**Respirator Program**

**29 CFR 1910.134—Respiratory Protection**

***Scope/Application:***  *This standard applies when employees are exposed to contaminated breathing air such as dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors.*

*The following standard is referenced in 29 CFR 1910.134—Respiratory Protection:*

* *29 CFR 1910.1020—Access to Employee Exposure and Medical Records*

***Note:*** *29 CFR 1910.134—Respiratory Protection requires records to be maintained per 29 CFR 1910.1020—Access to Employee Exposure and Medical Records.*

*The following standards reference the respiratory protection standard and/or require a respirator program.*

* *29 CFR 1910.94—Ventilation*
* *29 CFR 1910.120—HAZWOPER*
* *29 CFR 1910.1000—Air Contaminants*
* *29 CFR 1910.1001—Asbestos*
* *29 CFR 1910.1003—13 Carcinogens*
* *29 CFR 1910.1017—Vinyl Chloride*
* *29 CFR 1910.1018—Inorganic Arsenic*
* *29 CFR 1910.1020—Access to Employee Exposure and Medical Records*
* *29 CFR 1910.1024—Beryllium*
* *29 CFR 1910.1025—Lead*
* *29 CFR 1910.1026—Chromium (VI)*
* *29 CFR 1910.1027—Cadmium*
* *29 CFR 1910.1028—Benzene*
* *29 CFR 1910.1029—Coke Oven Emissions*
* *29 CFR 1910.1043—Cotton Dust*
* *29 CFR 1910.1044—1,2-dibromo-3-chloropropane*
* *29 CFR 1910.1045—Acrylonitrile*
* *29 CFR 1910.1047—Ethylene Oxide*
* *29 CFR 1910.1048—Formaldehyde*
* *29 CFR 1910.1050—Methylenedianiline*
* *29 CFR 1910.1051—1,3-Butadiene*
* *29 CFR 1910.1052—Methylene Chloride*
* *29 CFR 1910.1053—Respirable Crystalline Silica*
* *29 CFR 1910.1450—Occupational Exposure to Hazardous Chemicals in Laboratories*

***Note:*** *29 CFR 1910.94—Ventilation requires a Respirator Program when employees are required to use a respirator during abrasive blasting, grinding, polishing, and buffing operations, and spray finishing operations. 29 CFR 1910.120—HAZWOPER references meeting the requirements of 29 CFR 1910.134—Respiratory Protection whenever respirators are being used. 29 CFR 1910.134—Respiratory Protection requires that records be kept per the requirements of 29 CFR 1910.1020—Access to Employee Exposure and Medical Records. Most of the health standards listed in Subpart Z—Toxic and Hazardous Substances requires a Respirator Program when there is employee exposure to the health hazard. 29 CFR 1910.1000—Air Contaminants requires a Respirator Program when employees have occupational exposure to any contaminant listed in Tables Z-1, Z-2, and Z-3 of 1910.1000.*

***Standard Requirements for*** [***29 CFR 1910.134***](https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134)***—Respiratory Protection:***

* ***Programs/Plans:*** *Respiratory Protection Program*
* ***Procedures/Practices/Controls:*** *Work controls, monitoring procedures (Include in your Respirator Program)*
* ***Training:*** *Initially, annually, changes*
* ***Inspections:*** *Initially, after changes*
* ***Recordkeeping/Documentation:*** *Program, inspections, fit tests, medical records*

***Example Program:*** *The following example program should be modified to be site-specific to your organization. Please reference 29 CFR 1910.134—Respiratory Protection to ensure that all the standard requirements are being met.*

**Respiratory Protection Program—Respirator Program**

**General**

In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays or vapors, the primary objective will be to prevent atmospheric contamination. This will be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators will be used.

**Responsibilities**

All employees must follow the requirements of the respiratory protection program.

1. **Management**

* Implement the requirements of this program.
* Provide a selection of respirators as required.
* Enforce all provisions of this program.
* Appoint an individual to administer the respiratory protection program.

**Program Administrator**

* Review sanitation/storage procedures.
* Ensure respirators are properly stored, inspected and maintained.
* Monitor compliance for this program.
* Provide training for affected employees.
* Review compliance and ensure monthly inspection of all respirators.
* Provide respirator fit testing.

**Designated Occupational Health Care Provider (HCP)**

* Conduct medical aspects of program.

**Program Administrator**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be designated as the program administrator who is qualified by appropriate training or experience that is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.

Voluntary Use of Respirators

An employer may provide respirators at the request of employees or permit employees to use their own respirators, if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, they shall provide the respirator users with the information contained in Appendix D***—***Information for Employees Using Respirators When Not Required Under the Standard. The employer will also ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user.

***Exception:*** *Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).*

**Program Evaluation**

Evaluations of the workplace are necessary to ensure that the written respiratory protection program is being properly implemented. This includes consulting with employees to ensure that they are using the respirators properly. Evaluations will be conducted as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

Program evaluation will include discussions with employees required to use respirators to assess the employees’ views on program effectiveness and to identify any problems. Any problems that are identified during this assessment will be corrected. Factors to be assessed include, but are not limited to:

* Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
* Appropriate respirator selection for the hazards to which the employee is exposed;
* Proper respirator use under the workplace conditions the employee encounters; and
* Proper respirator maintenance.

**Recordkeeping**

The company will retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the company in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

**Training and Information**

Effective training for employees who are required to use respirators is essential. The training must be comprehensive, understandable, and recur annually, and more often if necessary. Training will be provided prior to requiring the employee to use a respirator in the workplace. The training will ensure that each employee can demonstrate knowledge of at least the following:

* Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
* Limitations and capabilities of the respirator.
* How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
* How to inspect, put on and remove, use, and check the seals of the respirator.
* What the procedures are for maintenance and storage of the respirator.
* How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
* The general requirements of this program.

Retraining will be conducted annually and when:

* Changes in the workplace or the type of respirator render previous training obsolete.
* Inadequacies in the employee’s knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill.
* Other situation arises in which retraining appears necessary to ensure safe respirator use.

Training will be conducted by instructors who have adequate knowledge of OSHA training requirements. Training is divided into the following sections:

*Classroom Instruction*

* Overview of the company respiratory protection program and OSHA Standard.
* Respiratory protection safety procedures.
* Respirator selection.
* Respirator operation and use.
* Why the respirator is necessary.
* How improper fit, usage or maintenance can compromise the protective effect.
* Limitations and capabilities of the respirator.
* How to use the respirator effectively in emergency situations, including respirator malfunctions.
* How to inspect, put on and remove, use, and check the seals of the respirator.
* What the procedures are for maintenance and storage of the respirator.
* How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
* Change out schedule and procedure for air-purifying respirators (APR).

Fit Testing

* For each type and model of respirator used.

Hands-on Respirator Training

* Respirator inspection.
* Respirator cleaning and sanitizing.
* Recordkeeping.
* Respirator storage.
* Respirator fit check.
* Emergencies.

**Basic Respiratory Protection Safety Procedures**

* Only authorized and trained employees may use respirators. Those employees may use only the respirator that they have been trained on and properly fitted to use.
* Only physically qualified employees may be trained and authorized to use respirators. A preauthorization and annual certification by a qualified physician will be required and maintained. Any changes in an employee’s health or physical characteristics will be reported to the program administrator and will be evaluated by a qualified physician.
* Only the proper prescribed respirator or SCBA may be used for the job or work environment. Air-purifying respirators may be worn in work environments when oxygen levels are 19.5 percent to 23.5 percent and when the appropriate cartridge (as determined by the manufacturer and approved by NIOSH) for the known hazardous substance is used. SCBAs will be worn in oxygen deficient and oxygen rich environments (below 19.5 percent or above 23.5 percent oxygen).
* Employees working in environments where a sudden release of a hazardous substance is likely will wear an appropriate respirator for that hazardous substance. (Example: Employees working in an ammonia compressor room will have an ammonia APR respirator on their person.)
* Only SCBAs will be used in oxygen deficient environments, environments with an unknown hazardous substance or unknown quantity of a known hazardous substance, or any environment that is determined “immediately dangerous to life or health” (IDLH).
* Employees with respirators loaned on permanent checkout will be responsible for the sanitation, proper storage and security. Respirators damaged by normal wear will be repaired or replaced by the company when returned.
* The last employee using a respirator or SCBA that is available for general use will be responsible for proper storage and sanitation. Monthly and after each use, all respirators will be inspected with documentation to ensure its availability for use.
* All respirators will be located in a clean, convenient and sanitary location.
* In the event that employees must enter a confined space; work in environments with hazardous substances that would be dangerous to life or health should an RPE (respiratory protection equipment) fail (a SCBA is required in this environment); and/or conduct a HazMat entry, a “buddy system” detail will be used with a “safety watchman” with constant voice, visual or signal line communication. Employees will follow the established emergency response program and/or confined space entry program when applicable.
* Management will establish and maintain surveillance of jobs and work place conditions and degree of employee exposure or stress to maintain the proper procedures and to provide the necessary RPE.
* Management will establish and maintain safe operation procedures for the safe use of RPE with strict enforcement and disciplinary action for failure to follow all general and specific safety rules. Standard operation procedures for general RPE use will be maintained as an attachment to the respiratory protection program and standard operation procedures for RPE use under emergency response situations will be maintained as an attachment to the emergency response program.

**Selection of Respirators**

The company has evaluated the respiratory hazards in each workplace, has identified relevant workplace and user factors, and has based respirator selection on these factors. Also included are estimates of employee exposures to respiratory hazards and an identification of the contaminant’s chemical state and physical form. This selection has included appropriate protective respirators for use in IDLH atmospheres and has limited the selection and use of air-purifying respirators. All selected respirators are NIOSH certified.

*Note: List company air contaminants, estimates of exposure and respirators to be used with those contaminants in this section.*

Filter Classifications—These classifications are marked on the filter or filter package

*N-Series: Not Oil Resistant*

* Approved for non-oil particulate contaminants.
* Examples: dust, fumes, mists not containing oil.

*R-Series: Oil Resistant*

* Approved for all particulate contaminants, including those containing oil.
* Examples: dusts, mists, fumes.
* Time restriction of 8 hours when oils are present.

*P-Series: Oil Proof*

* Approved for all particulate contaminants including those containing oil.
* Examples: dust, fumes, mists.
* See manufacturer’s time use restrictions on packaging.

*Respirators for IDLH Atmospheres*

The following respirators will be used in IDLH atmospheres:

* A full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of 30 minutes, or
* A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.
* Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

*Respirators for Atmospheres That Are Not IDLH*

* The respirators selected must be adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements under routine and reasonably foreseeable emergency situations. The respirator selected must be appropriate for the chemical state and physical form of the contaminant.

**Filters, Canisters and Cartridges**

*Identification of Filters and Cartridges*—All filters and cartridges will be labeled and color-coded with the NIOSH approval label. The user will ensure that the label is not removed and remains legible. A change out schedule for filters and cartridge has been developed to ensure these elements of the respirators remain effective.

*Respirator Filter and Canister Replacement*—An important part of the respiratory protection program includes identifying the useful life of cartridges and filters used on air-purifying respirators. Each filter and cartridge must be equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant.

If there is no ESLI appropriate for the conditions, a change schedule for canisters and cartridges based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life will be implemented.

*Filter and Cartridge Change Schedule*—Stock of spare filers and cartridges will be maintained to allow immediate change when required or desired by the employee.

Cartridges will be changed based on the most limiting factor below:

* Prior to expiration date.
* Manufactures recommendations for the specific use and environment.
* After each use.
* When requested by employee.
* When contaminant odor is detected.
* When restriction to air flow has occurred as evidenced by increase effort by user to breathe normally.

Cartridges will remain in their original sealed packages until needed for immediate use.

Filters will be changed on the most limiting factor below:

* Prior to expiration date.
* Manufacturer’s recommendations for the specific use and environment.
* When requested by employee.
* When contaminant odor is detected.
* When restriction to air flow has occurred as evidenced by increase effort by user to breathe normally.
* When discoloring of the filter media is evident.

Filters will remain in their original sealed package until needed for immediate use.

**Respiratory Protection Schedule**

The company maintains a respiratory protection schedule by job and working condition. This schedule is provided to each authorized and trained employee. The schedule provides the following information:

* Job/working conditions
* Work location
* Hazards present
* Type of respirator or SCBA required
* Type of filter/canister required
* Location of respirator or SCBA
* Filter/cartridge change out schedule

The schedule will be reviewed and updated at least annually and whenever any changes are made in the work environments, machinery, equipment or processes or if respirator different respirator models are introduced or existing models are removed.

Permanent respirator schedule assignments are:

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**Physical and Medical Qualifications**

Records of medical evaluations must be retained and made available in accordance with 29 CFR 1910.1020—Access to Employee Exposure and Medical Records.

*Medical Evaluation Required*—Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. The company provides a medical evaluation through an HCP to determine the employee’s ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace.

*Medical Evaluation Procedures*—The employee will be provided a medical questionnaire (29 CFR 1910.134, Appendix C), which is sent confidentially to the designated HCP for review, and when determined by the HCP, will receive a medical examination.

*Follow-Up Medical Examination*—The company will ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions in Part B of the questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination. The follow-up medical examination will include any medical tests, consultations or diagnostic procedures that the physician deems necessary to make a final determination.

*Administration of the Medical Questionnaire and Examinations*—The medical questionnaire and examinations will be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee. The medical questionnaire will be administered in a manner that ensures that the employee understands its content. The company will provide the employee with an opportunity to discuss the questionnaire and examination results with the physician.

*Supplemental Information for the Physician*—The following information must be provided to the physician before the physician makes a recommendation concerning an employee’s ability to use a respirator.

* The type and weight of the respirator to be used by the employee.
* The duration and frequency of respirator use (including use for rescue and escape).
* The expected physical work effort.
* Additional protective clothing and equipment to be worn.
* Temperature and humidity extremes that may be encountered.
* Any supplemental information provided previously to the physician regarding an employee need not be provided for a subsequent medical evaluation if the information and the physician remain the same.

The company has provided the physician with a copy of the written respiratory protection program and a copy of the Respiratory Protection Standard, 29 CFR 1910.134.

*Medical Determination*—In determining the employee’s ability to use a respirator, the company will obtain a written recommendation regarding the employee’s ability to use the respirator from the physician. The recommendation will provide only the following information:

* Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
* The need, if any, for follow-up medical evaluations.
* A statement that the physician has provided the employee with a copy of the physician’s written recommendation.
* If the respirator is a negative pressure respirator and the physician finds a medical condition that may place the employee’s health at increased risk if the respirator is used, the company will provide an APR if the physician’s medical evaluation finds that the employee can use such a respirator. If a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the company is no longer required to provide an APR.

*Additional Medical Evaluations*—At a minimum, the company will provide additional medical evaluations that comply with the requirements of this section if:

* An employee reports medical signs or symptoms that are related to ability to use a respirator.
* A physician, supervisor or the respirator program administrator informs the company that an employee may be re-evaluated.
* Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
* A change occurs in workplace conditions (physical work effort, protective clothing, temperature, etc.) that may result in a substantial increase in the physiological burden placed on an employee.

**Respirator Fit Testing**

Before an employee is required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style and size of respirator that will be used. The company will ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

The company has established a record of the qualitative and quantitative fit tests administered to employees including:

* The name or identification of the employee tested.
* Type of fit test performed.
* Specific make, model, style and size of respirator tested.
* Date of test.
* The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

Additional fit tests will be conducted whenever the employee reports or the company, physician, supervisor or program administrator makes visual observations of changes in the employee’s physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery or an obvious change in body weight.

If after passing a QLFT or QNFT, the employee notifies the company, program administrator, supervisor or physician that the fit of the respirator is unacceptable, the employee will be given a reasonable opportunity to select a different respirator facepiece and to be retested.

*Types of Fit Tests*—The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of the OSHA Respiratory Protection Standard, 29 CFR 1910.134.

* **QLFT**—may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less.
* If the fit factor, as determined through an OSHA-accepted QNFT protocol, is equal to or greater than 100 for tight-fitting half facepieces, or equal to or greater than 500 for tight-fitting full facepieces, the QNFT has been passed with that respirator.
* **Fit testing of tight-fitting**—atmosphere-supplying respirators and tight-fitting powered air-purifying respirators will be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.
* **Qualitative fit testing**—of these respirators will be accomplished by temporarily converting the respirator user’s actual facepiece into a negative pressure respirator with appropriate filters or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece.
* **Quantitative fit testing**—of these respirators will be accomplished by modifying the facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement will be accomplished by installing a permanent sampling probe onto a surrogate facepiece or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.
* Any modifications to the respirator facepiece for fit testing will be completely removed and the facepiece restored to NIOSH approved configuration before that facepiece can be used in the workplace.

Fit test records will be retained for respirator users until the next fit test is administered. Written materials required to be retained will be made available upon request to affected employees.

**Respirator Operation and Use**

Respirators will only be used following the respiratory protection safety procedures established in this program. The operations and use manuals for each type of respirator will be maintained by the program administrator and be available to all qualified users.

Surveillance by the direct supervisor will be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the company will re-evaluate the continued effectiveness of the respirator.

For continued protection of respirator users, the following general use rules apply:

* Users will not remove respirators while in a hazardous environment.
* Respirators are to be stored in sealed containers out of harmful atmospheres.
* Store respirators away from heat and moisture.
* Store respirators such that the sealing area does not become distorted or warped.
* Store respirator such that the facepiece is protected.

*Facepiece Seal Protection*—The company does not permit respirators with tight-fitting facepieces to be worn by employees who have:

* Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function.
* Any condition that interferes with the face-to-facepiece seal or valve function.

If an employee wears corrective glasses or goggles or other personal protective equipment, the company will ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

*Continuing Effectiveness of Respirators*—The company will ensure that employees leave the respirator use area:

* To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use.
* If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece.
* To replace the respirator or the filter, cartridge or canister elements.

If the employee detects vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece, the company will replace or repair the respirator before allowing the employee to return to the work area.

**Procedures for IDLH atmospheres**

For all IDLH atmospheres, the company will ensure that:

* One employee or, when needed, more than one employee is located outside the IDLH atmosphere.
* Visual, voice or signal line communication is maintained between the employees in the IDLH atmosphere and the employees located outside the IDLH atmosphere.
* The employees located outside the IDLH atmosphere are trained and equipped to provide effective emergency rescue.
* The employer or designee is notified before the employees located outside the IDLH atmosphere enter the IDLH atmosphere to provide emergency rescue.
* The employer or designee authorized to do so by the company, once notified, provides necessary assistance appropriate to the situation.

Employees located outside the IDLH atmospheres will be equipped with:

* Pressure demand or other positive pressure SCBAs, or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and either
* Appropriate retrieval equipment for removing the employees who enters these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employees and would not increase the overall risk resulting from entry; or
* Equivalent means for rescue where retrieval equipment is not required.

**Cleaning and Disinfecting**

The company will provide each respirator user with a respirator that is clean, sanitary and in good working order. The company will ensure that respirators are cleaned and disinfected using the standard operating procedure for cleaning and disinfecting.

The respirators will be cleaned and disinfected when:

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

Cleaning and storage of respirators assigned to specific employees is the responsibility of that employee.

**Respirator Inspection**

All respirators/SCBAs will be inspected. Should any defects be noted, the respirator/SCBA will be taken to the program administrator. Damaged respirators will be repaired or replaced. The inspection of respirators will be the responsibility of the employee.

Respirators will be inspected as follows:

* All respirators used in routine situations will be inspected before each use and during cleaning.
* All respirators maintained for use in emergency situations will be inspected at least monthly and in accordance with the manufacturer’s recommendations, and will be checked for proper function before and after each use.
* Emergency escape-only respirators will be inspected before being carried into the workplace for use.

Respirator inspections include the following:

* A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters.
* Check of elastomeric parts for pliability and signs of deterioration.
* Self-contained breathing apparatus will be inspected monthly. Air and oxygen cylinders will be maintained in a fully charged state and will be recharged when the pressure falls to 90 percent of the manufacturer’s recommended pressure level. The company will determine that the regulator and warning devices function properly

For emergency use respirators, the additional requirements apply:

* Certify the respirator by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator.
* Provide this information on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information will be maintained until replaced following a subsequent certification.

**Respirator** **Storage**

Respirators are to be stored as follows:

* All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and damaging chemicals, and they will be packed or stored to prevent deformation of the facepiece and exhalation valve.
* Emergency respirators will be:
  + Kept accessible to the work area.
  + Stored in compartments or in covers that are clearly marked as containing emergency respirators.
  + Stored in accordance with any applicable manufacturer’s instructions.

**Repair of Respirators**

Respirators that fail an inspection or are otherwise found to be defective will be removed from service to be discarded, repaired or adjusted in accordance with the following procedures:

* Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and will use only the respirator manufacturer’s NIOSH-approved parts designed for the respirator.
* Repairs shall be made according to the manufacturer’s recommendations and specifications for the type and extent of repairs to be performed.
* Reducing and admission valves, regulators, and alarms will be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

**Breathing Air Quality and Use**

The company will ensure that compressed air, compressed oxygen, liquid air and liquid oxygen used for respiration accords with the following specifications:

* Compressed and liquid oxygen must meet the United States Pharmacopoeia requirements for medical or breathing oxygen.
* Compressed breathing air must meet at least the requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:
  + Oxygen content (v/v) of 19.5–23.5 percent.
  + Hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less.
  + Carbon monoxide (CO) content of 10 ppm or less.
  + Carbon dioxide content of 1,000 ppm or less.
  + Lack of noticeable odor.
* Compressed oxygen will not be used in atmosphere-supplying respirators that have previously used compressed air.
* Oxygen concentrations greater than 23.5 percent are used only in equipment designed for oxygen service or distribution.
* Cylinders used to supply breathing air to respirators meet the following requirements:
  + Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178*—*Transportation).
  + Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Grade D breathing air.
  + Moisture content in breathing air cylinders does not exceed a dew point of −50 degrees F (−45.6 degrees C) at 1 atmosphere pressure.
  + Breathing air couplings are incompatible with outlets for nonrespirable worksite air or other gas systems. No asphyxiating substance will be introduced into breathing air lines.
  + Breathing gas containers will be marked in accordance with the NIOSH respirator certification standard, 42 CFR Part 84—Public Health.

***Note:*** *The mandatory Appendix C—Respirator Medical Evaluation Questionnaire and mandatory Appendix D—**Information for Employees Using Respirators When Not Required Under the Standard are located at the end of the program.*

**Respiratory Protection***—***Appendix C***—***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:   
  
Can you read (circle one): Yes/No   
  
Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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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?

1. Seizures: Yes/No
2. Diabetes (sugar disease): Yes/No
3. Allergic reactions that interfere with your breathing: Yes/No
4. Claustrophobia (fear of closed-in places): Yes/No
5. Trouble smelling odors: Yes/No

3. Have you ***ever had*** any of the following pulmonary or lung problems?

1. Asbestosis: Yes/No
2. Asthma: Yes/No
3. Chronic bronchitis: Yes/No
4. Emphysema: Yes/No
5. Pneumonia: Yes/No
6. Tuberculosis: Yes/No
7. Silicosis: Yes/No
8. Pneumothorax (collapsed lung): Yes/No
9. Lung cancer: Yes/No
10. Broken ribs: Yes/No
11. Any chest injuries or surgeries: Yes/No
12. 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?

1. Shortness of breath: Yes/No
2. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
3. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
4. Have to stop for breath when walking at your own pace on level ground: Yes/No
5. Shortness of breath when washing or dressing yourself: Yes/No
6. Shortness of breath that interferes with your job: Yes/No
7. Coughing that produces phlegm (thick sputum): Yes/No
8. Coughing that wakes you early in the morning: Yes/No
9. Coughing that occurs mostly when you are lying down: Yes/No
10. Coughing up blood in the last month: Yes/No
11. Wheezing: Yes/No
12. Wheezing that interferes with your job: Yes/No
13. Chest pain when you breathe deeply: Yes/No
14. 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?

1. Heart attack: Yes/No
2. Stroke: Yes/No
3. Angina: Yes/No
4. Heart failure: Yes/No
5. Swelling in your legs or feet (not caused by walking): Yes/No
6. Heart arrhythmia (heart beating irregularly): Yes/No
7. High blood pressure: Yes/No
8. 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?

1. Frequent pain or tightness in your chest: Yes/No
2. Pain or tightness in your chest during physical activity: Yes/No
3. Pain or tightness in your chest that interferes with your job: Yes/No
4. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
5. Heartburn or indigestion that is not related to eating: Yes/No
6. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you ***currently*** take medication for any of the following problems?

1. Breathing or lung problems: Yes/No
2. Heart trouble: Yes/No
3. Blood pressure: Yes/No
4. Seizures: 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, check the following space and go to question 9:)

1. Eye irritation: Yes/No
2. Skin allergies or rashes: Yes/No
3. Anxiety: Yes/No
4. General weakness or fatigue: Yes/No
5. 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 ***currently*** have any of the following vision problems?

1. Wear contact lenses: Yes/No
2. Wear glasses: Yes/No
3. Color blind: Yes/No
4. Any other eye or vision problem: Yes/No

12. Have you ***ever had*** an injury to your ears, including a broken eardrum: Yes/No   
  
13. Do you ***currently*** have any of the following hearing problems?

1. Difficulty hearing: Yes/No
2. Wear a hearing aid: Yes/No
3. 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?

1. Weakness in any of your arms, hands, legs, or feet: Yes/No
2. Back pain: Yes/No
3. Difficulty fully moving your arms and legs: Yes/No
4. Pain or stiffness when you lean forward or backward at the waist: Yes/No
5. Difficulty fully moving your head up or down: Yes/No
6. Difficulty fully moving your head side to side: Yes/No
7. Difficulty bending at your knees: Yes/No
8. Difficulty squatting to the ground: Yes/No
9. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
10. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

1. Asbestos: Yes/No
2. Silica (***e.g.***, in sandblasting): Yes/No
3. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
4. Beryllium: Yes/No
5. Aluminum: Yes/No
6. Coal (for example, mining): Yes/No
7. Iron: Yes/No
8. Tin: Yes/No
9. Dusty environments: Yes/No
10. Any other hazardous exposures: Yes/No

If “yes,” describe these exposures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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4. List any second jobs or side businesses you have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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5. List your previous occupations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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6. List your current and previous hobbies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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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)?

1. HEPA Filters: Yes/No
2. Canisters (for example, gas masks): Yes/No
3. Cartridges: Yes/No

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

1. Escape only (no rescue): Yes/No
2. Emergency rescue only: Yes/No
3. Less than 5 hours ***per week:*** Yes/No
4. Less than 2 hours ***per day:*** Yes/No
5. 2 to 4 hours per day: Yes/No
6. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

1. ***Light*** (less than 200 kcal per hour): Yes/No

If “yes,” how long does this period last during the average shift:\_\_\_\_\_\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_\_\_\_\_mins.   
  
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.

1. ***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 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.

1. ***Heavy*** (above 350 kcal 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 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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14. Will you be working under hot conditions (temperature exceeding 77 deg. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Name of the third 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):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respiratory Protection***—***Appendix D***—***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 respirator’s 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.

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The following employees have received training on Appendix D of 29 CFR 1910.134 (Information for Employees Using Respirators When Not Required Under the Standard – Filtering Facepiece ONLY) and have demonstrated an understanding of the requirements. In addition, these employees have received training and will heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations for the following filtering facepieces: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Free Outreach Resources:**

[*Safety and Health Programs and Plans*](https://www.labor.nc.gov/safety-and-health/publications/example-programs) *(i.e., Example Programs to be Made Site-Specific)*

[*A - Z Safety and Health Topics*](https://www.labor.nc.gov/safety-and-health/occupational-safety-and-health/occupational-safety-and-health-topic-pages) *(i.e., Learn More About Safety and Health Topics)*

[*Which Standards Apply?*](https://www.labor.nc.gov/which-osha-standards-apply) *(Identify the Standards Applicable to Your Worksite)*

[*Safety and Health Presentations*](https://www.labor.nc.gov/document-collection/osh-presentations) *(Downloadable Presentations to be Made Site-Specific)*

[*OSH Training Calendar*](https://www.labor.communications.its.state.nc.us/OSHPublic/ETTA/class_regist/calendar.cfm) *(i.e., Register for Webinars, In-Person Classroom Training, Virtual Events)*

[*Streaming Video Services*](https://www.labor.nc.gov/safety-and-health/library/how-borrow-dvds-and-videos#are-your-videos-online) *(On-Demand Training)*

[*Request Outreach Services*](https://www.labor.communications.its.state.nc.us/OSHPublic/ETTA/Outreach/Outreach_Request_Form.html) *(i.e., Request Training, Booths, Guest Speaker)*

[*AskOSH*](https://www.labor.nc.gov/safety-and-health/occupational-safety-and-health/ask-osh) *(Interpretations)*