

A respiratory protection program for employees required to wear respirators during normal work operations and emergencies

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Purpose

This program ensures that **[name of your company]** employees are protected from airborne chemical hazards during their work. Engineering controls such as ventilation and substitution of less toxic materials are preferred protection methods. However, for some tasks and during emergencies respirators are necessary to protect employees. To ensure that employees who wear respirators are protected from airborne chemical hazards, **[name of your company]** will do the following:

- Evaluate respiratory hazards to ensure employees have appropriate respirators.
- Ensure that employees are medically able to wear respirators.
- Fit-test employees with the appropriate respirators.
- Train employees to use and maintain their respirators.
- Evaluate this program periodically to ensure that it is effective.

Scope and application

This program applies to all employees who are required to wear respirators during their work and during emergencies such as spills of a hazardous substance. Employees participate in the respiratory protection program at no cost; the costs for medical evaluations, fit testing, and respirators will be paid by **[name of your company]**.

Responsibilities

Program administrator

The program administrator is responsible for administering the respiratory protection program and has the following duties:

- Identify the work areas, processes or tasks that require employees to wear respirators and evaluate the hazards.
- Select appropriate respirators for employees.
- Ensure that employees use respirators in accordance with NIOSH certifications.
- Ensure that employees receive respiratory protection training.
- Ensure that employees store and maintain respirators properly.
- Manage respirator fit testing.
- Manage medical surveillance of employees.
- Maintain required records.
- Inform contractors of this company's respiratory protection requirements.
- Evaluate the respiratory protection program.
- Update the respiratory protection program when necessary.

The program administrator is **[name of the program administrator]**.

Supervisors

Supervisors will ensure that the respiratory protection program is implemented in their work areas. Supervisors must understand the requirements of this program and ensure that the employees under their charge understand the requirements. Supervisors have the following responsibilities:

- Ensure that employees under their supervision have received appropriate training, fit testing, and medical evaluations.
- Ensure that appropriate respirators and accessories are available.
- Know the tasks that require respiratory protection.
- Enforce the proper use of respirators.
- Ensure that respirators are cleaned, maintained, and stored as required by this program.

- Monitor work areas to identify respiratory hazards.
- Work with the program administrator to address respiratory hazards and other program concerns.

Employees

Employees must wear their respirators in the manner in which they were trained and do the following:

- Care for and maintain their respirators as instructed and store them in a clean sanitary location.
- Inform their supervisor if the respirator no longer fits and request a new one that fits properly.
- Inform their supervisor or the program administrator about respiratory hazards or other concerns that they have regarding the respiratory protection program.

Hazard evaluations

The program administrator will select respirators based on the hazards to which workers are exposed and in accordance with Oregon OSHA requirements. The program administrator will conduct a hazard evaluation for each work process or area where airborne contaminants may be present during routine operations or emergencies. The evaluation must include the following:

- Identification and development of a list of hazardous substances used in the workplace by department or work process.
- Review of work processes to determine where potential exposures to these hazardous substances may occur. This review will be conducted by surveying the workplace, reviewing process records, and talking to employees and supervisors.

Hazard evaluations should also include exposure monitoring to quantify potential hazardous exposures.

The program administrator must revise and update the hazard assessment any time there are changes in the workplace that may affect exposure. Employees who feel that respiratory protection is necessary must contact their supervisor or the program administrator. The program administrator will evaluate the hazards and inform the employees about the evaluation results. If respiratory protection is necessary all elements of this program will apply and this program will be updated.

NIOSH certifications

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and used according to the terms of that certification. All filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label; the label must not be removed or defaced.

Medical evaluations

Employees who are required to wear respirators or who choose to wear respirators other than dust masks must have a confidential medical evaluation to ensure that their safety and health is not at risk. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing a medical evaluation will not be permitted to work in areas that require respirators.

A licensed physician at **[address of your medical service provider]** will conduct medical evaluations.

- The medical evaluation will be conducted with the questionnaire in Appendix C, 1910.134. The program administrator will provide a copy of this questionnaire to each employee who requires a medical evaluation.
- The company will attempt to assist employees who are unable to read the questionnaire. When this is not possible, an employee will be sent directly to the physician for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire and a stamped, pre-addressed envelope to complete and return to the physician. Employees will be permitted to fill out the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by 1910.134 or **[name of the licensed physician]**.
- All employees will have the opportunity to speak to the physician about their medical evaluation.
- The program administrator will provide **[name of the licensed physician]** with the following information:
 - A copy of this respiratory protection program, a copy of 1910.134, and a list of hazardous substances by work area
 - The name of each employee who needs a medical evaluation and his or her work area or job title
 - The employee's proposed respirator type and weight
 - The length of time the employee is required to wear the respirator
 - The employee's expected physical work load (light, moderate, or heavy), potential temperature and humidity extremes of the work area, and a description of protective clothing the employee must wear
- Any employee required to wear a positive-pressure air-purifying respirator for medical reasons will be provided with a powered air-purifying respirator.

Additional medical evaluations will be provided under the following circumstances:

- The employee reports signs or symptoms related to his or her ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing
- The supervisor informs the program administrator that the employee needs to be re-evaluated
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee

Information from medical examinations and questionnaires is confidential and can be shared only between the employee and the physician.

Fit Testing

Fit testing is required for employees who wear the following types of respirators: **[identify the types of respirators]**. Employees who voluntarily wear respirators may also be fit tested upon request.

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air-purifying respirators is to be conducted in the negative pressure mode.

Fit testing will be conducted with one of the acceptable methods shown in the table below:

Acceptable fit-test methods for typical respirator facepieces		
Respirator/facepiece	Qualitative fit test	Quantitative fit test
Half-face negative-pressure air-purifying respirator (including dust masks)	Yes	Yes
Full-face negative-pressure air-purifying respirator used in atmospheres up to 10 times the PEL	Yes	Yes
Full-face negative-pressure air-purifying respirator used in atmospheres greater than 10 times the PEL	No	Yes
Powered air-purifying respirators (PAPRs)	Yes	Yes
Supplied-air respirators (SARs) or self-contained breathing apparatus (SCBA) used in the negative-pressure (demand) mode	No	Yes
SARs or SCBAs used in the positive-pressure (pressure demand) mode	Yes	Yes
SCBAs used for structural fire fighting (positive pressure)	Yes	Yes
SCBAs and SARs for atmospheres immediately dangerous to life and health (IDLH), positive pressure	Yes	Yes

- Qualitative fit tests (QLFT) cannot be used for negative pressure APRs in atmospheres greater than 10 times the PEL.
- Quantitative fit tests (QNFT) must achieve a fit factor of at least 100 for a tight-fitting half mask and at least 500 for a tight-fitting full facepiece.
- Follow the fit-test procedures in 1910.134, Appendix A, regardless of the test method.

Respirator use

General use

Employees will use their respirators as required by this program and in accordance with the training they receive. Respirators will not be used in a manner for which NIOSH or the manufacturer does not certify them.

Employees must conduct user seal checks each time that they wear their respirators. Employees must use the positive and negative pressure checks specified in Appendix B-1, 1910.134.

Employees will be permitted to leave their work areas to clean their respirators, to change filters or cartridges, replace parts, or to inspect respirators if they stop functioning. Employees should notify a supervisor before leaving a work area.

Employees are not permitted to wear tight-fitting respirators if they have conditions such as facial scars, facial hair, or missing dentures that prevent them from achieving a good seal. Facial hair must not contact sealing surfaces or interfere with the valve function. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

Voluntary use

Employees who choose to wear respirators will receive a copy of Appendix D, 1910.134, which explains the requirements for voluntary use of respirators. Any employee who voluntarily wears a respirator other than a dust mask is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with the information specified in this section of the program.

Dust masks: Employees who voluntarily wear dust masks are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

The program administrator will authorize voluntary use of respirators as requested by all other employees on a case-by-case basis, depending on workplace conditions and medical evaluation results.

Escape respirator

Escape respirators are for emergencies only and must be inspected before being carried into the workplace. When the emergency alarm sounds, employees in **[identify work areas]** must immediately don emergency escape respirators, shut down equipment, and evacuate to designated safe areas. The **[name of your company]** emergency action plan describes emergency evacuation procedures.

Respirator malfunction

Respirators that are defective or that have defective parts must be removed from service immediately. An employee who discovers a defect in a respirator must inform his or her supervisor who will give the respirators to the program administrator. The program administrator will decide whether to take the respirator out of service, fix it on the spot, or dispose of it.

The employee must discontinue use and inform his or her supervisor that the respirator is not working correctly. The supervisor must ensure that the employee receives parts to repair the respirator or receives another respirator.

Locations immediately dangerous to life or health

The program administrator has identified the following locations as immediately dangerous to life or health (IDLH): **[identify IDLH locations]**

- At least one person must stay immediately outside the IDLH atmosphere to respond to emergencies.
- The person entering the IDLH atmosphere and the person outside the IDLH atmosphere must maintain visual, voice, or signal contact.
- The person outside the IDLH atmosphere must be trained and equipped to respond to the emergency.
- The person outside the IDLH atmosphere must use a positive- pressure SCBA or positive- pressure supplied-air respirator with auxiliary SCBA and appropriate rescue retrieval equipment.
- The program administrator or another designated person must be notified before an emergency responder enters the IDLH atmosphere.

Air quality in atmosphere-supplying respirators

Only Grade D breathing air will be used for atmosphere-supplying respirators. The program administrator will coordinate deliveries of compressed air with the vendor. The vendor must certify that the air in the cylinders meets Grade D breathing-air specifications.

Cleaning, maintenance, change schedules and storage

Cleaning

Respirators must be regularly cleaned and disinfected at the respirator cleaning station **[identify the location]**. Respirators must be cleaned as often as necessary to keep them sanitary.

Atmosphere supplying and emergency use respirators must be cleaned and disinfected after each use.

The following procedure must be used for cleaning and disinfecting respirators:

1. Disassemble respirator. Remove filters, canisters, or cartridges.
2. Wash the facepiece and parts in warm water with a mild detergent. Do not use organic solvents.
3. Rinse completely in clean warm water.
4. Wipe the respirator with disinfectant wipes.
5. Air dry the respirator in a clean area.
6. Reassemble the respirator, inspect it, and replace defective parts.
7. Put the respirator in a clean, dry, plastic bag or other air-tight container.

The program administrator will ensure an adequate supply of appropriate cleaning and disinfection materials at the cleaning station. Employees should contact their supervisor or the program administrator when supplies are low.

Maintenance

Respirators must be properly maintained to ensure that they work properly. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts must be replaced. No components will be replaced or repairs made except those recommended by the manufacturer. The manufacturer must repair the regulators or alarms of atmosphere-supplying respirators.

The following checklist must be used to ensure respirators are properly inspected:

Respirator inspection checklist	
Facepiece	<input type="checkbox"/> No cracks, tears, or holes <input type="checkbox"/> No facemask distortion <input type="checkbox"/> No cracked or loose lenses or face shields
Head straps	<input type="checkbox"/> No breaks or tears <input type="checkbox"/> No broken buckles
Valves	<input type="checkbox"/> No residue or dirt, cracks, or tears in valve material
Filters and cartridges	<input type="checkbox"/> NIOSH approved <input type="checkbox"/> Gaskets seat properly <input type="checkbox"/> No cracks or dents in housing <input type="checkbox"/> Proper cartridge for hazards
Air supply systems	<input type="checkbox"/> Breathing-quality air is used; breathing air meets requirements in ORS 1910.134(i)(5)-(7). <input type="checkbox"/> Supply hoses are in good condition <input type="checkbox"/> Hoses are properly connected <input type="checkbox"/> Settings on regulators and valves are correct

Employees are permitted to leave their work to maintain their respirators in a designated safe area under the following circumstances:

- To wash their own faces and the respirators' facepieces to prevent eye or skin irritation
- To replace filters, cartridges, or canisters
- When they detect vapor or gas breakthrough or leakage in the facepiece or detect other damage to the respirator or its components

Change Schedules

Air-purifying particulate filters, cartridges, or filtering facepieces must be replaced when breathing resistance increases, the cartridge surface is contaminated, or when the filter is damaged.

Note to users of this program. Gases and vapors, odor and irritation are not considered adequate warnings. Because end-of-service-life indicators (ESLI) are available for a limited number of chemicals, employers must develop change-out schedules for cartridges and canisters used with air-purifying respirators for protection against gases and vapors.

Respirator storage

Respirators must be stored in a clean, dry area in accordance with the manufacturer's recommendations. Employees must clean and inspect their air-purifying respirators in accordance with the provisions of this program and store them in a plastic bags in their own lockers. Each employee's name must be on the bag and the bag must be used only to store the respirator.

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The program administrator will store unused respirators and respirator components in their original manufacturer's packaging in **[identify location]**.

Training

The program administrator will ensure training is provided to respirator users and supervisors. Employees must be trained before using a respirator. Supervisors must be trained before using a respirator or supervising employees who wear respirators. Training will cover the following topics:

- This respiratory protection program
- The Oregon OSHA respiratory protection standard, 1910.134
- Respiratory hazards and their health effects
- Selection and use of respirators
- Limitations of respirators
- How to put on respirators and perform user seal checks
- Fit testing
- Emergency procedures
- Maintenance and storage
- Medical signs and symptoms that limit the use of respirators

Employees must be retrained annually and whenever they change jobs or use a different respirator. Employees must demonstrate their comprehension through hands-on exercises and a written test. The program administrator will document the training, including the type, model, and size of respirator for which each employee has been trained and fit tested.

Program evaluation

The program administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are implemented. Evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring, and a records review. Problems discovered during evaluations must be documented in an inspection log, addressed by the program administrator, and reported to management. The report must recommend how and when to correct each problem.

Documentation and recordkeeping

A written copy of this program and 1910.134 are kept in the program administrator's office and are available to employees who wish to review them. Also maintained in the program administrator's office are copies of training and fit-test records which are updated when new employees are trained, when employees receive refresher training, and when new fit tests are conducted.

Medical questionnaires and the physician's documented findings are confidential and will remain at **[address of your medical service provider]**. The program administrator will keep only the physician's written recommendation for each employee to wear a respirator.

Appendix D to §1910.134 – Information for employees using respirators when not required under the standard (mandatory)

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.

[63 FR 1270, Jan. 8, 1998; 63 FR 20098, 20099, Apr. 23, 1998]

Stat. Auth.: ORS 654.025(2) and 656.726(3).

Stats. Implemented: ORS 654.001 through 654.295.

Hist: OR-OSHA Admin. Order 3-1998, f. 7/7/98, ef. 7/7/98.

Fill-in forms

Form 1: Required respirators — determined through hazard assessments

Note: the first row below is an example.

Required respirators at [name of your company]			
Respirator	Area affected	Employees affected	Hazard
Filtering facepiece-N95	Pre-sanding	J. Joplin G. Parsons	Ventilation controls on sanders are in place, but employees continue to be exposed to wood dust levels from 7.0-10.3 mg/m ³ (8-hour time-weighted average (TWA). OR-OSHA PEL, 10 mg/m ³ .

Form 2: Respirators for voluntary use — determined through hazard assessments

Note: the first row below is an example.

Respirators for voluntary use at [name of your company]			
Respirator	Area affected	Employees affected	Hazard
Filtering facepiece-N95	Assembly	J. Morrison J. Jett	Ventilation controls on sanders are in place. Employee exposures are less than 2.5 mg/m ³ (8-hour time-weighted average (TWA). OR-OSHA PEL, 10 mg/m ³ . Respirators are not required, but dust masks are available for employee use.

Form 3: Work areas that require escape respirators

Note: the first row below is an example.

Employees who work in the following areas must use respirators during emergencies.

Area	Emergency	Location of escape respirator
<i>Spray-booth cleaning area</i>	<i>Spill of hazardous waste</i>	<i>Locker 1 in spray booth area</i>

Form 4: Locations immediately dangerous to life or health

The program administrator has identified the following locations as immediately dangerous to life or health (IDLH):

Note: the first row below is an example.

Location	Condition/hazards	Permit-required confined space?	Required respirators
<i>Dip tank #1</i>	<i>Employees must periodically enter dip tank #1 for maintenance or repairs. Dip tank #1 exposes employees to organic vapors</i>	<i>Yes (Note to users of this program: If "Yes," employees must also follow requirements in 1910.146, Permit-required confined spaces.)</i>	<i>Full-face pressure demand SCBA</i>

Form 5: Medical release

Information provided to the physician

Employee name:

Date:

Job:

Work location:

Type and weight of respirator:

To be used under the following conditions:

- *Duration and frequency of use:*
- *Expected physical effort:*
- *Additional protective clothing and equipment:*
- *Environmental temperature and humidity extremes:*

Estimated frequency of cartridge/filter replacement:

Medical evaluation: physician release

Is employee medically able to use the respirator? Yes No

Identify any limitations on respirator use:

If a follow-up medical evaluation is required, date:

Employee has been given a copy of this recommendation. Yes No

Signature of physician
or other licensed health-care provider: _____

Date: _____

Form 6: Medical evaluation questionnaire from 1910.134, Appendix C

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 is convenient for you. To maintain your confidentiality, your employer or supervisor must not see your answers. Your employer will tell you how to deliver this questionnaire to the health-care professional who will review it.

To obtain this form in Spanish, go to the CD's main page and see "Spanish-language resources."

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 (*check one*): Male Female
5. Your height: feet inches
6. Your weight: pounds
7. Your job title:
8. A phone number where you can be reached by the health-care professional who reviews this questionnaire (*Include 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? (*Check one*) Yes No
11. Check the type of respirator you will use (you can check more than one category):
 - N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - Other type (for example, half- or full-facepiece type, powered air-purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator? (*Check one*) Yes No
If yes, what type(s):

Part A. Section 2. Mandatory

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator. (Check “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. Chest injuries or chest surgeries Yes No
 - l. Any other lung problem that you’ve been told about Yes No

- 4. Do you currently have any of the following symptoms of pulmonary or lung illness?
 - 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. Do you have to stop for breath when walking at your own pace on level ground..... Yes No

- e. Do you have shortness of breath when washing or dressing yourself..... Yes No
- f. Do you have shortness of breath that interferes with your job..... Yes No
- g. Do you have coughing that produces phlegm (thick sputum) Yes No
- h. Do you have coughing that wakes you early in the morning Yes No
- i. Do you have coughing that occurs mostly when you are lying down Yes No
- j. Have you coughed up blood in the last month Yes No
- k. Do you wheeze Yes No
- l. Do you have wheezing that interferes with your job..... Yes No
- m. Do you have chest pain when you breathe deeply..... Yes No
- n. Do you have 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?

- a. Heart attack Yes No
- b. Stroke..... Yes No
- c. Angina..... Yes No
- d. Heart failure Yes No
- e. Swelling in your legs or feet (not caused by walking)..... Yes No
- f. Heart arrhythmia (*heart beating irregularly*)..... Yes No
- g. High blood pressure..... Yes No
- h. Any other heart problem that you've been told about Yes No

6. Have you ever had any of the following cardiovascular or heart symptoms?

- 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
skipping or missing 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

7. Do you take medication for any of the following problems?
- a. Breathing or lung problems..... Yes No
 - b. Heart trouble Yes No
 - c. Blood pressure Yes No
 - d. Seizures (fits) Yes No
8. If you've used a respirator, have you ever had any of the following problems?
(If you've never used a respirator, go to question 9.)
- a. Eye irritation Yes No
 - b. Skin allergies or rashes Yes No
 - c. Anxiety..... Yes No
 - d. General weakness or fatigue Yes No
 - e. Any other problem that interferes with your use of a respirator Yes No
9. 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-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (*temporarily or permanently*)..... Yes No
11. Do you 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 your arms, hands, legs, or feet Yes No

- b. Back pain Yes No
- c. Difficulty 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 pounds Yes No
- j. Any other muscle or skeletal problem that interferes
with using a respirator Yes No

Part B. Section 2

Any of the following questions as well as questions not listed here 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:
 - a. Asbestos Yes No
 - b. Silica (e.g., in sandblasting) Yes No
 - c. Tungsten/cobalt (e.g., grinding or welding this material) Yes No
 - d. Beryllium Yes No
 - e. Aluminum Yes No
 - f. Coal (for example, mining) Yes No
 - g. Iron..... Yes No
 - h. Tin..... Yes No
 - i. Dusty environments..... Yes No

j. Any other hazardous exposures Yes No

If yes, describe these exposures:

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

5. List your previous occupations:

6. List your current and previous hobbies:

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

If yes, were you exposed to biological or chemical agents
(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)?

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 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 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 Yes No

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

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

b. Moderate Yes No

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

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

c. Heavy Yes No

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

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

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

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

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

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

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

17. Describe any 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 it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

- Name of the first toxic substance:
- Estimated maximum exposure level per shift:
- Duration of exposure per shift:
- Name of the second toxic substance:
- Estimated maximum exposure level per shift:
- Duration of exposure per shift:
- Name of the third toxic substance:
- Estimated maximum exposure level per shift:
- Duration of exposure per shift:
- Name of any other toxic substances 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, or security*):

Form 7: Fit test results

Note: Appendix A, 1910.134, “*Fit Testing Procedures,*” is required for fit testing.

Date:

Employee name:

Job:

Department:

Fit test method:

Type of respirator	Make/model/size	Fit factor/results

Person performing the fit test:

Problems the employee has encountered with his/her respirators:

Form 8: Program evaluation summary

Evaluator:

Date:

Names of employees consulted during the evaluation:

- 1.
- 2.
- 3.
- 4.
- 5.

Problems identified	Corrective action
1.	
2.	
3.	
4.	
5.	
6.	