRE (MANDATORY)**

**Section 5144 OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

**To the employer**: 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): Yes/No

Your employer must allow you to answer the 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. Name:

3. Age (to nearest year):

4. Gender: Male/Female

5. Height:       ft.      in.

6. Weight:      lbs.

7. Job title:

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):

9. The best time to reach you at this number:

10. Has your employer told you how to contact the health care professional who will review this questionnaire?: Yes/No

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 types (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator? 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 indicate "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: 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?

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: 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 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:

5. Have you ever had any of the following cardiovascular 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. Frequent pain or tightness in your chest: Yes/No

i. Pain or tightness in your chest during physical activity: Yes/No

j. Pain or tightness in your chest that interferes with your job: Yes/No

k. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

l. Heartburn or indigestion that is not related to eating: Yes/No

m. Any other symptoms that you think may be related to heart or circulation problems:

6. 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: Yes/No

7. If you've ever used a respirator, have you ever had any of the following problems? (If you've never used a respirator, move to question 8.)

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:

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

**Questions 9 to 14 be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

9. Have you ever lost vision in either eye (temporarily or permanently)? Yes/No

10. Do you currently have any of the following vision problems?

a. Wear contact lenses: Yes/No

b. Wear glasses: Yes/No

c. Colorblind: Yes/No

d. Any other eye or vision problem:

11. Have you ever had an injury to your ears, including a broken eardrum? Yes/No

12. Do you currently have any of the following hearing problems?

a. Difficulty hearing: Yes/No

b. Wear a hearing aid: Yes/No

c. Any other hearing or ear problem:

13. Have you ever had a back injury? Yes/No

14. Do you currently have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs or feet: Yes/No

b. Back pain: Yes/No

c. Difficulty moving your arms and legs: Yes/No

d. Pain and stiffness when you lean forward or backward at the waist: Yes/No

e. Difficulty moving your head up or down: Yes/No

f. Difficulty moving your head side to side: Yes/No

g. Difficulty bending at the knees: Yes/No

h. Difficulty squatting to the ground: Yes/No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No

j. Any other muscle or skeletal problem that interferes with using a respirator:

**Part B. Any of the following questions may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.** **Other questions may be added as needed.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen? Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest or other symptoms when you're working under these conditions? Yes/No

2. Have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust, or have you come into skin contact with hazardous chemicals? Yes/No

If "yes," name the chemicals:

3. Have you ever worked with any of the materials or under any of the conditions listed below?

a. Asbestos: Yes/No

b. Silica (e.g., in sandblasting): Yes/No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No

d. Beryllium: Yes/No

e. Aluminum: Yes/No

f. Coal (for example, mining): Yes/No

g. Iron: Yes/No

h. Tin: Yes/No

i. Dusty environments: Yes/No

j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures:

4. List any second jobs or side businesses you have:

5. List your previous occupations:

6. List your current and previous hobbies:

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents in training or combat? Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure and seizures mentioned earlier in this questionnaire, are you taking any other medicine for any reason (including over-the-counter medications)? Yes/No

If "yes," name the medications (if you know them):

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (gas masks, etc.): Yes/No

c. Cartridges: Yes/No

11. Please indicate how you plan to use the respirator(s) according to the following:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than five hours per week: Yes/No

d. Less than two hours per day: Yes/No

e. Two to four hours per day: Yes/No

f. More than four hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: hrs. mins.

Examples of a light work effort are sitting while writing, typing, drafting or performing light assembly work or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour):

If "yes," how long does this period last during the average shift: hrs. mins.

Examples of moderate work effort are sitting while nailing or filing, driving a truck or bus in urban traffic, standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface at 2 mph or down a 5-degree grade about 3 mph, or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour):

If "yes," how long does this period last during the average shift?: hrs. mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder, working on a loading dock, shoveling, standing while bricklaying or chipping castings, walking up an 8-degree grade about 2 mph, climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using the respirator? Yes/No

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 F)? Yes/No

15. Will you be working under humid conditions? Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any unusual or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of first toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of second toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of third toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (rescue, security, etc.):

**Supplemental Information to the PLHCP (Mandatory)**

Before a recommendation can be made by the PLHCP, OSHA requires the inclusion of the following information for consideration:

1. The type and weight of the respirator

2. The duration and frequency of respirator use

3. The expected physical work effort

4. Any additional PPE or clothing to be worn

5. Temperature and humidity extremes that may be encountered

6. A copy of written program

**Type of respirator (check all that apply)**

Half mask \_\_\_\_\_

Full-face piece \_\_\_\_\_

Dust mask \_\_\_\_\_

Powered air-purifying respirator \_\_\_\_\_

**Duration/Frequency of use:**

Duration       Hours

Frequency       Daily

Number of times per week:

Number of times per month:

**Expected workload:**

Light

Medium

Heavy

Indicate any other PPE required at the same time of respirator use (e.g. gloves, eye protection, hearing protection, goggles)

**Temperature and humidity extremes:**

Low temperature:

High temperature:

High humidity:

**APPENDIX C: SAMPLE CHECKLIST FOR TRAINING AND INFORMATION**

**Check that the following is provided:**

**Demonstration of employees' knowledge of:**

\_\_Why the respirator is necessary and the consequences of improper fit, use or maintenance.

\_\_The limitations and capabilities of the respirator.

\_\_How to effectively use the respirator in emergency situations, including respirator malfunction.

\_\_How to inspect, don and doff, use and check the seals of the respirator.

\_\_ Maintenance and storage procedures.

\_\_The general requirements of the respiratory protection standard.

\_\_ How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator.

**Check that your facility satisfies the general requirements of the respirator standard by** **providing the following:**

\_\_Training that is understandable to employees.

\_\_ Training before employee use of a respirator.

\_\_Retraining as specified below:

• Annually

• Upon changes in workplace conditions that affect respirator use

• When the employee does not retain knowledge and skills for respirator use

• Whenever retraining appears necessary to ensure safe respirator use

\_\_*Appendix D of the standard* to voluntary users

**Trainer Name and Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:**

**APPENDIX D EMPLOYEE INFORMATION FOR VOLUNTARY USE OF RESPIRATORS**

**Appendix D to Section 5144: (Mandatory) 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 respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

Note to Employees: 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 respirator's limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. The National Institute for Occupational Safety and Health (NIOSH) 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, which 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 designated to provide protection. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or tiny solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

**DEFINITIONS**

The following definitions are important terms used in the respiratory protection standard in this section (CCR, T8, SECTION 5144).

**Air-purifying respirator:** a respirator with an air-purifying filter, cartridge or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

**Assigned protection factor (APF)**: the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by this section.

**Atmosphere-supplying respirator**: a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

**Canister or cartridge**: a container with a filter, sorbent or catalyst or combination of these items, which removes specific contaminants from the air passed through the container.

**Demand respirator**: an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

**Don and Doff**: a term used to don is short for do (put) on, while doff is short for do (take) off.

**Emergency situation**: any occurrence such as, but not limited to, equipment failure, rupture of containers or failure of control equipment that may or does result in a significant uncontrolled release of an airborne contaminant.

**Employee exposure**: exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

**End-of-service-life indicator (ESLI)**: a system that warns the respirator user of the approach of the end of adequate respiratory protection, such as the sorbent is approaching saturation or is no longer effective.

**Escape-only respirator** a respirator intended to be used only for emergency exit.

**Filter or air purifying element**: a component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering facepiece (dust mask)**: a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

**Fit factor**: a quantitative estimate of the fit of a particular respirator to a specific individual and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

**Fit test**: the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

**Helmet**: a rigid respiratory inlet covering that also provides head protection against impact and penetration.

**High efficiency particulate air (HEPA) filter**: a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100 and P100 filters.

**Hood**: a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

**Immediately dangerous to life or health (IDLH)**: an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects or would impair an individual's ability to escape from a dangerous atmosphere.

**Interior structural firefighting**: the physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures which are involved in a fire situation beyond the incipient stage. (See Article 10.1)

**Loose-fitting facepiece**: a respiratory inlet covering that is designed to form a partial seal with the face.

**Maximum use concentration (MUC)**: the maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short-term exposure limit or ceiling limit. When no OSHA exposure limit is available for a hazardous substance, an employer must determine a MUC based on relevant available information and informed professional judgment.

**Negative pressure respirator (tight fitting)**: a respirator in which the air pressure inside the facepiece is negative during inhalation concerning the ambient air pressure outside the respirator.

**Oxygen deficient atmosphere**: an atmosphere with an oxygen content below 19.5% by volume.

**Physician or other licensed health care professional (PLHCP)**: an individual whose legally permitted scope or practice (i.e., license, registration or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all of the health care services required by subsection (e).

**Positive pressure respirator**: a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

**Powered air-purifying respirator (PAPR):** an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

**Pressure demand respirator**: a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

**Qualitative fit test (QLFT)**: a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

**Quantitative fit test (QNFT)**: an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

**Respiratory inlet covering**: portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source or both. It may be a facepiece, helmet, hood, suit or a mouthpiece respirator with nose clamp.

**Self-contained breathing apparatus (SCBA)**: an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

**Service life**: the period of time that a respirator, filter or sorbent or other respiratory equipment provides adequate protection to the wearer.

**Supplied-air respirator (SAR) or airline respirator**: an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

**Tight-fitting facepiece**: a respiratory inlet covering that forms a complete seal with the face.

**User seal check**: an action conducted by the respirator user to determine if the respirator is properly seated to the face.