**Written Respiratory Protection Program Template Instructions**

This template is designed for use by personnel who have been suitably trained and charged with the responsibility of developing and implementing a respiratory protection program (RPP).

It is important that you reference the North Carolina Department of Labor Administrative Code Chapter 13, Subchapter 07F.0101 General Industry, and the Federal Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard 29 CFR 1910.134, December 31, 2003.

Before considering the use of respirators, keep in mind the Hierarchy of Controls. Controlling exposures to occupational hazards is the fundamental method of protecting workers. Traditionally, the hierarchy of controls

has been used as a means of determining how to implement feasible and effective control solutions. You must first implement, where feasible, engineering, work practice, and administrative controls as the means to prevent or reduce exposures, and only look at respiratory protection as a last line of defense when exposures cannot be eliminated or substantially reduced in frequency and duration by using these other methods. The OSHA Respiratory Protection standard ([29 CFR 1910.134](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716)) requires employers to include certain policies and procedures in their RPP, but there is some flexibility in the content of those policies and procedures. What might work well for one facility may not work at all for another. For this reason, the template is designed to be flexible, and it is made available as an editable Microsoft Word document that each facility can customize to meet its specific needs. **Your paramount goal is to develop a site-specific RPP that can be effectively implemented.**

There are places throughout the document where you will need to fill in a blank or change a generic placeholder (such as Health Department Name) to customize it to your facility. These **placeholders and blanks** are always in Red Lettering so that you can find them easily and replace them with the appropriate black text.

You will also notice text enclosed in ***[bold, italic square brackets]*** in many places throughout the document. This text gives you **instructions, tips, or ideas** for customizing sections that you might want to change. *Make sure to remove the red text in your final document.*

Remember – this template is meant to be used as a helpful guideline for developing your RPP. You may be able to use it with minimal modification, but you will need to change the wording or organization to be specific to your facility and include your site-specific procedures and policies. Make sure that you include each section that is in the template since these components are required by OSHA’s Respiratory Protection standard (29 CFR.1910.134).

Insert Name of Health Department

**Written Respiratory Protection Program**

The Health Department Name Respiratory Protection Program has been approved as written.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Administrator Signature Date

**Record of Changes and Revisions**

I hereby certify that I have reviewed the Health Department Name Respiratory Protection Program and that all changes have been made and incorporated into this document.

|  |  |  |  |
| --- | --- | --- | --- |
| **Change Number** | **Date Changed** | **Name and Position of Person Making Change** | **Comments (Summary)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**The individual roles and responsibilities identified**

**in this plan are the following named individuals**:

**The Respiratory Protection Program Administrator is:**

Insert Name, Insert title

Phone

Email

**The Physician or Licensed Healthcare Provider (PLHCP) is:**

Insert Name, Insert title

Phone

Email

*The following example program should be modified to be site-specific to your organization. Please reference 29 CFR 1910.134—Respiratory Protection to ensure that all the standard requirements are being met.*

Table of Contents

[1.0 Purpose 7](#_Toc105679740)

[2.0 Scope and Application 7](#_Toc105679741)

[3.0 Responsibilities 7](#_Toc105679742)

[3.1 Program Administrator 8](#_Toc105679743)

[3.2 Management 8](#_Toc105679744)

[3.3 Designated Physician or Licensed Health Care Provider (PLHCP) 8](#_Toc105679745)

[3.4 Employees 9](#_Toc105679746)

[4.0 Program Elements 9](#_Toc105679747)

[4.1 Respirator Selection Procedures 9](#_Toc105679748)

[4.2 Voluntary Use of Respirators 9](#_Toc105679749)

[4.3 Physical and Medical Qualifications 10](#_Toc105679750)

[4.4 Fit Testing 12](#_Toc105679751)

[4.5 Respirator Use Procedures 13](#_Toc105679752)

[4.6 Respirator Inspection 14](#_Toc105679753)

[4.7 Cleaning and Disinfecting 14](#_Toc105679754)

[4.8 Maintenance and Repair 14](#_Toc105679755)

[4.9 Respirator Storage 15](#_Toc105679756)

[4.10 Change Schedules 15](#_Toc105679757)

[4.11 Employee Training 16](#_Toc105679758)

[4.12 Program Evaluation 17](#_Toc105679759)

[4.13 Documentation and Record Keeping 18](#_Toc105679760)

[5.0 References and Resourses 19](#_Toc105679761)

[Appendix A - Respiratory Protection Employee Training Roster 20](#_Toc105679762)

[Appendix B - Voluntary Use of Respirators 21](#_Toc105679763)

[Appendix C - Medical Evaluation Questionnaire 22](#_Toc105679764)

[Appendix D - FIT Testing Procedures 31](#_Toc105679765)

[Appendix E - Annual FIT Testing Form 33](#_Toc105679766)

[Appendix F - User Seal Check Procedures 34](#_Toc105679767)

[Appendix G - Respiratory Protection Program Assessment Checklist 35](#_Toc105679768)

**Respiratory Protection Program**

# 1.0 Purpose

[***The purpose of this respiratory protection program (RPP) is to maximize the protection afforded by respirators when they must be used. It establishes the procedures necessary to meet the regulatory requirements described in OSHA’s Respiratory Protection standard (29 CFR 1910.134)]***

***[Note: as the employer, you are ultimately responsible for ensuring that is indeed the case. If applicable, replace references to the Federal OSHA standard with the state standard.]***

***[Note: You must provide a description of how your Health Department has decided to handle respiratory protection for healthcare workers who are contractors, nursing registries, and other non-employees. Are contractors held to their own RPP and if so, how? Via contract? How will you ensure the adequacy of their RPP? Will staff from a temporary agency or registry be included with facility employees in all aspects of the facility RPP, training, fit testing, etc., or are responsibilities divided in some way? You must have a clear policy that ensures all healthcare workers are adequately protected and describe it in writing.]***

In the control of those occupational diseases caused by breathing air contaminated infectious diseases, the primary objective will be to prevent atmospheric contamination. This will be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators will be used.

This written program is designed to comply with the requirements of the North Carolina Department of Labor Administrative Code Chapter 13, Subchapter 07F.0101 General Industry, and the Federal Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard 29 CFR 1910.134, December 31, 2003.

# 2.0 Scope and Application

***[Any additional worksite specific applicable policies and procedures outside the scope and application of this template should be included in this section]***

This program applies to all employees of Health Department Name, who may be required to wear respirators during normal work operations or while performing duties within the scope of their job description. These include but not limited to: performing aerosol generating procedures, investigating and managing disease outbreaks, participating in mass vaccination clinics, and response to natural or man-made disasters. 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 the responsibility of Health Department Name.

Written materials required to be retained will be made available upon request to affected employees.

# 3.0 Responsibilities

**[You may choose to assign responsibilities differently than below as long as someone is responsible for each of the components of the program]**

***[This should be an individual (either a name or a job title or both) rather than a department or group of administrators, and affected employees need to know who that person is.]***

###  3.1 Program Administrator

The designated program administrator, who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness The Program Administrator’s duties include the following:

* Implement the requirements of this program.
* Enforce all provisions of this program.
* Identify work areas, processes, or tasks that require workers to don respirators.
* Evaluate hazards.
* Select appropriate respiratory protection and provide a selection of respirators as required.
* Monitor respirators use to ensure that respirators are used in accordance with their certification.
* Arrange for and /or conduct training for affected employees.
* Ensure respirator fit testing for employees requiring fit testing
* Ensure required inspection of all respirators.
* Ensure proper storage and maintenance of respiratory protection equipment.
* Administer the medical surveillance program.
* Maintain records required by the program.
* Evaluate and monitor the program for compliance.
* Update the written program as needed.
* Monitor compliance.

### 3.2 Management

* Implement the requirements of this program.
* Provide a selection of respirators as required.
* Enforce all provisions of this program.
* Appoint an individual to administer the respiratory protection program.

### 3.3 Designated Physician or Licensed Health Care Provider (PLHCP)

***[This can be the Health Department ‘s occupational employee health service or clinic, or another provider of your choice as long as the evaluations are kept medically confidential, conducted by an individual licensed in your state to perform such evaluations, and are provided at no cost to the employee. To ensure the confidentiality of medical information, the medical evaluation should not be conducted by the employee’s immediate supervisor and others in the employee’s direct line of authority.]***

* Conduct medical aspects of program.
* Maintain medical records as required by OSHA 29 CFR 1910.134 and 1910.1020
* Provide employees a copy of their written recommendation for respirator use.

### 3.4 Employees

Each employee will complete medical evaluation and respiratory protection annual training. Fit testing will be provided to staff when the use of a respirator is required to perform their respective duties.

Each employee on the attached list (Appendix A) has the responsibility to wear their respirator when and where required and in the manner in which they were trained. Employees must also:

* + - Follow the requirements of the respiratory protection program.
		- Care for and maintain their respirators as instructed and store them in a clean sanitary location.
		- Inform the Program Administrator, PLHCP or supervisor about changes in their physical health or about any other condition that may affect respirator fit and use and request a new respirator that fits properly.
		- Inform their Program Administrator of any respiratory hazards that they feel are not adequately addressed in the performance of their work duties and of any other concerns regarding the program.

# 4.0 Program Elements

###  4.1 Respirator Selection Procedures

 **[You may remove or add the mention of types of respirators that are not used at your *Health Department*.]**

The Program Administrator will select respirators to be used by personnel. Only respirators certified by the National Institute for Occupational Safety and Health (NIOSH) will be chosen. The selection is based upon the physical and chemical properties of the air contaminant and the concentration level likely to be encountered by the employee.

To protect Health Department Name employees N95 filtering facepiece respirators (FFR) have been selected to protect wearers from exposure to diseases known to be transmitted through airborne particles, novel infectious diseases where mode of transmission is unknown, molds and nuisance dusts.

### 4.2 Voluntary Use of Respirators

***[Voluntary use of respiratory protection means that an employee chooses to wear a respirator, even though a respirator is not required by the employer or by any***[*OSHA*](https://www.bing.com/ck/a?!&&p=2f8da67c57d9e0fdd4f5c831ce092db5cf83d1f4bfbcadaebe116fc6a82ec34fJmltdHM9MTY1NjA3Njc5MyZpZ3VpZD1lYjAwZjIzMS1lMDNhLTQxNDMtYWFjMi03YWM2ZDFiY2VkODImaW5zaWQ9NTQwOQ&ptn=3&fclid=5503a27d-f3c0-11ec-bbd6-3178360bc378&u=a1L3NlYXJjaD9xPU9jY3VwYXRpb25hbCtTYWZldHkrYW5kK0hlYWx0aCtBZG1pbmlzdHJhdGlvbiZmaWx0ZXJzPXNpZCUzYWMyMTE1N2IyLTdlNmEtOTY4YS03ZWY5LWU1ZmI5NjlhYjM2MiZmb3JtPUVOVExOSw&ntb=1)***standard. Employers who allow respirator use must make sure the worker is medically able to use that respirator and the respirator itself does not create a hazard]***

Health Department Name may provide respirators at the request of employees or permit employees to use their own respirators if it is determined that such respirator use will not in itself create a hazard. If Health Department Name determines that situations allow for voluntary use, they shall provide the respirator users with the information contained in Appendix B***—***Information for Employees Using Respirators When Not Required Under the Standard. Health Department Name is not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of FFRs.

###  4.3 Physical and Medical Qualifications

***[Make sure that you are clear about where the questionnaires will be sent for evaluation and describe these procedures in your written RPP. The completed questionnaires are considered personal health information, so there must be a procedure by which they are confidentially provided to the PLHCP. Completed questionnaires must be maintained as confidential medical records and may not be accessible to the employee’s supervisor.***

***Your program should include a clear policy as to what will be done if someone is not cleared for respirator use. They cannot be exposed to situations in which a respirator is necessary to protect them and may have their responsibilities altered as to not work in such conditions. If the PLHCP determines that a person designated to use a non-powered air-purifying respirator cannot do so without added health risks, the employer should provide a PAPR (assuming the PLHCP determines that the person can use one and the RPA determines that it will provide adequate protection).]***

Records of medical evaluations must be retained and made available in accordance with 29 CFR 1910.1020—Access to Employee Exposure and Medical Records.

*Medical Evaluation Required*—Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. The company provides a medical evaluation through an PLHCP to determine the employee’s ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace.

*Medical Evaluation Procedures*—The employee will be provided a medical questionnaire (29 CFR 1910.134, Appendix C and Appendix C in this document), which is sent confidentially to the designated PLHCP for review, and when determined by the PLHCP, will receive a medical examination.

*Follow-Up Medical Examination*— Health Department Name will ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions in Part B of the questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination. The follow-up medical examination will include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

*Administration of the Medical Questionnaire and Examinations*—The medical questionnaire and examinations will be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee. The medical questionnaire will be administered in a manner that ensures that the employee understands its content. Health Department Name will provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

*Supplemental Information for the PLHCP*—The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee’s ability to use a respirator.

* The type and weight of the respirator to be used by the employee.
* The duration and frequency of respirator use (including use for rescue and escape).
* The expected physical work effort.
* Additional protective clothing and equipment to be worn.
* Temperature and humidity extremes that may be encountered.
* Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

Health Department Name has provided the PLHCP with a copy of the written respiratory protection program and a copy of the Respiratory Protection Standard, 29 CFR 1910.134.

*Medical Determination*—In determining the employee’s ability to use a respirator, Health Department Name will obtain a written recommendation regarding the employee’s ability to use the respirator from the PLHCP. The recommendation will provide only the following information:

* Any limitations on respirator use related to the medical condition of the employee or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
* The need, if any, for follow-up medical evaluations.
* A statement that the PLHCP has provided the employee with a copy of the PLHCP’s written recommendation.
* 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, Health Department Name may provide alternative respiratory protection such as a loose fitting or helmeted Powered Air Purifying Respirator (PAPR) that does not require fit testing, if the PLHCP’s medical evaluation finds that the employee can use such a device. If a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then Health Department Name is no longer required to provide an alternative respiratory protection device.

*Additional Medical Evaluations*—At a minimum, Health Department Name will provide additional medical evaluations that comply with the requirements of this section if:

* An employee reports medical signs or symptoms that are related to ability to use a respirator.
* A PLHCP, supervisor or the respirator program administrator informs Health Department Name that an employee may be re-evaluated.
* 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 (physical work effort, protective clothing, temperature, etc.) that may result in a substantial increase in the physiological burden placed on an employee.

### 4.4 Fit Testing

***[The OSHA Respiratory Protection standard Appendix A has specific protocols which must be followed exactly in fit testing employees for respirators, and it is acceptable to copy and paste one or more of these into your RPP. First, there are general requirements that pertain to selecting an appropriately sized respirator, some basic training on donning the respirator and performing a user seal check, and descriptions of the specific exercises that are to be performed. All employees required to wear tightfitting respirators must be fit tested after receiving medical clearance, prior to respirator use, and annually thereafter. An OSHA-accepted fit test protocol must be followed exactly as it is written in the standard. This may be a qualitative test using Bitrex®, saccharin, irritant smoke or a quantitative method which*** ***fit tests respirators with the use of a probe. The probed respirator is only used for quantitative fit tests. A probed respirator has a special sampling device, installed on the respirator, that allows the probe to sample the air from inside the mask. A probed respirator is required for each make, style, model, and size that the employee uses and can be obtained from the respirator manufacturer or distributor. Fit testing must be performed by an individual knowledgeable in respiratory protection and qualified to follow the protocol and train the employee to properly put on and take off the respirator. Records of fit tests must be kept on file until the next annual test is performed, and you must make sure that employees use only the respirator model and size for which they have passed a fit test. You will need to insert the specific Fit Test Procedures that you will use at your facility into Appendix D of this document]***

Before an employee is required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style and size of respirator that will be used. Health Department Name will ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

Health Department Name has established a record of the qualitative (QLFT) and/or quantitative (QNFT) fit tests administered to employees including:

* The name or identification of the employee tested.
* Type of fit test performed.
* Specific make, model, style and size of respirator tested.
* Date of test.
* The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

Fit test records will be retained for respirator users until the next fit test is administered. Written materials required to be retained will be made available upon request to affected employees.

Additional fit tests will be conducted whenever the employee reports or Health Department Name, PLHCP, supervisor or program administrator makes visual observations of changes in the employee’s physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery or an obvious change in body weight.

If after passing a QLFT or QNFT, the employee notifies Health Department Name, program administrator, supervisor or physician that the fit of the respirator is unacceptable, the employee will be given a reasonable opportunity to select a different respirator facepiece and to be retested.

The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of the OSHA Respiratory Protection Standard, 29 CFR 1910.134 and Appendix D of this document.

### 4.5 Respirator Use Procedures

Before respirator use in the work environment, each employee must successfully complete the medical evaluation, respirator training and pass the respirator fit test.

Respirators will only be used following the respiratory protection safety procedures established in this program. The operations and user manuals for each type of respirator will be maintained by the program administrator and be available to all qualified users.

Surveillance by the direct supervisor will be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, Health Department Name will re-evaluate the continued effectiveness of the respirator.

For continued protection of respirator users, the following general use rules apply:

* Users will not remove respirators while in a hazardous environment.
* Respirators are to be stored in sealed containers out of harmful atmospheres.
* Store respirators away from heat and moisture.
* Store respirators such that the sealing area does not become distorted or warped.
* Store respirator such that the facepiece is protected.

To protect the facepiece seal Health Department Name does not permit respirators with tight-fitting facepieces to be worn by employees who have:

* Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function.
* Any condition that interferes with the face-to-facepiece seal or valve function.

If an employee wears corrective glasses or goggles or other personal protective equipment, Health Department Name will ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

Health Department Name will ensure that employees leave the respirator use area:

* To wash their faces as necessary to prevent eye or skin irritation associated with respirator use.
* If they detect breakthrough, changes in breathing resistance, or leakage of the facepiece.
* To replace their respirator.

If the employee detects breakthrough, changes in breathing resistance or leakage of the facepiece, Health Department Name will replace the respirator before allowing the employee to return to the work area.

* Employees will use their respirators under conditions specified by this program, and in accordance with the training they received on the use of their model respirator. 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 by conducting a positive/negative pressure check (Appendix F).
* Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, glasses, or missing dentures that prevents them from achieving a good seal.
* For any malfunction of a respirator, (e.g., such as a breakthrough, facepiece leakage, or improperly working valve), the respirator wearer shall inform their supervisor and the Program Administrator that the respirator is no longer performing properly.

### 4.6 Respirator Inspection

All respirators will be inspected when received and before use. Should any defects be noted, the respirator will be taken to the program administrator. Damaged respirators will be replaced. The inspection of respirators will be the responsibility of the employee.

Respirator inspections include the following:

* A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters.
* Check of elastomeric parts for pliability and signs of deterioration.

Respirators will be inspected as follows:

* All respirators used in routine situations will be inspected before each use.
* All respirators maintained for use will be inspected at least monthly and in accordance with the manufacturer’s recommendations and will be checked for proper function before and after each use.

###

### 4.7 Cleaning and Disinfecting

***[The Health Department should follow the respirator manufactures recommendations for cleaning and disinfecting if applicable]***

The Facility Name will provide each respirator user with a respirator that is clean, sanitary and in good working order. Cleaning and disinfection are not permitted for disposable respirators (see Section 4.10).

### 4.8 Maintenance and Repair

***[The Health Department should follow the respirator manufactures recommendations for Maintenance and Repair]***

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. Respirators that fail an inspection or are otherwise found to be defective will be removed from service to be discarded.

### 4.9 Respirator Storage

***[This section should include, for each type of respirator, detailed procedures for storage, maintenance, repair, and disposal. These should include a description of where respirators are stored in each unit or department, how they should be stored between uses (if allowed), how they will be maintained and who is responsible for maintenance, and who is responsible for ensuring an adequate supply.]***

Respirators are to be stored as follows:

* All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.
* All respirators will be packed or stored to prevent deformation of the facepiece and exhalation valve.
* Respirators will be:
	+ Kept accessible to the work area.
	+ Stored in compartments or in covers that are clearly marked.
	+ Stored in accordance with any applicable manufacturer’s instructions.

### 4.10 Change Schedules

***[A change schedule is the part of the written respirator program which says how often respirators should be replaced and what information was relied upon to make this judgment. A respirators useful service life is how long it provides adequate protection from harmful contaminates in the air.]***

Disposable filtering facepiece respirators (FFR) (e.g., N95’s) worn once in the presence of a patient with a respiratory infectious disease, should be considered potentially contaminated with infectious material. Touching the outside of the respirator should be avoided and the respirator should be placed in a biohazard bag and discarded as infectious waste.

Dispose of and replace their masks if they:

* Become damaged or deformed.
* Exhibit any nicks, abrasions, cuts or creases in the seal area.
* Have soiled filter material.
* The straps are cut, stretched out or damaged.
* Have a metal nose clip that has fallen off or doesn’t function properly.
* No longer form an effective seal against the face.
* Become wet or dirty.
* Make breathing difficult due to trapped particulates blocking airflow.
* Become contaminated with blood, nasal secretions or other bodily fluids from the wearer or patients.

Respirators may be reused or extended use if they are not known to be soiled or damaged in accordance with CDC guidelines. <https://www.cdc.gov/niosh/docs/2018-128/>.

### 4.11 Employee Training

***[This section of your written program must include both the mechanism for getting everyone trained in a way that they can understand and a description of the curriculum, including all the topics that are required by the standard to be covered. These are: Why the respirator is necessary (including when it must be worn); Why proper fit, usage, and maintenance is crucial to its effectiveness; What the limitations and capabilities of the respirator are; Hands-on demonstration of how to inspect, put on, remove, use, and check the seal of the respirator; What the procedures are for storage and maintenance; How to recognize medical signs or symptoms that limit or prevent the safe, effective use of respirators; The general requirements of the OSHA Respiratory Protection standard; How to identify and react to respirator malfunctions; and How to use the respirator in emergencies(e.g., chemical release) if appropriate.]***

Effective training for employees who are required to use respirators is essential. The training must be comprehensive, understandable, and recur annually, and more often if necessary. Training will be provided prior to requiring the employee to use a respirator in the workplace. The training will ensure that each employee can demonstrate knowledge of at least the following:

* Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
* Limitations and capabilities of the respirator.
* How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
* How to inspect, 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.
* The general requirements of this program.

No employee will be permitted to work with a respirator until he or she has received training in respiratory protection.

Retraining will be conducted annually and when:

* Changes in the workplace or the type of respirator render previous training obsolete.
* Inadequacies in the employee’s knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill.
* Other situation arises in which retraining appears necessary to ensure safe respirator use.

Training will be conducted by instructors who have adequate knowledge of OSHA training requirements. Training is divided into the following sections:

[You must outline and document your training methods below. You can add or remove items as needed]

Classroom Instruction

* Overview of the health department respiratory protection program and OSHA Standard.
* Respiratory protection safety procedures.
* Respirator selection.
* Respirator operation and use.
* Why the respirator is necessary.
* How improper fit, usage or maintenance can compromise the protective effect.
* Limitations and capabilities of the respirator.
* How to use the respirator effectively in emergency situations, including respirator malfunctions.
* How to inspect, 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.
* Change out schedule and procedure for air-purifying respirators (APR).

Fit Testing

* A Fit test is required for each type and model of respirator used. See Appendix D in this document.

Hands-on Respirator Training

* Respirator inspection.
* Respirator cleaning and sanitizing.
* Recordkeeping.
* Respirator storage.
* Respirator fit check.
* Emergencies.

### 4.12 Program Evaluation

*[Program evaluation is required by the standard, but there are no rules regarding how often or how you will evaluate. You must perform evaluations of the workplace as necessary to make sure that your written respiratory protection program is working effectively so you may choose alternatives to what is described below. You do not need to review your respiratory protection program according to any fixed schedule. The frequency with which you need to evaluate your respiratory protection program will depend on the complexity and/or variability of the program and factors such as:*

* *The type and extent of hazards in your workplace*
* *The types of respirators used by your employees*
* *The number of your employees who use respirators*
* *The amount of experience your respirator-wearing employees have in using respirators]*

The Program Administrator will conduct periodic evaluations of the workplace and operating conditions to ensure the provisions of this program are being implemented. The evaluation will include

* Regular surveys of the workplace for employee exposure to respiratory hazards.
* Consultations with employees who use respirators to ensure correct respirator use.
* Review and updates of all elements and records of a respiratory protection program.

These activities will be documented in the Respiratory Program Assessment Checklist provided in Appendix G.

### 4.13 Documentation and Record Keeping

***[Personnel medical records such as medical clearance to wear a respirator shall be retained by (specify who and where stored), as part of a confidential medical record. Medical clearance records must be made available in accord with the OSHA Access to Employee Exposure and Medical Records standard (29 CFR 1910.1020) and maintained for a minimum of thirty (30) years after an employee’s separation or termination. OSHA allows a written program to be in either paper or electronic format, as long as the program meets all other requirements of the standard in question and that the written program must be made available to employees. The employer must ensure that employees know how to access the document and that there are no barriers to employee access.]***

A written copy of this program and the Respiratory Protection Standard will be kept enter location and is available for employees to review.

The Program Administrator will maintain the additional following written documentation

* Medical approvals
* Respiratory training records
* Fit testing records

These records will be updated as necessary and as new employees are trained, existing employees receive refresher training and as new fit tests are conducted.

# 5.0 References and Resources

**OSHA 29 CFR 1910.134; Respiratory Protection.**

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

**OSHA 29 CFR 1910.1020; Access to employee exposure and medical records.**

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1020>

**Filtering out Confusion: Frequently Asked Questions about Respiratory Protection, Respirator Reuse and Extended Use; DHHS (NIOSH) Publication Number 2018-128; April 2018.** <https://www.cdc.gov/niosh/docs/2018-128/>

**Respiratory Program Voluntary Use**

<https://www.labor.nc.gov/osh/osh-example-programs/respiratory-program-voluntary-use/open>

**Respirator Program; NC DOL**

<https://www.labor.nc.gov/osh/osh-example-programs/respiratory-protection-program/open>

**OSHA 1910.134 App A - Fit Testing Procedures (Mandatory).**

[**1910.134 App A - Fit Testing Procedures (Mandatory). | Occupational Safety and Health Administration (osha.gov)**](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA)

#  **CDC Hospital Respiratory Protection Program Toolkit**

[**Hospital Respiratory Protection Program Toolkit | NIOSH | CDC**](https://www.cdc.gov/niosh/docs/2015-117/default.html)

 **OSHA Small Entity Compliance Guide for the Respiratory Protection Standard**

[**Small Entity Compliance Guide for the Respiratory Protection Standard (osha.gov)**](https://www.osha.gov/sites/default/files/publications/3384small-entity-for-respiratory-protection-standard-rev.pdf)

**OSHA Respiratory Protection Program Guidelines**

<https://www.osha.gov/enforcement/directives/cpl-02-02-054>

# Appendix A

**RESPIRATORY PROTECTION EMPLOYEE ROSTER**

**Health Department Name**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Make/Model** | **Size** | **Fit-Test Date** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |

# Appendix B

**Voluntary Use of Respirators**

**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 respirator’s 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.

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following employees have received training on Appendix D of 29 CFR 1910.134 (Information for Employees Using Respirators When Not Required Under the Standard – Filtering Facepiece ONLY) and have demonstrated an understanding of the requirements. In addition, these employees have received training and will heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations for the following filtering facepieces:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix C

**Respirator Medical Evaluation Questionnaire**

**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

**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 (check 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.

**If you answer Yes to any questions, please provide more explanation and detail on page 8.**

**Last Name First Name**

**Address:**

**City: State: Zip:**

**Employer:**

**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. Date of Birth: / / 4. Sex (check one): [ ]Male [ ]Female**

**5. Your height: ft. in. 6. Your weight: lbs.**

1. **Your job title:**
2. **A phone number where you can be reached by the health care professional who reviews this questionnaire (include Area Code): ( ) \_**
3. **The best time to phone you at this number: A.M. P.M.**
4. **Has your employer told you how to contact the health care professional who will review this questionnaire (check one): [ ]Yes [ ]No**
5. **Check the type of respirator you will use (you can check more than one category)**
6. [ ] N, R, or P disposable respirator (filter-mask, non-cartridge type only).
7. [ ] Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
8. **Have you worn a respirator (check 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 or respirator**

**(please check "yes" or "no").** ***Go to last page of questionnaire to explain any “yes” answers.***

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?**
	1. Seizures (fits): [ ]Yes [ ]No
	2. Diabetes (sugar disease): [ ]Yes [ ]No
	3. Allergic reactions that interfere with your breathing [ ]Yes [ ]No
	4. Claustrophobia (fear of closed-in places): [ ]Yes [ ]No
	5. Trouble smelling odors (except when you had a cold): [ ]Yes [ ]No
3. **Have you ever had any of the following pulmonary or lung problems?**
	1. Asbestosis: [ ]Yes [ ]No
	2. Asthma [ ]Yes [ ]No
	3. Chronic bronchitis: [ ]Yes [ ]No
	4. Emphysema: [ ]Yes [ ]No
	5. Pneumonia [ ]Yes [ ]No
	6. Tuberculosis: [ ]Yes [ ]No
	7. Silicosis: [ ]Yes [ ]No
	8. Pneumothorax (collapsed lung): [ ]Yes [ ]No
	9. Lung cancer: [ ]Yes [ ]No
	10. Broken ribs: [ ]Yes []No
	11. Any chest injuries or surgeries: [ ]Yes [ ]No
	12. 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?**
	1. Shortness of breath: [ ]Yes [ ]No
	2. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: [ ]Yes [ ]No
	3. Shortness of breath when walking with other people at an ordinary pace on level ground [ ]Yes [ ]No
	4. Have to stop for breath when walking at your own pace on level ground [ ]Yes [ ]No
	5. Shortness of breath when washing or dressing yourself: [ ]Yes [ ]No
	6. Shortness of breath that interferes with your job: [ ]Yes [ ]No
	7. Coughing that produces phlegm (thick sputum): [ ]Yes [ ]No
	8. Coughing that wakes you early in the morning [ ]Yes [ ]No
	9. Coughing that occurs mostly when you are lying down: [ ]Yes [ ]No
	10. Coughing up blood in the last month: [ ]Yes [ ]No
	11. Wheezing [ ]Yes [ ]No
	12. Wheezing that interferes with your job: [ ]Yes [ ]No
	13. Chest pain when you breathe deeply [ ]Yes [ ]No
	14. Any other symptoms that you think may be related to lung problem: [ ]Yes [ ]No
5. **Have you ever had any of the following cardiovascular or heart problems?**
	1. Heart attack: [ ]Yes [ ]No
	2. Stroke [ ]Yes [ ]No
	3. Angina: [ ]Yes [ ]No
	4. Heart failure [ ]Yes [ ]No
	5. Swelling in your legs or feet (not caused by walking): [ ]Yes [ ]No
	6. Heart arrhythmia (heart beating irregularly): [ ]Yes [ ]No
	7. High blood pressure [ ]Yes [ ]No
	8. 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?**
	1. Frequent pain or tightness in your chest: [ ]Yes [ ]No
	2. Pain or tightness in your chest during physical activity [ ]Yes [ ]No
	3. Pain or tightness in your chest that interferes with your job: [ ]Yes [ ]No
	4. In the past 2 years, have you noticed your heart skipping or missing a beat.[ ]Yes [ ]No
	5. Heartburn or indigestion that is not related to eating [ ]Yes [ ]No
	6. Any other symptoms that you think may be related to heart or circulation problems:

[ ]Yes[ ]No

1. **Do you currently take medication for any of the following problems?**
	1. Breathing or lung problems: [ ]Yes [ ]No
	2. Heart trouble [ ]Yes [ ]No
	3. Blood pressure [ ]Yes [ ]No
	4. Seizures (fits): [ ]Yes [ ]No
2. **If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9):**

……………………………………………………………......[ ] Never Used a Respirator a. Eye irritation: [ ]Yes [ ]No

1. Skin allergies or rashes: [ ]Yes [ ]No
2. Anxiety [ ]Yes [ ]No
3. General weakness or fatigue [ ]Yes [ ]No
4. Any other problem that interferes with your use of a respirator: [ ]Yes [ ]No
5. **Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?:** [ ]Yes [ ]No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece 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**.

1. **Have you ever lost vision in either eye temporarily or permanently**):..[ ]Yes [ ]No
2. **Do you currently have any of the following vision problems**?
3. Wear contact lenses: [ ]Yes [ ]No
4. Wear glasses: [ ]Yes [ ]No
5. Color blind: [ ]Yes [ ]No
6. Any other eye or vision problem: [ ]Yes [ ]No
7. **Have you ever had an injury to your ears, including a broken ear drum?** [ ]Yes [ ] No
8. **Do you currently have any of the following hearing problems**?
9. Difficulty hearing [ ]Yes [ ]No
10. Wear a hearing aid: [ ]Yes [ ]No
11. Any other hearing or ear problem: [ ]Yes [ ]No
12. **Have you ever had a back injury**? [ ]Yes [ ]No
13. **Do you currently have any of the following musculoskeletal problems**?
14. Weakness in any of your arms, hands, legs, or feet: [ ]Yes [ ]No
15. Back pain: [ ]Yes [ ]No
16. Difficulty fully moving your arms and legs: [ ]Yes [ ]No
17. Pain or stiffness when you lean forward or backward at the waist [ ]Yes [ ]No
18. Difficulty fully moving your head up or down: [ ]Yes [ ]No
19. Difficulty fully moving your head side to side [ ]Yes [ ]No
20. Difficulty bending at your knees [ ]Yes [ ]No
21. Difficulty squatting to the ground: [ ]Yes [ ]No
22. Climbing a flight of stairs or a ladder carrying more than 25 lbs: [ ]Yes [ ]No
23. Any other muscle or skeletal problem that interferes with using a respirator:[ ]Yes [ ]No

**Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

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

1. **At work or at home, 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 if you know them:

1. **Have you ever worked with any of the materials, or under any of the conditions, listed below:**
	1. Asbestos [ ]Yes [ ]No
	2. Silica (e.g., in sandblasting): [ ]Yes [ ]No
	3. Tungsten/cobalt (e.g., grinding or welding this material): [ ]Yes [ ]No
	4. Beryllium [ ]Yes [ ]No
	5. Aluminum: [ ]Yes [ ]No
	6. Coal (for example, mining): [ ]Yes [ ]No
	7. Iron: [ ]Yes [ ]No
	8. Tin: [ ]Yes [ ]No
	9. Dusty environments: [ ]Yes [ ]No
	10. Any other hazardous exposures: [ ]Yes [ ]No

If "yes," describe these exposures:

1. **List any second jobs or side businesses you have:**
2. **List your previous occupations:**
3. **List your current and previous hobbies: \_\_\_\_\_\_\_\_\_\_**
4. **Have you been in the military services?** [ ]Yes [ ]No

If "yes," were you exposed to biological or chemical agents (either in training or combat):

1. **Have you ever worked on a HAZMAT team?.** [ ]Yes [ ]No
2. **Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):**........................................................[ ]Yes [ ]No

If "yes," name the

medications: \_\_\_\_\_\_\_

1. **Will you be using any of the following items with your respirator(s)?**
	1. HEPA Filters: [ ]Yes [ ]No
	2. Canisters (for example, gas masks): [ ]Yes [ ]No
	3. Cartridges: [ ]Yes [ ]No
2. **How often are you expected to use the respirator(s) (check "yes" or "no" for all answers that apply to you):**
	1. Escape only (no rescue): [ ]Yes [ ]No
	2. Emergency rescue only [ ]Yes [ ]No
	3. Less than 5 hours per week: [ ]Yes [ ]No
	4. Less than 2 hours per [ ]Yes [ ]No
	5. 2 to 4 hours per day [ ]Yes [ ]No
	6. Over 4 hours per day [ ]Yes [ ]No
3. **During the period you are using the respirator(s), is your work effort:**
	1. **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.

* 1. **Moderate** (200 to 350 kcal per hour): [ ]Yes [ ]No

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 about 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.

* 1. **Heavy** (above 350 kcal per hour) [ ]Yes [ ]No

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.).

1. **Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator** [ ]Yes [ ]No

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

1. **Will you be working under hot conditions (temperature exceeding 77 deg. F).**…[ ]Yes [ ]No
2. **Will you be working under humid conditions:** [ ]Yes [ ]No
3. **Describe the work you'll be doing while you're using your respirator(s):**
4. **Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):**
5. **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 the first toxic substance:
* Estimated maximum exposure level per shift:
* Duration of exposure per shift:
* Name of the second toxic substance:
* Estimated maximum exposure level per shift:
* Duration of exposure per shift:
* Name of the 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:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPLANATION OF ANY *YES* ANSWERS from previous pages: (Please identify by the question number)**

**I understand the questions above and have answered truthfully and fully to the best of my knowledge.**

**Employee's Signature Date**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*For Medical Provider Use Only\*\*\*\*\*\*\*\*\*\*\*\* Medical Evaluation for Respirator Approval

Physician's Comments:

 Questionnaire Approved Examination Required

 Phone Contact Required Limited Use / Restrictions

Date: Reviewing Physician's Name:

Signature

# Appendix D

**Fit Testing Procedures (29CFR 1910.134 App A)**

**GENERAL PROCEDURES**

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

1. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject’s formal training on respirator use, because it is only a review.

1. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape, and if fitted and used properly, will provide adequate protection.

1. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.

1. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.

1. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:
	1. Position of the mask on the nose
	2. Room for eye protection
	3. Room to talk
	4. Position of mask on face and cheeks

1. The following criteria shall be used to help determine the adequacy of the respirator fit:
	1. Chin properly placed
	2. Adequate strap tension, not overly tightened
	3. Fit across nose bridge
	4. Respirator of proper size to span distance from nose to chin
	5. Tendency of respirator to slip
	6. Self-observation in mirror to evaluate fit and respirator position

1. The test subject shall conduct a user seal check using negative and positive pressure seal checks as demonstrated by the program administrator (see appendix F). Before conducting the negative or positive pressure checks, the subject shall be told to seat the mask on the face by moving the head from side to side and up and down slowly while taking in a few slow deep breaths. Another facepiece will be selected if the test subject fails the user seal check tests.
2. The test shall not be conducted if there is any hair growth between the skin and the facepiece- sealing surface, such as stubble beard growth, beard, mustache, or sideburns which cross the respirator-sealing surface. Any type of apparel that interferes with a satisfactory fit shall be altered or removed.

1. If a test subject exhibits difficulty in breathing during the tests, he/she shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing his or her duties.

1. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.

1. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject’s responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least five minutes before the start of the fit test.

1. The fit test shall be performed while the test subject is wearing any applicable safety equipment that may be worn during the actual respirator use, which could interfere with respirator fit.

***[Use the link below to choose the Fit Testing Procedures that you will use at your facility. You shall copy and paste those procedures into this document under Appendix D]***

<https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134AppA>

# Appendix E

**Working Environment, Medical Approval and Fit Testing Forms**

(To be completed by a licensed health care professional and given to Program Administrator and employee)

**Employee: Employer:**

**ID#**

**Working Environment Form**

Categorization of Workload\* Light Moderate Heavy

Will the user be working under hot conditions (temperature exceeding 77o F (circle one): Yes No Hazards to be protected against (e.g., infectious diseases, dust, fumes, vapors):

Type of respirator to be assigned:

Special Considerations:

**Medical Approval Form**

 This person can wear a respirator without restrictions

 This person can wear a respirator subject to the following restrictions:

 This person cannot use a respirator of the type described above.

*PLHCP Signature Date*

**Fit Testing Form**

Respirator Selected: Type

Manufacturer

Model

 NIOSH Approval Number \_ Size

* Qualitative Fit Testing Protocol

Sensitivity: (circle # of squeezes) Results:

Saccharin (# Squeezes 10, 20, 30) Pass

Bitrex (#Squeezes 10, 20, 30) Pass

Fit Test Agent: Filters/ Cartridges: Results: Saccharin Particulate HEPA Filters Pass

Bitrex Particulate HEPA Filters Pass

* Quantitative Fit Testing Protocol - CNC PortaCount:

Pass (list Fit Factor)

Fail (list Fit Factor)

***Test Conductor’s Signature Date***

Fail Fail

Fail Fail

# Appendix F

**User Seal Check Procedures (Mandatory) (29CFR 1910.134 App B-1)**

The individual who uses a tight – fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer’s recommended user seal check methods shall be used. User seal checks are not a substitute for qualitative or quantitative fit tests.

1. *Facepiece Positive and / or Negative Pressure Checks*

*Positive pressure check:* If the respirator has an exhalation valve, close off the exhalation valve. 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.

*Negative pressure check:* Inhale gently so that the facepiece collapses slightly and hold breath for ten seconds. 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.

1. *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 above positive and /or negative pressure check procedures provided that the employer demonstrates that the manufacturer’s procedures are equally effective.

# Appendix G

**Respiratory Protection Program Assessment**

|  |  |
| --- | --- |
| Health Department: |   |
| Conducted by: |   | Date: |   |
|  |  |  |  |  |

|  |
| --- |
| **This Respiratory Protection Program meets the requirements of 29 CFR 1910.134.** |
| **Yes** | **No** |
| Comments:    Documentation reviewed for year(s)- |

**WRITTEN RESPIRATORY PROTECTION PROGRAM**

|  |
| --- |
| A written respiratory protection program that is specific to your workplace and covers the following: |
| YES | NO | N/A |   |
|  |  |  | Procedures for selecting respirators for use in the workplace |
|  |  |  | Medical evaluations of employees required to use respirators |
|  |  |  | Fit testing procedures for tight-fitting respirators |
|  |  |  | Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations |
|  |  |  | Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators |
|  |  |  | Training of employees in the respiratory hazards to which they are potentially exposed  |
|  |  |  | Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance |
|  |  |  | Procedures for regularly evaluating the effectiveness of the program |
|  |  |  | A qualified Program Administrator is identified |
|  |  |  | Respiratory hazards have been identified and evaluated |
|  |  |  | Written program is updated as necessary to account for changes in the workplace affecting respirator use |
|  |  |  | Equipment, training, and medical evaluations are provided at no cost to employees |
|  |  |  | A physician or other licensed health care professional (PLHCP) is identified to perform medical evaluations |
|  |  |  | Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering facepieces) comply with the medical evaluation, and cleaning, storing and maintenance requirements of the standard |
|  |  |  | Respirators are selected based on the workplace hazards evaluated and workplace and user factors affecting respirator performance and reliability |
|  |  |  | Respirators selected are appropriate for the chemical state and physical form of the contaminant |
|  |  |  | Appendix D of the standard is provided to voluntary users. |
| Comments:  |

**MEDICAL EVALUATION**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | PLHCP does not supervise any of the employees they evaluate for medical clearance |
|  |  |  | All employees have been evaluated to determine their ability to wear a respirator prior to being fit tested and wearing a respirator for the first time |
|  |  |  | The medical evaluations obtain the information requested in Sections 1 and 2, Part A of Appendix C of the standard, 29 CFR 1910.134 |
|  |  |  | Employees are provided follow-up medical exams if they answer positively to any of questions 1 through 8 in Section 2, Part A of Appendix C, or if their initial medical evaluation reveals that a follow-up exam is needed |
|  |  |  | Medical evaluations are administered confidentially during normal work hours, and in a manner that is understandable to employees |
|  |  |  | Employees are provided the opportunity to discuss the medical evaluation results with the PLHCP |
|  |  |  | Written recommendations are obtained from the PLHCP regarding each employee's ability to wear a respirator, and that the PLHCP has given the employee a copy of these recommendations. |
|  |  |  | Employees who are medically unable to wear a negative pressure respirator are provided with a power air-purifying respirator (PAPR) if they are found by the PLHCP to be medically able to use a PAPR or are assigned other duties when respirator use is necessary. |
|  |  |   | The following supplemental information is provided to the PLHCP for decision making:* Type and weight of the respirator
* Duration and frequency of respirator use
* Expected physical work effort
* Additional protective clothing to be worn
* Potential temperature and humidity extremes
* Copies of the Respiratory Protection Program and the Respiratory Protection Standard
 |
|  |  |  | Employees are given additional medical evaluations when:* The employee reports symptoms related to his or her ability to use a respirator
* The PLHCP, Respiratory Protection Program Administrator, or supervisor determines
* that a medical reevaluation is necessary.
* Information from the respiratory protection program suggests a need for reevaluation.
* Workplace conditions have changed in a way that could potentially place an increased burden on the employee's health.
 |
| Comments:  |

**FIT TESTING**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | Employees using tight fitting respirators have passed an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) |
|  |  |  | Fit testing is conducted with the same make, model, and size that the employee will be expected to use at the worksite |
|  |  |  | Fit tests are conducted annually and when different respirators are to be used |
|  |  |  | Provisions are made to conduct additional fit tests in the event of physical changes in the employee that may affect respirator fit |
|  |  |  | Employees are given the opportunity to select a different respirator, and be retested, if their respirator fit is unacceptable to them |
| Comments:   |

**RESPIRATOR SELECTION AND USE**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | Respirators are NIOSH certified, and used under the conditions of certification |
|  |  |  | Enough respirator sizes and models are provided to correctly fit the users |
|  |  |  | Workers using tight-fitting respirators have no conditions, such as facial hair, that would interfere with a face-to-facepiece seal function. |
|  |  |  | Workers wear corrective glasses, goggles, or other protective equipment in a manner that does not interfere with the face-to-facepiece seal. |
|  |  |  | Workers perform user seal checks prior to each use of a tight-fitting respirator. |
|  |  |  | There are procedures for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness, and that, when such conditions exist, you take steps to address those situations. |
|  |  |  | Employees do not return to their work area until their respirator has been repaired or replaced in the event of breakthrough, a leak in the facepiece, or a change in breathing resistance if the use of a respirator is mandatory for the work area. |
| Comments:  |

**RESPIRATOR MAINTENANCE AND CARE**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | Respirators are stored in accordance with manufacturer's recommendations to protect them from damage from the elements, and from becoming deformed. |
|  |  |  | Respirators are stored accessible to the work area. |
|  |  |  | In compartments marked as such. |
|  |  |  | Respirators are inspected before each use. |
|  |  |  | Respirators that have failed inspection are taken out of service. |
|  |  |  | Inspections include:* Check of respirator function.
* Condition of the facepiece.
 |
| Comments:   |

**TRAINING AND INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | Training is understandable to employees. |
|  |  |  | Training is provided prior to employee use of a respirator. |
|  |  |  | Employees can demonstrate knowledge of:* Why the respirator is necessary and the consequences of improper fit, use, or maintenance.
* Limitations and capabilities of the respirator.
* How to effectively use the respirator in emergency situations.
* How to inspect, put on, remove, use, and check the seals of the respirator.
* Maintenance and storage procedures.
* The general requirements of the respirator standard.
 |
|  |  |  | Retraining is provided:* Annually
* Upon changes in workplace conditions that affect respirator use.
* Whenever retraining appears necessary to ensure safe respirator use.
 |
| Comments:  |

**PROGRAM EVALUATION**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | Workplace evaluations are being conducted as necessary to ensure that the written respiratory protection program is being effectively implemented. |
|  |  |  | Employees required to wear respirators are being regularly consulted to assess the employees' views and to identify problems with respirator fit, selection, use and maintenance |
|  |  |  | Any problems identified during assessments are corrected. |
| Comments:   |

**RECORDKEEPING**

|  |  |  |  |
| --- | --- | --- | --- |
| YES | NO | N/A |   |
|  |  |  | Records of medical evaluations are stored in compliance with HIPAA. |
|  |  |  | Fit testing records have been retained. |
|  |  |  | A copy of the current respiratory protection program has been retained. |
|  |  |  | Access to these records is provided to affected employees. |
| Comments:   |