**Sample safety program:**

Respiratory protection

***Insert company name***

**Respiratory protection program**

*(Not intended for structural fire fighting operations)*

**Purpose**

Respirators are to be used only where engineering control of respiratory hazards is not feasible, while engineering controls are being installed, or in those situations where the use of respirators is accepted as an additional safeguard benefiting the employee.

**Administrative duties**

At (***Insert company name)***, our respiratory protection program administrator (RPA) is ***(Insert name*)**. This person is solely responsible for all facets of the program and has full authority to make necessary decisions to ensure the success of this program. The authority of the RPA includes hiring personnel and purchasing equipment necessary to implement and operate the program. The RPA will develop written detailed instructions covering each of the basic elements in this program, and is the sole person authorized to amend these instructions.

The RPA is qualified by appropriate training and experience that is commensurate with the complexity of the program to administer and oversee our respiratory protection program as well as conduct the required evaluations of program effectiveness.

Employees may review a copy of our respiratory protection program. It is in the **(*Insert location)*.** The RPA will review this program periodically to ensure its effectiveness. Only the RPA may amend the written program.

**Determination of needs**

A review of all potentially hazardous atmospheres, operations and/or products will be conducted by ***(Insert name*)** who is responsible for determining if the hazards can be removed or effectively controlled by engineering controls or process change.

Where an identified airborne hazard cannot be effectively controlled, appropriate respiratory protective equipment will be provided to affected employees at no cost to them and replaced as warranted by wear and tear and in accordance with the manufacturer’s recommendations.

***(Insert company name*)** has determined respiratory protection will be required in the following areas:

1.

2.

3.

The areas listed above pose the following respiratory hazards:

1.

2.

3.

**Respiratory protection program**

1. Only authorized and trained employees will utilize respirators. Those employees may use only the respirator that they have been trained and properly fitted to use.
2. Only physically qualified employees will be trained and authorized to use respirators. A pre-authorization and annual certification by a qualified physician will be required and maintained. Any changes in an employee’s health or physical characteristics will be evaluated by a qualified physician.
3. Air purifying respirators will be worn in work environments where oxygen levels are between 19.5 percent to 23.5 percent and with the appropriate air filter/canister, as determined by the manufacturer and approved by NIOSH for the known hazardous exposure. Where the oxygen concentrations are outside of the range listed above, the company will provide air supplied respirators to the affected personnel.
4. Respirators loaned to an employee on "permanent check out" will be the responsibility of the employee for the sanitation, proper storage and security. Respirators lost, stolen or damaged by neglect or unreasonable wear, as determined by management will be replaced and the employee subject to company disciplinary practices associated with company property.
5. Any malfunction of an air purifying respirator (APR), such as breakthrough, facepiece leakage, or improperly working valve will be immediately reported to the department supervisor. The supervisor will ensure that the employee receives the needed parts to repair the respirator or is provided with a new respirator.

**Respirator selection**

Respiratory protection will be selected based on identified exposures, facial characteristics, personal comfort and listed protection factors. A variety of sizes and types will be made available to employees to allow for the most effective and comfortable fit.

Respirators will be provided to the employee in a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits. Where possible, the respirators will be assigned to individual workers for their exclusive use.

The RPA will approve all selections. Outside consultation, manufacturer’s assistance, and other recognized authorities will be consulted if there is any doubt regarding proper selection. Only NIOSH-certified respirators will be used.

**Training**

***(Insert name*)** will provide training to respirator users as to the contents of the respiratory protection program and their responsibilities under it. All affected employees will be trained prior to using a respirator in the workplace.

The training course will cover the following topics:

* The company respiratory protection program
* Respiratory exposures associated with worker operations and their potential health effects
* Proper selection and use of respirators
* Limitations of respirators
* Respirator donning and seal checking
* Fit testing
* Emergency use procedures where applicable
* Maintenance and storage
* Medical signs and symptoms limiting the effective use of respirators
* ***The OSHA Respiratory Protection standard, 1910.134.***

Employees will be receiving training prior to the use of any respirator and retrained annually or as needed (e.g., if they change departments and need to use a different respirator).

Employees will demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented as to the type, model, and size of respirator for which each employee has been trained and fit tested.

**Medical evaluations**

A medical evaluation to determine whether an employee can use a given respirator will be required before a respirator is provided to the employee.

At ***(Insert company name*)**, persons will not be assigned to tasks requiring use of respirators nor fit tested unless it has been determined that they are physically able to perform the work and use the respirator.

Dr. ***(Insert name*)** who maintains a practice at***(Insert company name*)**, will perform an initial medical evaluation either physically or obtain the information using a medical questionnaire.

All medical questionnaires and examinations are confidential and handled during the employee’s normal working hours or at a time and place convenient to the employee. The employee will be provided an opportunity to discuss the questionnaire and examination results with their physician or licensed health care professional (PLHCP).

Before any initial examination or questionnaire is given, the PLHCP will be provided with the following information:

* Type and weight of the respirator to be used by the employee
* Duration and frequency of respirator use (including use for rescue and escape if applicable)
* Expected physical work effort
* Additional protective clothing and equipment to be worn
* Temperature and humidity extremes that may be encountered

Once the PLHCP determines whether the employee can use or not use a respirator, he will send a written recommendation to RPA containing 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 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

**Follow-up examinations**

A follow-up medical examination will be provided if a positive response is given to any question among questions 1 through 8 of the respirator medical questionnaire, or if an employee’s initial medical examination demonstrates the need for a follow-up medical examination. Our follow-up medical examination includes tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

If the respirator to be used by the employee 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, ***(Insert company name*)**, will 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 employee will no longer utilize the PAPR.

**Additional medical examinations**

Additional medical evaluations will be performed 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

A copy of your confidential medical evaluation or questionnaire can be obtained by contacting ***(Insert name*)**.

**Respirator fit testing**

The following procedure will be used to conduct respiratory fit testing:

1. Assure that the employee has been trained on the proper use and operation of the assigned respirator including face seal checks. Negative pressure respirators will be equipped with a high efficiency cartridge for dusts and vapors. The test area is to be well ventilated and the employees conducting the test will be trained in first aid and CPR.
2. Review the safety data sheet (SDS) of the test medium (e.g. irritant smoke) with the employee. Lightly pre-expose the employee to the test medium to check sensitivity. If the employee cannot smell or react to the medium at this point, the test would be voided, and an alternative test completed.
3. Review the testing procedures with the employee and ask if there are any questions. The test procedures should begin only after the employee’s questions have been addressed.
4. Have the employee properly don the respirator in accordance with the manufacturers' recommendations. Have the employee perform either the positive pressure or negative pressure conventional fit checks.
5. Require the employee to wear the respirator for a minimum of 10 minutes. Establish and maintain eye contact and verbal communication during this time.
6. Advise the employee that the medium can be irritating and to close their eyes during the test and if the employee should experience any discomfort or detect the test medium, they are to raise his/her hands to stop the test.
7. Using a hood enclosure, administer the medium inside the hood start with the testing medium emitter within 12 inches of the employee’s face and gradually move to within 1 inch of the face-piece and move completely around the perimeter of the mask.
8. Require the employee complete the following exercises for one minute each:
   1. Normal, regular breathing
   2. Heavy breathing - deep and regular

*Note: Should the employee appear to hyperventilate, immediately stop the test*

* 1. Turning head from side to side and inhale deeply/Advise the employee not to bump the respirator on their shoulders
  2. Nod head up and down and inhale deeply when head returns to the full up-right position/Advise the employee not to bump the respirator on their chest
  3. Have employee slowly and distinctly count out loud backward from 100
  4. Normal, regular breathing

1. If the medium is detected, stop the test immediately and move employee to fresh air. The employee has failed the fit test and should be re-tested after re-establishing a face seal or with another type of respirator. The employee is considered to have passed the fit test if they cannot detect the test medium.
2. Record the respirator(s) properly fitted for use on employee’s training and information card.

**Proper use procedures**

Once the respirator has been properly selected and fitted, its protection efficiency must be maintained by its proper care and use in accordance with this program’s guidelines.

Proper respirator use procedure include:

* Respirators will be cleaned before and after each use.
* Positive and negative pressure checks will be performed before each use.
* Filters and cartridges will be changed out regularly based on the type of filter/cartridge and employee exposure.
* Employees will notify the immediate supervisor when repair or replacement of the respirator needs to be made.

**Facepiece seal protection**

To assure an effective face-to-mask seal, any of the following conditions are prohibited:

* Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function
* Any other condition that interferes with the face-to-facepiece seal or valve function
* Corrective glasses or goggles or other personal protective equipment worn in a manner that interferes with the seal of the facepiece to the face of the user

**Continuing respirator effectiveness**

Appropriate surveillance will be maintained of the 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, a reevaluation will be performed in regard to the effectiveness of the respirator and appropriate actions will be taken to ensure the safety and health of the affected employee(s).

**Procedures for immediately dangerous to life and health (IDLH) atmospheres**

Should it become necessary to train employees for emergency response, the following procedures will be put into place:

* Affected employees will be properly trained in the use of necessary personal protective equipment, including respiratory equipment
* At least one employee will always be located outside the IDLH atmosphere while an employee is in the IDLH atmosphere
* Visual, voice, or signal line communication will be maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere
* The employee(s) located outside the IDLH atmosphere will be trained and equipped to provide effective emergency rescue
* The employer or designee will be notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue
* The employer or designee authorized to do so by **(Insert company name),** once notified, provides necessary assistance appropriate to the situation
* Employee(s) located outside the IDLH atmospheres will be equipped with pressure demand or other positive pressure SCBAs, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or an equivalent means for rescue where retrieval equipment is not required under the bullet item above this one.

**Maintenance and care procedures**

To ensure continuing protection from the assigned respiratory protective devices, the following procedures will be followed.

**Respirators are cleaned and disinfected at the following interval:**

* Respirator issued for the exclusive use of an employee must be cleaned and disinfected as often as necessary to be maintained in a sanitary condition or as directed by the program administrator.
* Respirators issued to more than one employee must be cleaned and disinfected before being worn by different individuals.
* Respirators maintained for emergency use must be cleaned and disinfected after each use.
* Respirators used in fit testing and training must be cleaned and disinfected after each use.

**Storage:**

Storage of respirators must be done properly to ensure that the equipment is protected and not subject to environmental conditions that may cause deterioration. Respirators are stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they are packed or stored by each employee in accordance with company procedures.

If emergency respirators are on site, they will be kept accessible to the work area; stored in containers that are clearly marked as containing emergency respirators; and stored in accordance with any applicable manufacturer instructions.

When crews are at remote job locations and conditions warrant, the program administer will authorize assignment of respirators to all affected employees.

**Inspection:**

To assure the continued reliability of respirator equipment, it must be inspected on a regular basis. Respirators will be inspected before each use and during cleaning

Emergency respirators will be inspected at least monthly and in accordance with the manufacturer’s recommendations, and checked for proper function before and after each use

The inspection process will include:

* Respirator function
* Tightness of connections
* Condition of the various parts including, but not limited to:
* Facepiece
* Head straps
* Valves
* Cartridges, canisters, or filters
* Elastomeric parts for pliability and signs of deterioration
* Cylinder pressure and volume for self-contained breathing apparatus

**Repairs:**

* Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and only with the respirator manufacturer’s NIOSH-approved parts designed for the respirator.
* Respirators that fail an inspection or are otherwise found to be defective are to be immediately removed from service.
* Repairs must be made according to the manufacturer’s recommendations and specifications for the type and extent of repairs to be performed; and
* Reducing and admission valves, regulators, and alarms on air supplied respirator systems will be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

**Discarding of respirators:**

Respirators that fail an inspection or are otherwise not fit for use and cannot be repaired must be discarded. These respirators will be rendered unusable and placed in the appropriate trash container.

**Air quality procedures**

When air-supplied respirators are being used, the quality of the supplied air is critical to the safe use of the equipment. Compressed and liquid oxygen must meet the united states pharmacopoeia requirements for medical or breathing oxygen.

Compressed breathing air must meet at least the requirements for Type 1-Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:

* Oxygen content (v/v) of 19.5-23.5%
* Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less
* Carbon monoxide (CO) content of 10 ppm or less
* Carbon dioxide content of 1,000 ppm or less
* Lack of noticeable odor

**Compressors**

Compressors used to supply breathing air to respirators are required to:

* Prevent entry of contaminated air into the air-supply system.
* Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 deg. C) below the ambient temperature.
* Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters must be maintained and replaced or refurbished periodically following the manufacturer’s instructions; and
* Have a tag containing the most recent change date and the signature of the person authorized by ***(Insert company name*)**, to perform the change. The tag must be maintained at the compressor.
* Ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm for compressors that are not oil-lubricated,
* If only high-temperature alarms are used, the air supply must be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm. For oil-lubricated compressors, use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels.

**Filters, cartridges and canisters**

Ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.

Make sure cartridges and filters are clean before use. Filters should be taken straight out of the original packaging and inserted into the respirator’s threaded connections. Never try to clean a filter or cartridge by washing it or using compressed air. Inspect cartridges for dents, scratches or other damage, particularly the metal sealing bead around the bottom.

**Replacing cartridges and filters**

The following conditions are indications that the cartridges or filters have served their useful life and should be replaced:

* Cartridges: Odor or taste of gases or vapors; eye, nose, or throat irritation.
* Filters: Excessive breathing resistance upon inhalation.

The employee(s) utilizing respiratory protection will be advised of the filter/cartridge replacement scheduled determined by the RPA based on the known materials and anticipated employee respirator use.

**Limitations**

Personal protective equipment, such as a respirator, does not make the employee invulnerable. Proper care and use of the respiratory protective equipment will protect the employee from the atmosphere being protected against.

***Insert company name***

**Worksite specific respiratory protection plan**

**Processes/hazardous products/substances:** \_\_\_\_\_\_

**Atmospheric hazards:**

Oxygen levels:

Monitoring (List the monitoring frequency, method for each atmospheric hazard (i.e., colorimetric tubes, badges, direct reading instrument, low flow pump, etc.), time weighted average, ceiling, short term exposure level, type of sampling (i.e. area or personal breathing zone)and duration of sampling ):

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

Respirators to be used to reduce employees’ exposure to atmospheric hazards (list type, cartridge/canister/filter, etc):

**Authorized employees:**

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

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

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

***Insert company name***

**Respirator program assignment record**

Employee name: Employee no. \_\_\_\_\_\_

Job title: Work location:

**Respirator issue**

Type and weight of respirator to be used:

To be used under the conditions specified here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration and frequency of respirator use:

Expected physical work effort: \_\_\_\_\_\_

Additional protective clothing and equipment to be worn: \_\_\_\_\_\_

Temperature and humidity extremes which may be encountered: \_\_\_\_\_\_\_\_\_\_\_\_

Estimated frequency of cartridge/filter replacement or respirator replacement (disposable and air purifying respirators only:

Circle one: Non-applicable Hourly Twice/shift Daily Weekly Monthly

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_

***Insert company name***

**Respirator program training certificate**

Date: \_\_\_\_\_\_\_\_\_\_

***(Insert employee name*)**, was trained on the use and limitation of the following respirator(s):

This training covered the company respiratory protection program; respiratory hazards encountered in this workplace and their health effects; proper selection and use of respirators; limitations of the respirators; respirator donning and user seal (fit) checks; fit testing; emergency use procedures; maintenance and storage; and medical signs and symptoms limiting the effective use of respirators.

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

Employee signature

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

Name of instructor

***Insert company name***

**Respirator fit test results**

Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fit test method:

(e.g., quantitative, irritant smoke, banana oil)

|  |  |  |
| --- | --- | --- |
| **Type (2 facepiece or full face)** | **Make/Model/Size** | **Fit factor/Results** |
|  |  |  |
|  |  |  |
|  |  |  |

Name of person performing the fit test:

Date:

***Insert company name***

**Monthly respirator inspection**

Type of respirator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year: \_\_\_\_\_\_\_\_\_\_ Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

* Facepiece Assembly
* Tube
* Harness
* Exhalation Valve
* Cartridge/Canister
* Cleaned
* Discrepancies Noted
* Initial

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Insert company name***

**Respiratory protection program training certificate**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

I have received training on the ***(Insert company name)*** respiratory protection program. The Training included the following *(Place an X in all areas that apply)*:

\_\_\_\_\_ Overview of the company respiratory protection program

\_\_\_\_\_ Respiratory protection safety procedures

\_\_\_\_\_ Respiratory protection schedule by job and working conditions

\_\_\_\_\_ Physical and medical qualifications and examinations

\_\_\_\_\_ Respirator operation and use

\_\_\_\_\_ Respirator sanitation and storage requirements

\_\_\_\_\_ Respirator monthly inspection

\_\_\_\_\_ Reviewed workbook test questions and answers

Test Score: \_\_\_\_\_\_\_\_\_

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

Employee's signature Trainer's signature

***Insert company name***

**Respiratory protection program fit testing certificate**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

List all respirators properly fitted:

Manufacturer: Type/Model #: Date Fit Tested:

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

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Employee's signature Fit tester's signature

**Use of non-required respiratory protection**

Read and heed all instructions provided by the manufacturer on the use, maintenance, cleaning and care, as well as warnings regarding the respirator’s limitations.

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 as well as how much it will protect you.   
 Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**Facepiece positive and/or negative pressure checks**

**Positive pressure check:**

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

**Negative pressure check:**

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

**Manufacturer's recommended user seal check procedures:**

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

**Respirator seal check:**

To conduct a user seal check, the worker performs a negative **or** positive pressure fit check.

For the negative pressure check:

Cover the respirator inlets (cartridges, canisters, or seals)

Gently inhale, and

Hold breath for 10 seconds

The facepiece should collapse on the worker's face and remain collapsed.

For the positive pressure check:

Covers the respirator exhalation valve(s); and

Exhale

The facepiece should hold the positive pressure for a few seconds. During this time, the worker should not hear or feel the air leaking out of the face-to-facepiece seal.

Qualitative Fit Testing will be used as the primary testing procedure to assure a proper face to face-piece seal.

Quantitative Fit Testing may be used as appropriate and will be conducted by a third-party testing firm.

***Insert company name***

**Medical questionnaire for respirator users**

***Option A***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_Height:\_\_\_\_\_\_\_\_\_\_Weight:\_\_\_\_\_\_\_\_\_\_

Have you ever worn a respirator before? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, describe any apparent difficulties noted with respirator use.

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

**Have you had or do you now have any of the following:**

**\*Yes No**

Lung disease \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Persistent cough \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Heart trouble \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Allergies \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

History of fainting or seizures \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

High blood pressure \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Diabetes \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Fear of tight or enclosed places \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Shortness of breath \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Heat exhaustion or heat stroke \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Ruptured ear drum \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Defective vision \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

**\*Yes No**

Defective hearing \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Contact lenses or glasses \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Stroke \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Bleeding problems \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Thyroid problems \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Do you wear dentures? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Kidney disease \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Any mental illness \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Are you taking any medications? \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Other conditions that might interfere

with respirator use or result in limited

work ability \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\*Please explain yes answers:

**List prior surgeries and dates:**

Surgery: Date:

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

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

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

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, how many packs per day? \_\_\_\_\_\_\_\_\_\_ For how many years? \_\_\_\_\_\_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, indicate amount: \_\_\_\_\_\_Rare \_\_\_\_\_\_Occasional \_\_\_\_\_\_Moderate \_\_\_\_\_\_Heavy

**Work history:**

Previous employer/Job duties Dates worked:

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

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

***Insert company name***

**Medical evaluation**

***Option B***

Is employee medically able to use the respirator? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_ No

Any limitations on respirator use: \_\_\_\_\_\_

Follow-up medical evaluation on:

(date)

Employee has been provided with copy of this recommendation. \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Physician or other licensed health care provider signature Date