

RESPIRATORY PROTECTION PROGRAM

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I. PURPOSE

- A. This Respiratory Protection Program specifies standard operating procedures to protect all employees from respiratory hazards. In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, mists, sprays, fumes, gases, smokes or vapors, the primary objective shall be to prevent atmospheric contamination. Management must establish work-site specific procedures and elements for required respirator use according to the requirements of 29 CFR 1910.134 (OSHA). Respirators are to be used only where engineering controls of respiratory hazards is not feasible, while engineering controls are being installed or in emergencies. The following program applies to the use of all respirators beyond a dust mask that would be used for voluntary use.
- B. It shall be noted that GTC does not currently perform any activities requiring respiratory protection. Should there be circumstances requiring their use, the following policy has been established.

II. ADMINISTRATIVE DUTIES

Management shall assign a Respiratory Protection Program Administrator. The Program Administrator shall manage each of the basic elements in this program and is authorized to amend these instructions. The Program Administrator shall be qualified by appropriate training and experience that is commensurate with the complexity of the program and reviews this program annually to ensure its effectiveness.

III. RESPIRATOR SELECTION

Respirators shall be selected on the basis of respiratory hazards to which the worker is exposed and workplace factors that affect respirator performance and reliability. A work-site specific hazard assessment shall be conducted to identify contaminants and the potential for employee exposure. Manufacturer's assistance, MSDS's, atmospheric sampling and other recognized data are consulted if there is any question regarding proper selection.

IV. RESPIRATOR TYPES AND USES

The following types of respirators are in use in this facility for the following uses:

V. MEDICAL EVALUATIONS

- A. A medical evaluation to determine whether an employee is able to use a given respirator is an important element of the Respiratory Protection Program and is necessary to prevent injuries, illnesses, and even, in rare cases, death from the physiological burden imposed by respirator use.
- B. Employees 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 assigned work and use the respirator. (Please see Appendix A Procedures for Qualification for Respiratory Protection.)
- C. Management shall utilize a private practice physician and/or licensed respiratory therapist as their (PLHCP) to perform medical evaluations using the medical questionnaire found in Appendix B.
- D. 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 medical questionnaire is administered so that the employee understands its content. All employees are provided an opportunity to discuss the questionnaire and examination results with the PLHCP.
- E. The PLHCP shall be supplied with the following information so that he/she can make an accurate recommendation concerning an employee's ability to use a respirator:
 - 1. Type and weight of the respirator to be used by the employee;
 - 2. Duration and frequency of respirator use (including use for rescue and escape);
 - 3. Expected physical work effort;
 - 4. Additional protective clothing and equipment to be worn;
 - 5. Temperature and humidity extremes that may be encountered.
- F. The PLHCP will submit written documentation of the recommendation regarding the employee's ability to wear the respirator. This recommendation will be submitted to Management only and detail the following:
 - 1. Limitations or restrictions 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;
 - 2. The need, if any, for follow-up medical evaluations; and

3. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

VI. FOLLOW-UP MEDICAL EXAMINATION:

A follow-up medical examination will be provided if a positive response is given to any questions 1 through 8 in Section 2, Part A of Appendix B or if an employee's initial medical examination demonstrates the need for a follow-up medical examination. Follow-up medical examinations may include tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

VII. ADDITIONAL MEDICAL EXAMINATIONS:

Management shall provide additional medical evaluations if:

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

An employee may obtain a copy of the confidential medical evaluation or questionnaire by contacting the PLHCP.

VII. FIT TESTING PROCEDURES

- A. It is axiomatic that respirators must fit properly to provide protection. If a tight seal is not maintained between the face piece and the employee's face, contaminated air will be drawn into the face piece and be breathed by the employee. Fit testing seeks to protect the employee against breathing contaminated ambient air and is one of the core provisions of the Respiratory Protection Program.
- B. In general, fit testing may be either qualitative or quantitative. Qualitative fit testing (QLFT) involves the introduction of a gas, vapor or aerosol test agent into an area around the head of the respirator user. If the user can detect the presence of the test agent through subjective means, such as odor, taste or irritation, the respirator fit is inadequate.

- C. In a quantitative respirator fit test (QNFT), the adequacy of respirator fit is assessed by measuring the amount of leakage into the respirator, either by generating a test aerosol as a test atmosphere, using ambient aerosol as a test agent or using controlled negative pressure to measure the volumetric leak rate. Appropriate instrumentation is required to quantify respirator fit in QNFT.
- D. Management ensures that employees are fit tested at the following times with the same make, model, style and size of respirator that will be used:
 - 1. Before an employee is assigned to a task requiring the use of a respirator with a negative or positive pressure tight-fitting face piece;
 - 2. Whenever a different respirator face piece (size, style, model, or make) is used;
 - 3. At least annually;
 - 4. Whenever the employee reports, the company, 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; and
 - 5. When the employee, subsequently after passing a QLFT or QNFT, notifies the company, Program Administrator, Supervisor, or PLHCP that the fit of the respirator is unacceptable. That employee will be re-tested with a different respirator face piece.
- E. An employee must pass the necessary fit test as required for the specific respirator and as outlined in the protocol and procedures contained in 29 CFR 1910.134 Appendix A:
 - 1. QLFT (Only used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less. May be used to test tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators if tested in the negative pressure mode); or
 - 2. QNFT (May be used to fit test a tight-fitting half face piece respirator that must achieve a fit factor of 100 or greater OR a tight-fitting full face piece respirator that must achieve a fit factor of 500 or greater OR tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators if tested in the negative pressure mode).

Please see Appendix C Respirator Fit-Test Procedures for a copy of the workplace specific fit testing procedures/protocol.

VIII. PROPER USE PROCEDURES

- A. Once the respirator has been properly selected and fitted, its protection efficiency must be maintained by proper use in accordance with 29 CFR 1910.134(g). Policies, procedures, training and observation ensure that respirators are used properly in the workplace.
- B. Management utilizes the following checklist to ensure that proper use procedures include coverage of OSHA requirements:
 - 1. Face piece seal protection
 - Do not permit respirators with tight-fitting face pieces to be worn by employees who have:
 - a. Facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function; or
 - b. Any condition that interferes with the face-to-face piece seal or valve function.
 - 2. If an employee wears corrective glasses or goggles or other personal protective equipment, ensure that such equipment is worn in a manner that does not interfere with the seal of the face piece to the face of the user.
 - 3. For all tight-fitting respirators, ensure that employees perform a user seal check each time they put on the respirator using the procedures detailed in respirator training.
- C. Continuing Respirator Effectiveness
 - 1. Management will be responsible for appropriate surveillance 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, the respirator shall be reevaluated.
 - 2. Ensure that employees leave the respirator use area:
 - 3. If the employee detects vapor or gas breakthrough, changes in breathing resistance or leakage of the face piece, the employee must leave the area to replace or repair the respirator before allowing the employee to return to the work area.
- D. Procedures for IDLH Atmospheres
 - 1. The ONLY time an employee may be required to enter an IDLH atmosphere wearing a supplied air respirator would be in the unlikely

event that an emergency rescue becomes necessary requiring their use. Note: Under normal operating conditions, employees work activities would not require them to work in IDLH environments.

2. If, in the unlikely event that an emergency rescue is identified as IDLH requiring the use of a supplied air respirator, a qualified Rescue Team member will ensure that:
 - a. At least one employee or, when needed, more than one employee is located outside the IDLH atmosphere;
 - b. Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;
 - c. The employee(s) located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue;
 - d. Management is notified before the employee(s) located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue;

IX. MAINTENANCE AND CARE PROCEDURES

A. Management shall maintain company-owned equipment. If it were required to be onsite for a potential hazard, equipment may be purchased or rented from a credible certified source specializing in this field.

B. Cleaning & disinfecting

Management relies on only qualified individuals to maintain respirators while in their possession. Other than general cleaning and disinfecting the face piece, all other maintenance would be the responsibility of the manufacturer. Management would ensure that respirators are cleaned and disinfected using the following procedures:

The respirators are cleaned and disinfected at the following intervals:

Respirator type:	Interval for cleaning and disinfecting:

C. Storage

1. Storage of respirators must be done properly to ensure that the equipment is protected and not subject to environmental conditions that may cause deterioration or deformity. Management ensures that

respirators are stored so as to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals. They are stored in sanitary compartments to prevent deformation of the face piece and exhalation valve. All employees are instructed how to properly store the respirator in training.

2. Emergency respirators shall be kept accessible to the work area stored in compartments that are clearly marked as containing emergency respirators; and they are stored in accordance with applicable manufacturer instructions.

D. Inspection

1. In order to assure the continued reliability of respiratory equipment, it must be inspected on a regular basis. The frequency of inspection is related to the frequency of use. Management requires the following frequencies for inspection:

Respirator type:	Inspected at the following frequencies:

2. In order to meet these intervals, we have created the following schedule(s) to be used for each respirator type:

X. REPAIRS

- A. Management requires that all respirator repairs are performed by the manufacturer or qualified source. Respirators that fail an inspection or are otherwise found to be defective are removed from service and are adjusted, repaired or discarded in accordance with the following procedures:

1. Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such repairs and only with the respirator manufacturer's NIOSH-approved parts designed for the respirator;
2. Repairs must be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and

3. Reducing and admission valves, regulators and alarms must be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

B. Other respirator maintenance:

Management ensures that the manufacturer performs additional respirator maintenance procedures and schedules as per the required standards or manufacturers recommendations:

1. Maintenance schedules per the recommended manufacturer's specifications.
2. Flow/functional test per manufacturer's specifications.
3. Breathing air cylinder hydrostatic re-qualification per the required standards.

XI. AIR QUALITY PROCEDURES

A. When atmosphere-supplying respirators are being used to protect employees, it is essential to ensure that the air supply is of sufficiently high quality. Management ensures that a copy of the most recent Breathing Air Quality Analysis is available to ensure that the air meets the specifications for Type 1-Grade D Breathing Air. The results of the most recent test shall be maintained on file.

B. 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:

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

C. Cylinders Used to Supply Breathing Air to Respirators:

1. Cylinders must be tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR 173 and 178).

2. Cylinders of purchased breathing air must have a certificate of analysis from the supplier that the breathing air meets the requirements for Type 1-Grade D breathing air.
3. The moisture content in the cylinder must not exceed a dew point of -50 deg. F (-45.6 deg. C) at 1 atmosphere pressure.

XII. TRAINING

- A. Employee training is an important part of the respiratory protection program and is essential for correct respirator use. The training objective is to ensure employee comprehension and understanding of all elements of the program.
- B. Respirator training shall be presented in lecture and practical hands-on training and is two-fold covering both the:
 1. Respiratory hazards to which the employees are potentially exposed during routine and emergency situations, and
 2. Proper use of respirators, including putting on (donning) and removing (doffing), any limitations on their use, cleaning, inspection, maintenance and storage.
- C. Training is provided prior to requiring an employee to use a respirator in the workplace.
- D. All employees who are qualified for respirator use receive training annually. Retraining is provided when the following situations occur:
 1. Changes in the workplace or the type of respirator render previous training obsolete;
 2. Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
 3. Any other situation arises in which retraining appears necessary to ensure safe respirator use.
- E. Employees are trained sufficiently to be able to demonstrate comprehension and understanding of all elements of the program: Including but not limited to the following outlined topics to be covered.
 1. Why the respirator is necessary and how improper fit, usage or maintenance can compromise the protective effect of the respirator.
 2. What the limitations and capabilities of the respirator are.
 3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.

4. How to inspect, put on, remove, use and check the seals of the respirator.
5. What the procedures are for maintenance and storage of the respirator.
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
7. The general requirements of 29 CFR 1910.134.

XIII. PROGRAM EVALUATION

- A. Management is committed to providing and maintaining safe equipment, processes and procedures and to responsibly train and manage employees to work in a safe manner. Strive for clear understanding, safe work practices and involvement in the Respiratory Protection Program from every level of the company.
- B. Management conducts an annual evaluation of the Respiratory Protection Program to ensure its effectiveness. If conditions should present themselves that warrant more frequent intervals, an evaluation of the program and any necessary revisions will be conducted at that time.
 1. Conducting evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.
 2. Regularly consulting employees who use respirators, to assess their views on program effectiveness and to identify any problems. Any problems that are identified during this assessment are corrected.
- C. Factors to assess include, but are not limited to:
 1. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance)
 2. Appropriate respirator selection for the hazards to which the employee is exposed
 3. Proper respirator use under the workplace conditions the employee encounters
 4. Proper respirator maintenance

XIV. CONTRACTORS

When outside employers/contractors enter a facility to perform work requiring respiratory protection, Management will coordinate work operations according to the following procedures:

- A. When Management arranges to have contract employees perform work that requires respiratory protection, Management will require the contractor, at a minimum, to conform to the policies and procedures outlined in the OSHA 29CFR 1910.134 Respiratory Protection standard.
- B. Management shall inform the contractor that atmospheric hazards may be present. Management shall inform contractor of associated hazards, MSDSs and any air sampling data that may be available.
- C. Management shall inform the contractor of any precautions or procedures that have been implemented for the protection of employees in or near the atmospheric hazards or work area.
- D. Management shall coordinate work operations with the contractor when both company employees and contractor employees will be working in or near atmospheric hazards simultaneously.
- E. Management shall debrief the contractor at the conclusion of the work operations regarding the Respiratory Protection Program procedures followed and communicate any hazards confronted during work operations.
- F. The contractor shall be responsible for providing all necessary documents and equipment for their employees as set forth in the Respiratory Protection Program.

XV. APPENDICES - References

The following documents are helpful references:

29 CFR 1910.134, Respiratory Protection, and Appendices,
 42 CFR 84, Approval of Respiratory Protective Devices,
 ANSI Z88.2, Respiratory Protection,
 NIOSH Guide to Industrial Respiratory Protection
 NIOSH Guide to the Selection and Use of Particulate Respirators Certified
 Under 42 CFR 84 (4/23/96).

Appendix 2--Respiratory Protection Program Attachments

The following documents are attached to this Respiratory Protection Program:

Appendix A	QUALIFYING A RESPIRATOR WEARER
Appendix B	RESPIRATOR MEDICAL QUESTIONNAIRE
Appendix C	FIT TEST RECORD
Appendix D	VOLUNTARY USE OF REAPIRATOR

Procedures for Qualification for Respiratory Protection

Step 1 Respirator Wearer

Step 2 Complete Respiratory Protection
Medical Questionnaire
With appropriate Appendix E.

Note: This is a confidential medical record and will be viewed by the individual completing the form and the licensed health care professional (PLHCP) only.

Step 3 The PLHCP will submit written documentation of the recommendation regarding the employees' ability to wear the respirator.

Note: This recommendation will be submitted by the PLHCP to the employee and the Human Resources Coordinator only. The employee will be notified of the need for any necessary follow-up and will be required to make scheduling arrangements with the PLHCP.

3(a) **Any limitations to respirator use**

3(b) The need for follow-up medical Evaluations. (e.g. physical, Pulmonary function test, chest X-ray, blood work-up)

3(c) The PLHCP will submit written Documentation of the recommendation regarding the employees' ability to wear a respirator

Step 4 The employee is medically cleared for respirator use.

Step 5 Employee Respirator Training (documentation)

Step 6 Employee Respirator Fit Testing (documentation)

Step 7 Qualified Respirator Wearer

Step 8 Evaluate employee / program effectiveness

Respirator Medical Evaluation Questionnaire
OSHA 29CFR 1910.134

Employee Name (Print): _____
Number: _____

Employee

Employee Signature: _____ Date: _____

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

To the Employee:

Can you read? (circle 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 professional who will review it.

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

1. Today's date: ____ / ____ / ____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male / Female

5. Your height: ____ ft. ____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone where you can be reached by the health care professional who will review this questionnaire (include area code): () _____

9. The best time to reach you at this phone number: _____ (circle one) a.m. / p.m.

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one) Yes / No PLHCP:

11. Check the type of respirator you will use (you can check more than one category):
- a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only),
 - b. _____ Other type (for example, half- or full-face type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes / No

13. If "yes" list type(s):

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

1. Do you currently smoke tobacco, or have you smoked in the last month?: Yes / No

2. Have you ever had any of the following conditions? (If yes, when was your last event, or episode?)

a. Seizures (fits): Yes / No

b. Diabetes (sugar disease): Yes / No

c. Allergic reactions that interfere with your breathing: Yes / No

d. Claustrophobia (fear of closed-in places): Yes / No

e. Trouble smelling odors: Yes / No

3. Have you ever had any of the following pulmonary or lung problems? (If yes, when was your last event, or episode?)

a. Asbestosis: Yes / No

b. Asthma: Yes / No

c. Chronic bronchitis: Yes / No

d. Emphysema: Yes / No

e. Pneumonia: Yes / No

f. Tuberculosis: Yes / No

g. Silicosis: Yes / No

h. Pneumothorax (collapsed lung): Yes / No

i. Lung Cancer: Yes / No

j. Broken ribs: Yes / No

k. Any chest injuries or surgeries: Yes / No

l. Any other lung problem that you've been told about by a medical doctor: Yes / No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath? Yes / No

b. Shortness of breath when walking fast on level ground or walking at a normal pace up a slightly elevated hill or incline? Yes / No

c. Shortness of breath when walking with other people at an ordinary pace on level ground? Yes / No

d. Have to stop for breath when walking at your own pace on level ground? Yes / No

e. Shortness of breath when washing or dressing yourself? Yes / No

f. Shortness of breath that interferes with your job? Yes / No

g. Coughing that produces phlegm (thick sputum)? Yes / No

h. Coughing that wakes you up early in the morning? Yes / No

i. Coughing that occurs mostly when you are lying down? Yes / No

j. Coughing up blood in the last month? Yes / No

k. Wheezing? Yes / No

l. Wheezing that interferes with your job? Yes / No

m. Chest pain when you breathe deeply? Yes / No

n. Any other symptoms that you think may be related to lung problems? Yes / No

5. Have you ever had any of the following cardiovascular or heart problems? Yes / No

a. Heart attack? Yes / No

b. Stroke? Yes / No

c. Angina? Yes / No

d. Heart Failure? Yes / No

e. Swelling in your legs or feet (not associated with walking)? Yes / No

f. Heart arrhythmia (irregular heart beat)? Yes / No

- g. High blood pressure? Yes / No
6. Any other heart problems that you've been told about by a medical doctor? Yes / No
7. Have you ever had any of the following cardiovascular or heart problems?
- a. Frequent pain or tightness in your chest? Yes / No
 - b. Pain or tightness in your chest during physical activity? Yes / No
 - c. Pain or tightness in your chest that interferes with your job? Yes / No
 - d. In the past two years, have you noticed your heart appear to skip or miss a beat?
Yes / No
 - e. Heartburn or indigestion that is not related to eating? Yes / No
 - f. Any other symptoms that you think may be related to heart or circulation
problems? Yes / No
8. Do you currently take any medication prescribed by a medical doctor for any of the following
problems?
- a. Breathing or lung problems? Yes / No
 - b. Heart trouble? Yes / No
 - c. Seizures? Yes / No
9. If you've used a respirator, have you ever had any of the following problems? (If you never
used a respirator, skip this section and go to question 10)
- a. Eye irritation? Yes / No
 - b. Skin allergies or rashes? Yes / No
 - c. Anxiety? Yes / No
 - d. General weakness or fatigue? Yes / No
 - e. Any other problems that interferes with your use of a respirator? Yes / No
 - f. 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 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.

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

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

- a. Wear contact lenses? Yes / No
- b. Wear glasses? Yes / No
- c. Color blind? Yes / No
- d. Any other eye or vision problems? Yes / No

12. Have you ever had an injury to your ears, including broken ear drum? Yes / No

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

- a. Difficulty hearing? Yes / No
- b. Wear a hearing aid(s)? Yes / No
- c. Any other hearing or eardrum problem? Yes / No

14. Have you ever had a back injury for which you received medical treatment? Yes / No

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

- a. Weakness in any of your arms, hands, legs, or feet? Yes / No
- b. Back pain? Yes / No
- c. Difficulty moving your arms or legs? Yes / No
- d. Pain or stiffness when you lean forward or backward at the waist? Yes / No
- e. Difficulty moving your head up or down? Yes / No
- f. Difficulty moving your head side-to-side? Yes / No
- g. Difficulty bending at your knees? Yes / No
- h. Difficulty squatting to the ground? Yes / No
- i. Climbing a ladder or flight of stairs carrying more than 25 pounds? Yes / No
- j. Any other muscle or skeletal problems that interferes with using a respirator? Yes / No

Respirators are an effective method of protection against designated hazards when properly selected and worn. If a respirator is used improperly or not kept clean, the respirator itself, may become hazardous to the worker.

A respirator wearer shall:

- 1. Read and follow all instructions provided by the manufacturer for use, maintenance, cleaning, care, and warnings regarding limitations.*
- 2. Select only respirators certified by NIOSH. Use respirators for protection against materials they were designed to protect against.*

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 5000 feet) or in place that has lower than normal (20.9%) amounts of oxygen? Yes / No

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

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (such as gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? If "yes", name the chemicals if you know of them:

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

- a. Asbestos? Yes / No
 - b. Silica (such as sandblasting)? Yes / No
 - c. Tungsten/cobalt (grinding or welding this material)? Yes / No
 - d. Beryllium? Yes / No
 - e. Aluminum? Yes / No
 - f. Coal (fro example mining)? Yes / No
 - g. Iron? Yes / No'
 - h. Tin? Yes / No
 - i. Dusty environments? Yes / No
- Any other hazardous exposures (if "yes", describe these exposures)?

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

5. List your previous occupations:

6. List your current and previous hobbies:

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

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

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

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in the questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?

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

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

- a. HEPA filters? Yes / No
- b. Canisters (for example, gas masks)? Yes / No
- c. Cartridges? Yes / No

11. How often are you expected to use the respirator(s) - check "yes" or "no" for all the answers that apply to you:

- a. Escape only (no rescue)? Yes / No
- b. Emergency rescue only? Yes / No
- c. Less than 5 hours per week? Yes / No
- d. Less than 2 hours per week? Yes / No
- e. 2 to 4 hours per day? Yes / No
- f. Over 4 hours per day? Yes / No

12. During the period you are using the respirator(s), is your work effort?
(see below for examples of work effort)

Light (less than 200kcal per hour)? Yes / No

If "yes", how long does this period last during the average shift: _____ hours _____ minutes

Moderate (200 to 350 kcal per hour)? Yes / No

If "yes", how long does this period last during the average shift: _____ hours _____ minutes

Heavy (above 350 kcal per hour)? Yes / No

If 'yes', how long does this period last during the average shift: _____ hours _____ minutes

*Examples of **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.*

*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 wheelbarrow with a heavy load (about 100 lbs.) on a level surface.*

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

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

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

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

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

If "yes", describe the work you will be doing while wearing the respirator:

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

17. Provide the following information, if you know it, for each toxic substance that you will be exposed to when you are 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: _____

Name of any other toxic substance you'll be exposed to while wearing your respirator:

18. 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):

RESPIRATORY PROTECTION MEDICAL QUESTIONNAIRE
SUPPLEMENTAL INFORMATION

APPENDIX E

Facility Area: _____

Date: ____ / ____ / ____

Employee Name: _____

Respirator Type:	Respirator Weight:
____ Supplied Air SCBA (Self Contained Breathing Apparatus)	____ 20 - 30 lbs.
____ Supplied Air hose line Unit w/ egress bottle	____ 10 - 20 lbs.
____ ELSA Emergency Escape Apparatus	____ 5 lbs
____ Supplied Air Open-Hood Respirator	____ 2 - 5 lbs.
____ Full Face Air-Purifying Respirator lbs.	____ 2 - 5
____ Half Mask Air-Purifying Respirator	____ 1 - 2 lbs.
____ Dust Mask	

Duration and frequency of use (include use for rescue and escape):

Expected physical work effort:

Additional protective clothing and equipment to be worn:

Environmental extremes, temperature, humidity etc.:

Other:

RESPIRATOR FIT TEST RECORD

1. Employee Name: _____ Date: ___ / ___ / ___
Employee Number: _____
Employee Job Title/Description: _____

2. Employer: _____
Location/Address: _____

3. Respirator Selected: _____ Size: _____
Manufacturer: _____

4. Conditions which could affect respirator fit:

Clean Shaven	_____	Facial Scar	_____	Dentures Absent	_____
1-2 Days Beard Growth	_____	Glasses	_____	None	_____
2+ Days Beard Growth	_____	Moustache	_____	Other	_____

Comments: _____

5. Fit Checks:

Negative Pressure	Pass _____ Fail _____	Not Done _____
Positive Pressure	Pass _____ Fail _____	Not Done _____

6. Fit Testing:

Quantitative Fit Factor _____

Qualitative Isoamyl Acetate:	Saccharin:	Bitrex:
Stannic Chloride:		
Pass _____	Pass _____	Pass _____
Fail _____	Fail _____	Fail _____

Employee demonstrates sensitivity to test agent during sensitivity test: Yes _____ No _____

Fit Factor _____ Filters Used During Test: _____

Comments: _____

7. Employee Acknowledgement of Test Results:
Employee Signature: _____ Date: _____

Test Conducted By: _____ Date: _____

Disclaimer

The above respirator fit test was performed in compliance with current respiratory protection standard protocols on and by the persons listed. The results indicate the performance of the listed respiratory protective device as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. The test conductor express or imply no guarantee that this or identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

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

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use. Maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. Fore 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.