

---

# Respiratory Protection Program

**University of Portland**  
5000 N. Willamette Blvd  
Portland, OR  
97203-5798

September 2013  
Version 2.0

Prepared By:

Environmental Health and Safety



# TABLE OF CONTENTS

<u>Content</u>	<u>Page</u>
<b>SECTION ONE – PURPOSE</b> .....	1
1.1 UNIVERSITY OF PORTLAND.....	1
1.2 STATE OF OREGON .....	1
<b>SECTION TWO – DEFINITIONS</b> .....	2
<b>SECTION THREE - APPLICATION</b> .....	3
<b>SECTION FOUR - RESPONSIBILITIES</b> .....	4
4.1 UNIVERSITY OF PORTLAND.....	4
4.2 PROGRAM ADMINSITRATOR .....	4
4.3 EMPLOYEES.....	4
<b>SECTION FIVE – HAZARD EVALUATION</b> .....	5
<b>SECTION SIX – RESPIRATORS SELECTION</b> .....	6
6.1 INTENT .....	6
6.2 TYPE .....	6
<b>SECTION SEVEN – MEDICAL REQUIREMENTS</b> .....	7
<b>SECTION EIGHT – RESPIRTOR USAGE</b> .....	8
8.1 FIT TESTING.....	8
8.2 RESPIRATOR USE .....	8
8.3 RESPIRATOR MAINTENANCE AND CARE.....	9
<b>SECTION NINE – TRAINING</b> .....	10
<b>APPENDIX I – OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE</b> .....	11
<b>APPENDIX II – FIT TEST PROCEDURES</b> .....	19

# Review and Approval

This University of Portland Respiratory Protection Program is hereby approved and effective as of this date.

---

University Officer Signature	Printed Name	Title	Date
------------------------------	--------------	-------	------

This University of Portland Respiratory Protection Program has been reviewed for content and applicability.

---

Public Safety Representative Signature	Printed Name	Title	Date
--	--------------	-------	------

---

Physical Plant Representative Signature	Printed Name	Title	Date
---	--------------	-------	------

## **SECTION ONE – PURPOSE**

### **1.1 UNIVERSITY OF PORTLAND**

- 1.1.1 The University is dedicated to providing its employees, students, and visitors the safest environment possible.
- 1.1.2 As part of this endeavor, the Respiratory Protection Program is designed to provide for its workers' safety with regard to protecting them from airborne hazards during their work activities.
- 1.1.3 This shall be accomplished by:
  - 1.1.3.1 Evaluating respiratory hazards to select appropriate respirators,
  - 1.1.3.2 Ensuring that employees are medically able to wear respirators,
  - 1.1.3.3 Fit-testing employees with appropriate respirators (if applicable),
  - 1.1.3.4 Establishing procedures to ensure that employees correctly utilize respirators,
  - 1.1.3.5 Ensuring that employees properly maintain and care for their respirators,
  - 1.1.3.6 Ensuring that high-quality breathing air is supplied by means of respirators when required,
  - 1.1.3.7 Conducting on-going respirator training, and
  - 1.1.3.8 Periodically evaluating the Respirator Program's effectiveness.

### **1.2 STATE OF OREGON**

- 1.2.1 It is mandatory by the State to establish and implement a respiratory protection program when:
  - 1.2.1.1 An employee utilizes or has the potential to utilize a respirator during his work practices.
  - 1.2.1.2 Any form of airborne chemical hazard is detected, created, or has the potential to be created in a workspace and occupancy is required.
- 1.2.2 Oregon OSHA Standards § 1910.134 and § 1926.103 are the primary requirements with respect to respirator protection is its use for the University.

## SECTION TWO – DEFINITIONS

- 2.1 Air-Purifying Respirator – a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through an air-purifying element.
- 2.2 Assigned Protection Number – a number that expresses expected level of protection that would be provided by a properly functioning respirator or class of respirators to correctly fitted and trained users.
- 2.3 Cartridge or Canister – a respirator component containing a filter, sorbent, or catalyst that removes specific air contaminants.
- 2.4 Facepiece – a tight-fitting enclosure that fits over the face and forms a protective barrier between the user’s respiratory tract and the ambient air.
- 2.5 Filter – a respirator component that removes solid or liquid particles (aerosols) from the air.
- 2.6 Filtering Facepiece – as utilized in this program, a dust mask; a partial face-fitting cloth designed to keep solid particles (dust and fibers) from being breathed.
- 2.7 Immediately Dangerous to Life and Health (IDLH) – refers to any atmosphere that poses an immediate threat to a worker’s life, would cause irreversible adverse health effects, or would impair the worker’s ability to escape.
- 2.8 Respiratory Hazard – any harmful substance in the air you breathe.
- 2.9 Self-Contained Breathing Apparatus (SCBA) – a type of atmosphere-supplying respirator that is not connected to a stationary source of breathable air; the user carries the air supply.
- 2.10 Supplied-Air Respirator (SAR) – a respirator that uses breathable air supplied through a flexible hose from a stationary source, such as a compressor, isolated from the user.
- 2.11 Tight-Fitting – a condition resulting when an inlet covering forms a complete seal with the user’s face.
- 2.12 Time-Weighted Average (TWA) – data determined from an air-monitoring sample and averaged over a period of time, usually eight hours.

## **SECTION THREE - APPLICATION**

- 3.1 This Respiratory Protection Program is subject to respirators other than “dust masks” and concentrates on air-purifying respirators as defined hereto.
- 3.2 This program applies to all employees who are required to wear respirators during their normal work activities and during emergencies.
- 3.3 All employees required to wear respirators must be enrolled in the University’s Respiratory Protection Program.
  - 3.3.1 Any employee who asks to wear a respirator when one is not required must comply with the medical evaluation, cleaning, maintenance, and storage elements of this program.
  - 3.3.2 Any employee who asks to wear a filtering facepiece (dust mask) is not subject to the medical evaluation, cleaning, maintenance, and storage requirements of this program.
- 3.4 This program shall be periodically reviewed and updated when warranted to reflect changes in the workplace conditions and processes that affect employees’ use of respirators.

## **SECTION FOUR - RESPONSIBILITIES**

### **4.1 UNIVERSITY OF PORTLAND**

- 4.1.1 The University is responsible for providing respirators, as applicable, when needed to protect the health of its employees.
- 4.1.2 The University shall ensure a survey of all respiratory hazards on University property is accomplished, and that it is periodically re-accomplished.

### **4.2 PROGRAM ADMINSTRATOR**

- 4.2.1 The Respiratory Protection Program shall be administered by the Environmental Health and Safety Officer.
- 4.2.2 Responsibilities include:
  - 4.2.2.1 Establishing procedures for selecting respirators,
  - 4.2.2.2 Arranging employees' medical evaluations,
  - 4.2.2.3 Developing fit-test procedures for tight-fitting respirators (if applicable),
  - 4.2.2.4 Developing procedures for proper use of respirators in routine and emergency situations.
  - 4.2.2.5 Developing procedures and schedules for inspecting, cleaning, maintaining, repairing, and storing respirators,
  - 4.2.2.6 Ensuring employee training, to include respiratory hazards and proper use and maintenance of respirators, and
  - 4.2.2.7 Regularly evaluating the Respiratory Protection Program.

### **4.3 EMPLOYEES**

- 4.3.1 Employees who wear respirators must use them in accordance with the instructions and training provided by the University.
- 4.3.2 Employee responsibilities include:
  - 4.3.2.1 Ensuring they store and maintain their respirators according to manufacturer's specifications,
  - 4.3.2.2 If a respirator does not function properly while being utilized, the employee must immediately go to a safe area and report the problem to the Program Administrator.

## **SECTION FIVE – HAZARD EVALUATION**

- 5.1 The University of Portland shall identify and evaluate all workplace respiratory hazards.
- 5.2 A listing of respiratory hazards and their areas shall be filed at the Public Safety Office and the Physical Plant main administrative office.
- 5.3 It is the policy of the University of Portland that the use of respiratory protection is mandatory when its employees perform activities in the areas with known respiratory hazards.



## **SECTION SIX – RESPIRATORS SELECTION**

### **6.1 INTENT**

- 6.1.1 The intent of this program is to define the use of respirators for personal protection against the following airborne contaminants:
  - 6.1.1.1 Organic vapor,
  - 6.1.1.2 Acid gas,
  - 6.1.1.3 Radionuclides,
  - 6.1.1.4 Pesticides,
  - 6.1.1.5 Chlorine gas,
  - 6.1.1.6 Toxic dusts, and
  - 6.1.1.7 Nuisance dust (when required to wear other than a dust mask)

### **6.2 TYPE**

- 6.2.1 Only NIOSH/Oregon OSHA approved respirators are authorized for use during work on behalf of the University of Portland.
  - 6.2.1.1 In the event any additional filters, canisters, or cartridges are needed, they shall be labeled and colored with the NIOSH approved label.
- 6.2.2 Choice of respirator shall be based on the type of air contaminants to which the employee is exposed.
- 6.2.3 Currently, the University does not approve the use of supplied-air respirators.
  - 6.2.3.1 In the event it is determined that supplied-air respirators are needed, all air quality requirements for Grade D air shall be met.

## **SECTION SEVEN – MEDICAL REQUIREMENTS**

- 7.1 Each employee required or asks to wear an air-purifying respirator must be medically evaluated prior to being fit-tested.
- 7.2 The Program Administrator shall make arrangements for each required employee to have a medical evaluation of the information provided by the employee.
  - 7.2.1 The Program Administrator shall provide the employee the Confidential OSHA Respirator Medical Questionnaire (§ 1910.134, Appendix C) to each required employee.
  - 7.2.2 The employee completes the questionnaire and is responsible for its delivery to the professionally licensed health care provider designated by the University.
  - 7.2.3 The health care provider shall approve or disapprove the employee for use of a respirator based on the questionnaire, and may recommend a specific respirator.
    - 7.2.3.1 If a specific respirator is recommended by the health care provider, the Program Administrator shall comply and provide the recommended respirator.
  - 7.2.4 The Program Administrator shall maintain a file of the health care provider's written determination for each employee.
- 7.3 Employees shall receive a follow-up medical evaluation under any of the following conditions:
  - 7.3.1 The employee reports medical signs or symptoms related to respirator use.
  - 7.3.2 The health care provider or Program Administrator recommends a re-evaluation.
  - 7.3.3 A fit test or other program information indicates a need for a re-evaluation.
  - 7.3.4 When changes in the workplace increases respiratory stress to an employee.

## **SECTION EIGHT – RESPIRATOR USAGE**

### **8.1 FIT TESTING**

8.1.1 All employees using a tight-fitting facepiece respirator must pass an appropriate qualitative fit test, which the Program Administrator shall provide and/or administer.

### **8.2 RESPIRATOR USE**

8.2.1 Only approved NIOSH/ Oregon OSHA Respirators are approved for use by employees when conducting work on behalf of the University of Portland.

8.2.2 Employees who have beards, or other conditions that may interfere with the face-to-facepiece seal or valve function, cannot wear tight-fitting respirators.

8.2.2.1 Clean-shaven skin must contact all respirator-sealing surfaces.

8.2.2.2 Personal protective equipment or clothing that interferes with the face-to-facepiece sealing area cannot be used with the respirator.

8.2.3 Employees shall conduct a seal-check before putting on a tight-fitting respirator.

8.2.3.1 Employees must leave the areas in which they wear respirators to wash their faces and their respirators if:

8.2.3.1.1 They detect a facepiece leak,

8.2.3.1.2 Changes in breathing resistance, or

8.2.3.1.3 To change respirators, filters, cartridges, or canister elements.

8.2.4 Each employee requiring a respirator shall wear an approved respirator, properly fitted, at all times while performing an operation in a defined respiratory hazard or in the immediate area (within 10 feet) for an extended period of time (more than 5 minutes) where another employee is performing a hazardous operation that requires the use of a respirator.

8.2.4.1 The following operations are considered to include a respiratory hazard:

8.2.4.1.1 Spray painting,

8.2.4.1.2 Spray or brush painting with materials containing toxic ingredients,

8.2.4.1.3 Cleaning surfaces with organic solvents such as paint thinner, etc.,

8.2.4.1.4 Preventative maintenance on chemical fume hoods,

8.2.4.1.5 Preventative maintenance requiring proximity to discharge from chemical fume hoods,

8.2.4.1.6 Exposure to vapors while pouring, packing, or otherwise handling hazardous waste,

- 8.2.4.1.7 Cleaning spills of hazardous materials,
- 8.2.4.1.8 Mixing or applying pesticides,
- 8.2.4.1.9 Mixing, pouring, or otherwise handling materials containing toxic dusts or radionuclides when an inhalation hazard is present,
- 8.2.4.1.10 Changing or maintaining chlorine gas tanks,
- 8.2.4.1.11 Working in an environment that has a nuisance dust concentration at or exceeding 10 mg/m<sup>3</sup> (8 hour TWA).
- 8.2.5 University employees are not to enter Immediate Dangerous to Life and Health (IDLH) conditions under any circumstances.
  - 8.2.5.1 The University employees currently do not have the training or proper equipment to enter into a designated IDLH.
  - 8.2.5.2 Any IDLH situations or conditions shall be handled by trained professionals or emergency service agencies as acquired by Public Safety.

### **8.3 RESPIRATOR MAINTENANCE AND CARE**

- 8.3.1 Before any new respirator is utilized, it must be washed, cleaned, sanitized, and inspected according to the manufacturer's instructions.
- 8.3.2 Employees shall clean and disinfect their respirators after each use and store them in a sanitary location so that the respirators are not contaminated or damaged.
- 8.3.3 Employees must inspect their respirators before each use and after they are cleaned.
- 8.3.4 Respirator inspections shall include the following:
  - 8.3.4.1 Check for proper respirator function,
  - 8.3.4.2 Tightness of connections,
  - 8.3.4.3 Condition of the respirator straps and the facepiece,
  - 8.3.4.4 Respirator valves, connections tubes, canisters, filters, or cartridges (as applicable).
- 8.3.5 Broken or malfunctioning respirators shall be replaced or repaired by an outside professional company.

## **SECTION NINE – TRAINING**

- 9.1 The Program Administrator is responsible for respirator training to include any fit testing required.
- 9.1.1 Training shall be structured in a way as to certify the employee understands the use and wear of a respirator.
- 9.1.2 Training shall be documented and filed.
- 9.1.3 Training shall be accomplished on an annual basis, or more frequently if the Program Administrator deems necessary.
- 9.2 Before any employee is allowed to wear a respirator for the first time, he/she must receive training and be able to understand the following:
  - 9.2.1 Why the respirator is necessary,
  - 9.2.2 How improper fit or lack of maintenance can compromise the protective effort of the respirator,
  - 9.2.3 The respirator's capabilities and limitations,
  - 9.2.4 How to use the respirator in emergency situations, including when the respirator malfunctions,
  - 9.2.5 How to inspect, put on, check the seals, and remove the respirator,
  - 9.2.6 Proper maintenance and storage of the respirator,
  - 9.2.7 How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator.

## **APPENDIX I – Medical evaluation for respirator use**

### **MEMORANDUM**

To: To whom it may concern  
From:  
Date:  
Re: Medical evaluation for respirator use.

(EMPLOYEE NAME), a University of Portland employee, is required to wear a respirator at work. The University of Portland requests that you provide this employee with a medical evaluation that meets the requirements outlined in the Occupation Health and Safety Administration's Respirator Standard, 1910.134 paragraph (e). We have provided you with this portion of the Respirator Standard. Please follow this procedure when you examine this employee.

An OSHA Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use.

- A. The type and weight of the respirator that will be used:
- B. The duration and frequency of the respirator use:
- C. The expected physical work effort:
- D. Additional protective clothing and equipment that will be worn:
- E. Temperature and humidity extremes experienced during work:

We request that you provide the Environmental Health and Radiation Safety Office with a signed statement on letterhead indicating that the employee is medically able to wear a respirator under the conditions described.

Please feel free to contact me if you have any questions.

(University of Portland Respirator Program Administrator)  
Environmental Health and Safety Officer  
University of Portland  
503.943.7161  
rook@up.edu

Encl.: 1910.134 (e) and OSHA Respirator Medical Evaluation Questionnaire  
File: Respirator Program/emp. fit test

## APPENDIX II – OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

### OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

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

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

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

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (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 number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (      ) \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes / No
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-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes / No  
If yes, what type(s):

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

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month:  
Yes / No
  
2. Have you *ever had* any of the following conditions?
 

a. Seizures (fits):	Yes / No
b. Diabetes (sugar disease):	Yes / No
c. Allergic reactions that interfere with your breathing:	Yes / No
d. Claustrophobia (fear of closed-in places):	Yes / No
e. Trouble smelling odors:	Yes / No
  
3. Have you *ever had* any of the following pulmonary or lung problems?
 

a. Asbestosis:	Yes / No
b. Asthma	Yes / No
c. Chronic bronchitis:	Yes / No
d. Emphysema:	Yes / No
e. Pneumonia:	Yes / No
f. Tuberculosis:	Yes / No
g. Silicosis	Yes / No
h. Pneumothorax (collapsed lung):	Yes / No
i. Lung cancer:	Yes / No
j. Broken ribs:	Yes / No
k. Any chest injuries or surgeries:	Yes / No
l. Any other lung problems that you’ve been told about:	Yes / No
  
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
 

a. Shortness of breath:	Yes / No
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline:	Yes / No
c. Shortness of breath when walking with other people at an ordinary pace on level ground:	Yes / No
d. Have to stop for breath when walking at your own pace on level ground:	Yes / No
e. Shortness of breath when washing or dressing yourself:	Yes / No
f. Shortness of breath that interferes with your job:	Yes / No
g. Coughing that produces phlegm (thick sputum):	Yes / No
h. Coughing that wakes you early in the morning:	Yes / No
i. Coughing that occurs mostly when you are lying down:	Yes / No
j. Coughing up blood in the last month:	Yes / No
k. Wheezing:	Yes / No
l. Wheezing that interferes with your job:	Yes / No
m. Chest pain when you breathe deeply:	Yes / No
n. Any other symptoms that you think may be related to lung problems:	Yes / No
  
5. Have you *ever had* any of the following cardiovascular or heart problems?



- |   |          |
|---|----------|
| <b>a. Heart attack:</b>   | Yes / No |
| <b>b. Stroke:</b>   | Yes / No |
| <b>c. Angina:</b>   | Yes / No |
| <b>d. Heart failure:</b>  | Yes / No |
| <b>e. Swelling in your legs or feet (not caused by walking):</b>  | Yes / No |
| <b>f. Heart arrhythmia (heart beating irregularly):</b>   | Yes / No |
| <b>g. High blood pressure:</b>  | Yes / No |
| <b>h. Any other heart problem that you've been told about:</b>  | Yes / No |
| <br>  |          |
| <b>6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?</b>   |          |
| <b>a. Frequent pain or tightness in your chest:</b>   | Yes / No |
| <b>b. Pain or tightness in your chest during physical activity:</b>   | Yes / No |
| <b>c. Pain or tightness in your chest that interferes with your job:</b>  | Yes / No |
| <b>d. In the past two years, have you noticed your heart skipping or missing a beat:</b>  | Yes / No |
| <b>e. Heartburn or indigestion that is not related to eating:</b>   | Yes / No |
| <b>f. Any other symptoms that you think may be related to heart or circulation problems:</b>  | Yes / No |
| <br>  |          |
| <b>7. Do you <i>currently</i> take medication for any of the following problems?</b>  |          |
| <b>a. Breathing or lung problems:</b>   | Yes / No |
| <b>b. Heart trouble:</b>  | Yes / No |
| <b>c. Blood pressure:</b>   | Yes / No |
| <b>d. Seizures (fits):</b>  | Yes / No |
| <br>  |          |
| <b>8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, check the following space and go to question 9):</b> |          |
| <br>  |          |
| <b>a. Eye irritation:</b>   | Yes / No |
| <b>b. Skin allergies or rashes:</b>   | Yes / No |
| <b>c. Anxiety:</b>  | Yes / No |
| <b>d. General weakness or fatigue:</b>  | Yes / No |
| <b>e. Any other problem that interferes with your use of a respirator:</b>  | Yes / No |
| <br>  |          |
| <b>9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire:</b>                                       | 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.**

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 problem: Yes / No
12. Have you *ever had* an injury to your ears, including a 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: Yes / No
  - c. Any other hearing or ear problem: Yes / No
14. Have you *ever had* a back injury: 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 fully moving your arms and legs: Yes / No
  - d. Pain or stiffness when you lean forward or backward at the waist: Yes / No
  - e. Difficulty fully moving your head up or down: Yes / No
  - f. Difficulty fully 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 flight of stairs or a ladder carrying more than 25 lbs: Yes / No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: 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

2. 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: \_\_\_\_\_

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

- |  |          |
|--|----------|
| <b>a. Asbestos:</b>  | Yes / No |
| <b>b. Silica (e.g., in sandblasting):</b>                            | Yes / No |
| <b>c. Tungsten/cobalt (e.g., grinding or welding this material):</b> | Yes / No |
| <b>d. Beryllium:</b>   | Yes / No |
| <b>e. Aluminum:</b>  | Yes / No |
| <b>f. Coal (for example, mining):</b>                                | Yes / No |
| <b>g. Iron:</b>  | Yes / No |
| <b>h. Tin:</b>   | Yes / No |
| <b>i. Dusty environments:</b>  | Yes / No |
| <b>j. Any other hazardous exposures:</b>                             | Yes / No |

If yes, describe these exposures:

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

**5. List your previous occupations:**

**6. List your current and previous hobbies:**

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

If yes, were you exposed to biological or chemical agents (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 this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):** Yes / No

If yes, name the medications if you know them:

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

<b>a. HEPA Filters:</b>	Yes / No
<b>b. Canisters (for example, gas masks):</b>	Yes / No
<b>c. Cartridges:</b>	Yes / No

**11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?**

- |                                    |          |
|------------------------------------|----------|
| <b>a. Escape only (no rescue):</b> | Yes / No |
| <b>b. Emergency rescue only:</b>   | Yes / No |

- c. Less than 5 hours *per week*: Yes / No  
 d. Less than 2 hours *per day*: 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:  
 a. *Light* (less than 200 kcal per hour): Yes / No

If yes, how long does this period last during the average shift:  
 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

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

- b. *Moderate* (200 to 350 kcal per hour): Yes / No

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

Examples of moderate work efforts 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 35lbs.) at trunk level; walking on a level surface about 2mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. Heavy (above 350kcal 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 50lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or shipping castings; walking up an 8-degree grade about 2mph; 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 77° F.): Yes / No

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

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

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

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

1.) Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

2.) Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

3.) Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

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

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

# **APPENDIX III**

## **FIT TEST REPORT**

### **MEMORANDUM**

To: Name  
From:  
Date:  
Re: Respirator use

This is to confirm that you received training and passed a qualitative respirator fit test with the following equipment:

Respirator Manufacturer:  
Model:  
Type:  
Size:

You may only use this respirator for the following tasks:

Specify conditions and tasks

You should not use this respirator for any chemical or biological exposure or activity not listed above without approval from this office. This fit test must be repeated before Date.

In addition to the respirator you must wear list other PPE if applicable

You were also provided with list other hazard awareness information such as MSDS or other literature provided to the employee if applicable

Please contact me if you have any questions.

Encl. File: Respirator Program/emp. fit test

# APPENDIX IV

## FIT TESTING PROCEDURES

The following test exercises are to be performed for all fit testing methods prescribed in this appendix, except for the CNP method. A separate fit testing exercise regimen is contained in the CNP protocol. The test subject shall perform exercises, in the test environment, in the following manner:

- (1) **Normal breathing.** In a normal standing position, without talking, the subject shall breathe normally.
- (2) **Deep breathing.** In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.
- (3) **Turning head side to side.** Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
- (4) **Moving head up and down.** Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
- (5) **Talking.** The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the *Rainbow Passage*, count backward from 100, or recite a memorized poem or song.

### Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

- (6) **Grimace.** The test subject shall grimace by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)
- (7) **Bending over.** The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.
- (8) **Normal breathing.** Same as exercise (1).

# APPENDIX V

## Information for Employees who Voluntarily Use Respirators

SubPart Title: Personal Protective Equipment

APPENDIX D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

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

### You should do the following:

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

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Administrator: \_\_\_\_\_ Date: \_\_\_\_\_