A respiratory protection program for employees who choose to wear respirators
Scope and application

This program applies to [name of your company] employees who choose to wear respirators supplied by the company or provided by employees. Voluntary use of respirators must not create a hazard for employees. The program administrator will authorize voluntary use of respirators on a case-by-case basis, depending on workplace conditions and medical evaluation results.

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. Voluntary respiratory users are provided with the information contained in 1910.134 Appendix D, Information for Employees Using Respirators When Not Required Under the Standard.

Program administrator responsibilities

The respirator program administrator is responsible for overseeing the voluntary use of respiratory protection. The program administrator is [name of the program administrator].

The program administrator has the following duties:

- Evaluate the workplace for respiratory hazards.
- Ensure that respirators for voluntary use are appropriate for the employee’s job and respirator intended use and contaminant.
- Coordinate the medical surveillance program to ensure employees are medically able to use a respirator.
- Train employees on the proper maintenance and storage of respirators.
- Maintain the physician or other licensed health care professional (PLHCP) release to wear a respirator.
- Maintain employee acknowledgement of receiving Appendix D, Information for Employees Using Respirators When Not Required Under the Standard.

Medical evaluation

Employees who voluntarily choose to wear respirators must be physically able to perform work while wearing a respirator. Employees are not permitted to wear respirators until a PLHCP has determined that they are medically able to do so. Dust masks do not require a medical evaluation for voluntary use.

A PLHCP at [address of the PLHCP] 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 PLHCP for medical evaluation.

• All affected employees will be given a copy of the medical questionnaire to complete and return to the PLHCP with a stamped, pre-addressed envelope. 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 PLHCP].

• All employees will have the opportunity to speak to the PLHCP about their medical evaluation.

• The program administrator will provide [name of the PLHCP] with the following information:
  – A copy of this respiratory protection program and a copy of 1910.134.
  – Each employee’s name, work area, or job title.
  – The employee’s proposed respirator type and weight.
  – The length of time the employee wears the respirator.
  – The employee’s expected physical work load (light, moderate, or heavy), environmental potential temperature and humidity extremes, and a description of protective clothing the employee must wear.

Additional medical evaluations will be provided under the following circumstances:

• The employee reports signs and/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.

• A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

Information from medical evaluations and questionnaires is confidential and can be shared only between the employee and the PLHCP.
Cleaning, maintenance, and storage

Cleaning

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

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 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 airtight container.

The program administrator will ensure an adequate supply of appropriate cleaning and disinfectant 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. Replace defective, worn, or deteriorated respirator components using manufacturer parts.

Indicators that air-purifying particulate respirator filters, cartridge, or filtering facepiece needs to be replaced are an increase in breathing resistance; a contaminated cartridge surface; or a damaged filter.

Note to users of this program: Replacement indicators for air-purifying respirators for protection against gases and vapor are more complex because odor and irritation are not considered adequate warning properties. End-of-service-life indicators (ESLI) are available only for a limited number of chemicals. Change-out schedules must be developed to ensure that canisters and cartridges are replaced before chemical breakthrough occurs.
Air-supply respirator breathing-air quality

**Note to user of this program:** If your employees voluntarily use supplied-air respirators, you must ensure that compressed air for air-supplying respirators meets at least the requirements for Grade D breathing air. This must be addressed in your written program.

Use the following checklist to ensure proper respirator function:

<table>
<thead>
<tr>
<th>Respirator inspection checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facepiece</strong></td>
</tr>
<tr>
<td>□ No cracks, tears, or holes</td>
</tr>
<tr>
<td>□ No facemask distortion</td>
</tr>
<tr>
<td>□ No cracked or loose lenses or face shield</td>
</tr>
<tr>
<td><strong>Head straps</strong></td>
</tr>
<tr>
<td>□ No breaks or tears</td>
</tr>
<tr>
<td>□ No broken buckles</td>
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<tr>
<td><strong>Valves</strong></td>
</tr>
<tr>
<td>□ No residue or dirt, cracks, or tears in valve material</td>
</tr>
<tr>
<td><strong>Filters and cartridges</strong></td>
</tr>
<tr>
<td>□ NIOSH approved</td>
</tr>
<tr>
<td>□ Gaskets seat properly</td>
</tr>
<tr>
<td>□ No cracks or dents in housing</td>
</tr>
<tr>
<td>□ Proper cartridge for hazards</td>
</tr>
<tr>
<td><strong>Air-supply systems</strong></td>
</tr>
<tr>
<td>□ Breathing-quality air in use (Grade D); meets requirement of ORS 1910.134(i)(5)-(7)</td>
</tr>
<tr>
<td>□ Supply hoses are in good condition</td>
</tr>
<tr>
<td>□ Hoses are properly connected</td>
</tr>
<tr>
<td>□ Settings on regulators and valves are correct</td>
</tr>
</tbody>
</table>

**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 plastic bags in a clean area. Position respirators so that the facepiece and exhalation valves do not become distorted. Each employee must have his or her name on the bag and use it only to store the respirator.
The program administrator will store unused respirators and respirator components in their original manufacturer’s packaging in [identify storage location].

Program review

The program administrator will evaluate the voluntary-respirator program annually to ensure that it’s adequate and that employee concerns regarding respiratory protection are addressed.

Review date:

Program administrator signature: ________________________________
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 654.296.
# Fill-in forms

**Form 1: 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]

<table>
<thead>
<tr>
<th>Respirator</th>
<th>Area affected</th>
<th>Employees affected</th>
<th>Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filtering facepiece-N95</td>
<td>Assembly</td>
<td>J. Morrison</td>
<td>Ventilation controls on sanders are in place. Employee exposures are less than 2.5 mg/m³ (8-hour time-weighted average TWA). OR-OSHA PEL, 10 mg/m³. Respirators are not required, but dust masks are available for employee use.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J. Jett</td>
<td></td>
</tr>
</tbody>
</table>

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Form 2: 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 3: 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
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### 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:**
   - Yes □ No □
   
   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):