

Purpose

This document is intended to serve as a reminder of safe work practices and is not a complete presentation of this topic. It should be used by individuals trained and competent in this subject. It is not intended to replace or supersede company procedures, industry standards and/or applicable governmental laws and regulations.

Scope

This Guideline applies to all respirator usage. It applies when respirators are worn to protect employee health from exposure to air contaminants or oxygen deficient atmospheres, whether required by statute, by company policy or worn voluntarily. This guide is not intended to be a complete program. For further guidance in developing a program specific to individual requirements, refer to OSHA's "Small Entity Compliance Guide." (See the Reference Section at the end of this guide.)

Application

All employees whose work involves the use of respirators will be medically certified to wear respirators, be fit tested, and trained in proper use and maintenance of respiratory protection equipment in accordance with the 29 CFR 1910.134 (except voluntary use of dust masks).

Guidance is provided for the following topics:

- 1) Permissible Practice (Purpose)
- 2) Definitions
- 3) Program and Program Administrator
- 4) Selection of Respirators
- 5) Medical Clearance for Respirator Use
- 6) Fit Testing
- 7) Use of Respirators
- 8) Maintaining Respirators
- 9) Breathing Air Quality and Quantity
- 10) Training of Employees
- 11) Evaluating This Program
- 12) Records Retention
- 13) Voluntary Respirator Usage

Permissible Practice (Purpose)

OSHA mandates that hazards (air contaminants or oxygen deficiency) be eliminated or managed through engineering controls. These controls may consist of enclosure and confinement of the contamination, ventilation practices, and/or substitution of less toxic materials. When these controls are determined to be ineffective or not feasible, the employer shall provide appropriate respiratory protection. Employees and affected contractors shall be informed of the hazards in their work areas.

Definitions

Employee Exposure: Exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection

Fit Factor: a quantitative estimate of the fit of a particular respirator to a specific individual. It typically estimates the ratio of a substance's concentration in ambient air to its concentration inside the facepiece of the respirator when worn.

Immediately Dangerous To Life or Health (IDLH): An atmosphere that poses an immediate threat to life would cause irreversible adverse health effects or would impair an individual's ability to escape from a dangerous atmosphere.

Oxygen Deficient Atmosphere: Any atmosphere with less than 19.5% oxygen content, depending upon altitude.

Physician or other Licensed Health Care Professional (PLHCP): A medical person whose legally permitted scope of practice (i.e., license, registration or certification) allows them to independently provide or be delegated the responsibility to provide some or all the health care services required to evaluate and/or approve a person to wear a respirator (e.g., licensed Physician or Registered Nurse.)

Program Administrator: A qualified person assigned to administer the respiratory protection program, knowledgeable of respiratory requirements and usage.

Qualitative Fit Test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent (Bitrex™, saccharin, etc.).

Quantitative Fit Test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator, via a tube inside the test mask, measured against the contaminated test atmosphere.

Respirator: A breathing device used for the purposes of purifying ambient atmosphere or supplying air to a user. Respirator types may include the following:

Air Purifying Respirator: A respirator with an air purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element. (Negative pressure respirator).

Atmosphere Supplying Respirator: A respirator that supplies the respirator user with breathing air for a source independent of the ambient atmosphere, including self contained (SCBA) and supplied air respirators

Filtering Facepiece: Dust Mask (non-tight fitting respirator, which cannot be fit tested).

Positive Pressure Respirator: A respirator in which the pressure inside the respirator facepiece exceeds the ambient air pressure outside the respirator.

Program and Program Administrator

If respiratory protection is utilized, the employer shall institute a respiratory protection program meeting the requirements of 1910.134 (c). The employer will assign a qualified Program Administrator to manage and evaluate the program. The following checklist can serve as a guide to evaluate the Respiratory Program and outlines the responsibilities of the Program Administrator.

CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS	
Check to ensure that your workplace has:	
<input type="checkbox"/>	A written respiratory protection program that is specific to the workplace(s) and covers the following:
<input type="checkbox"/>	Procedures for selecting respirators.
<input type="checkbox"/>	Medical evaluations of employees required to wear respirators.
<input type="checkbox"/>	Fit testing procedures.
<input type="checkbox"/>	Routine use procedures and emergency respirator use procedures.
<input type="checkbox"/>	Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respirators.
<input type="checkbox"/>	Procedures for ensuring adequate air quality for supplied air respirators.
<input type="checkbox"/>	Training in respiratory hazards.
<input type="checkbox"/>	Training in proper use and maintenance of respirators.
<input type="checkbox"/>	Program evaluation procedures.
<input type="checkbox"/>	Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering face pieces - "Dust Masks") comply with the medical evaluation, and cleaning, storing and maintenance requirements of the standard.
<input type="checkbox"/>	A designated program administrator who is qualified to administer the respiratory protection program.
<input type="checkbox"/>	Updated the written program as necessary
<input type="checkbox"/>	Provided equipment, training, and medical evaluations at no cost to employees.

General Respirator Selection

Before selecting any protective respiratory equipment it is necessary to determine the following: **1)** what hazards are present in the workplace(s), either by monitoring or information supplied by the facility operator, **2)** what level of protection is necessary and **3)** what respirators are available to protect against those hazards. Use the following checklist to determine respirators necessary to protect employees.

CHECKLIST FOR RESPIRATOR SELECTION	
Check that at your workplace:	
<input type="checkbox"/>	Respiratory hazards in the workplace have been identified and evaluated.
<input type="checkbox"/>	Employee exposures that have not been, or cannot be, evaluated are considered Immediately Dangerous to Life and Health (IDLH).
<input type="checkbox"/>	Respirators are NIOSH certified, and used under the conditions of certification.

Respirators are selected based on the workplace hazards evaluated and workplace and user factors affecting respirator performance and reliability.

<input type="checkbox"/>	A sufficient number of respirator sizes and models are provided to be acceptable and correctly fit the users.
<input type="checkbox"/>	For (IDLH) atmospheres:
<input type="checkbox"/>	Full-face piece pressure demand Supplied Air Respirators (SAR) with auxiliary demand Self Contained Breathing Apparatus (SCBA) unit or full face piece pressure SCBA, with a minimum service life of 30 minutes, are provided.
<input type="checkbox"/>	Respirators used for escape <u>only</u> are NIOSH certified for the atmosphere in which they will be used.
<input type="checkbox"/>	Oxygen deficient atmospheres are considered IDLH.
<input type="checkbox"/>	For Non-IDLH atmospheres:
<input type="checkbox"/>	Respirators selected are appropriate for the chemical state and physical form of the contaminant.
<input type="checkbox"/>	Air-purifying respirators used for protection against gases and vapors are equipped with End of Service Life Indicators (ESLI) or a change schedule has been implemented.
<input type="checkbox"/>	Air-purifying respirators used for protection against particulates are equipped with NIOSH-certified, High Efficiency Particulate (HEPA) filters or other filters certified by NIOSH for particulates under 42 CFR part 84.

Types of Hazards

Air Contaminants - Hydrogen sulfide (H₂S), natural gas, mists or vapors from chemicals, cutting & welding fumes, lead based paint particulates, excessive dust, spray painting, carbon dioxide (CO₂), nitrogen, NORM, asbestos, and benzene may be respiratory hazards in the oil industry. Many areas where employees work may be IDLH (well work, tank gauging, spill sites, maintenance operations, etc.).

Oxygen Deficiency - There may be occasions where oxygen deficiencies exist, such as during confined space entry, venting/flaring of gasses, or upset conditions at a CO₂ or nitrogen facility.

Medical Clearance for Respirator Use

Employees who are required to use respiratory protection on the job shall receive medical evaluation for respirator use prior to any actual respirator use or fit testing. This clearance is obtained by having employees complete a *Respirator Medical Questionnaire (Mandatory)*, (see Appendix C to 1910.134) (Sample questionnaire is attached to this guideline.) Employees will complete the form during on-duty hours or at a time convenient to the employee. The completed form is considered “medically sensitive” and only the PLHCP or authorized medical physician can view employee responses.

The PLHCP will review the employee responses and interview employees who have any positive responses to questions 1 through 8 (and 10 through 15 for SCBA users). The PLHCP will determine if a medical examination is necessary to evaluate fitness to wear a

respirator. The PLHCP only recommends their opinion on the employee's ability to use a respirator. The ultimate responsibility for respirator use approval rests with the employer. Once the employee is approved for use, the employee may be trained and fit tested. After this process is completed, the employee may use respirators on which they have been trained and fit tested. OSHA has set no frequency for medical evaluation, however they established four conditions (last four items in the checklist below), which could require additional medical evaluation. Employers may consider establishing a periodic medical evaluation policy.

Employees who are not medically recommended for respirator use cannot work in a job position that requires the use of respirators. Use the following checklist to implement medical evaluations.

<u>CHECKLIST FOR MEDICAL EVALUATION</u>	
Check that at your workplace:	
<input type="checkbox"/>	All employees have been evaluated to determine their ability to wear a respirator prior to being fit tested or prior to wearing a respirator for the first time in the workplace.
<input type="checkbox"/>	A Physician or other Licensed Health Care Professional (PLHCP) has been identified to perform the medical evaluations.
<input type="checkbox"/>	The medical evaluations obtain the information requested in Sections 1 and 2, Part A of Appendix C of the standard, 29 CFR 1910.134
<input type="checkbox"/>	Employees may be provided follow-up medical exams if they positively answer any of questions 1 through 8 in Section 2, Part A of Appendix C, or if their initial medical evaluation reveals that a follow-up exam is needed.
<input type="checkbox"/>	Medical evaluations are administered confidentially during normal work hours, and in a manner that is understandable to employees.
<input type="checkbox"/>	Employees are provided the opportunity to discuss the medical evaluation results with the PLHCP.
<input type="checkbox"/>	The following supplemental information is provided to the PLHCP before they make a decision about respirator use:
<input type="checkbox"/>	Type and weight of the respirator.
<input type="checkbox"/>	Duration and frequency of respirator use.
<input type="checkbox"/>	Expected physical work effort.
<input type="checkbox"/>	Additional protective clothing to be worn.
<input type="checkbox"/>	Potential temperature and humidity extremes.
<input type="checkbox"/>	Written copies of the Respiratory Protection standard and Program.
<input type="checkbox"/>	Written recommendations are obtained from the PLHCP regarding each employee's ability to wear a respirator, and that the PLHCP has given the employee a copy of these recommendations.
<input type="checkbox"/>	Employees who are medically unable to wear a negative pressure respirator are provided with a Powered Air-Purifying Respirator (PAPR) if they are found by the PLHCP to be medically able to use a PAPR.
<input type="checkbox"/>	Employees are given additional medical evaluations when:

<input type="checkbox"/>	The employee reports symptoms related to their ability to use a respirator.
<input type="checkbox"/>	The PLHCP, Respiratory Protection Program administrator or supervisor determines that a medical re-evaluation is necessary.
<input type="checkbox"/>	Information from the respiratory protection program suggests a need for re-evaluation.
<input type="checkbox"/>	Workplace conditions have changed in a way that could potentially place an increased burden on the employee's health.

Fit Testing

Fit testing shall be done at annual training sessions. Personnel performing fit testing will observe the fit test subject(s) during fit testing for symptoms that indicate potential problems with respirator use. A partial list of concerns are listed below:

- 1) Anxiety or fears that make it difficult to wear a respirator
- 2) Complaints of chest pain with deep breathing or shortness of breath, coughing or wheezing
- 3) Eye Irritation, skin rashes or allergies
- 4) General weakness or fatigue

If the fit tester observes any of the above, or has other concerns, the employee should be referred for medical evaluation. Use the checklist below to implement and evaluate the fit testing processes.

CHECKLIST FOR FIT TESTING

Check that at your facility:

Employees who are using tight fitting respirator face pieces have passed an appropriate fit test prior to being required to use a respirator.

Fit testing is conducted with the same make, model, and size that the employee will be expected to use at the work-site.

Fit tests are conducted annually and when different respirator face pieces are used.

Provisions are made to conduct additional fit tests in the event of physical changes in the employee that may affect respirator fit.

Employees are given the opportunity to select a different respirator face-piece, and be re-tested, if their respirator fit is unacceptable to them.

Fit tests are administered using OSHA-accepted QNFT or QLFT protocols.

QLFT is only used to fit test either powered air-purifying respirators (PAPR's), SCBA's, or negative pressure APRs that must achieve a fit factor of 100 or less.

QNFT is used in all situations where a negative pressure respirator is intended to protect workers from contaminant concentrations greater than 10 times the Permissible Exposure Level (PEL).

When QNFT is used to fit negative pressure respirators, a minimum fit factor of 100 is achieved for tight- fitting half-face pieces and 500 for full-face pieces.

For tight-fitting atmosphere-supplying respirators and PAPR's

Fit tests are conducted in the negative pressure mode.

QLFT is achieved by temporarily converting the face piece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure APR.

QNFT is achieved by modifying the face piece to allow for sampling inside the mask midway between the nose and mouth. The face piece is restored to its NIOSH approved configuration before being used in the work place.

User Seal Check

Respirator users should perform one of the user seal checks immediately prior to using any respirator.

- Positive Pressure Test - The exhaust valve is closed and user exhales. A slight positive pressure buildup indicates a good face seal.
- Negative Pressure Test - The air inlet valve is closed and user inhales gently, holding breath for 10 seconds. If mask collapses slightly and holds, the seal is good.

Use of Respirators

Processes must be established to ensure that respirators are used properly by employees. These

include prohibiting conditions that may affect respirator usage, including: employees with beards, corrective lenses (soft contacts are approved) or unusual facial characteristics, or any or all of the following four conditions:

- Facepiece seal leakage, (around glass frames or beards)
- Preventing employees from removing respirators in hazardous environments,
- Ensuring effective respirator operation throughout the workday, and
- Establishing procedures for use of respirators in IDLH atmospheres.

Use the following checklist to evaluate use of respirators.

<u>CHECKLIST FOR PROPER USE OF RESPIRATORS</u>	
Check your facility to be certain that:	
<input type="checkbox"/>	Workers using tight-fitting respirators have no conditions, such as facial hair or unusual facial characteristics that would interfere with a face-to-face piece seal or valve function.
<input type="checkbox"/>	Workers wear corrective glasses, goggles, or other protective equipment in a manner that does not interfere with the face-to-face piece seal or valve function.
<input type="checkbox"/>	Workers perform user seal checks prior to each use of a tight-fitting respirator.
<input type="checkbox"/>	There are procedures for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness, and that, when such conditions exist, you take steps to address those situations.
<input type="checkbox"/>	Employees are permitted to leave their work area to conduct respirator maintenance, such as washing the face piece, or to replace respirator parts.
<input type="checkbox"/>	Employees do not return to their work area until their respirator has been repaired or replaced in the event of breakthrough, a leak in the face piece, or a change in breathing resistance.
<input type="checkbox"/>	There are procedures for respirator use in IDLH atmospheres and during interior structural fire fighting, ensuring that: the appropriate number of standby personnel are deployed; standby personnel and employees in the IDLH environment maintain communication; and that standby personnel are properly trained, equipped, and prepared. You will be notified when standby personnel enter an IDLH atmosphere; and you will respond to this notification.
<input type="checkbox"/>	Standby personnel are quipped with a pressure demand or other positive pressure SCBA, or a positive pressure supplied air respirator with an escape SCBA, and appropriate retrieval equipment or other means for rescue.
<input type="checkbox"/>	Procedures for interior structural fire fighting require that: at least two employees enter the IDLH atmosphere and remain in contact with one another at all times; at least two standby personnel are used; and all fire fighting employees use SCBA's.

Inspection, Cleaning and Maintenance

Respirators will be properly maintained to ensure continued effectiveness. Refer to the following checklist.

RESPIRATOR MAINTENANCE AND CARE CHECKLIST	
Check to make sure that your facility has met the following requirements:	
<i>Cleaning and Disinfecting</i>	
<input type="checkbox"/>	Respirators are provided that are clean, sanitary, and in good working order.
<input type="checkbox"/>	Respirators are cleaned and disinfected using the procedures specified in Appendix B-2 of the 1910.134.
<input type="checkbox"/>	Respirators are cleaned and disinfected:
<input type="checkbox"/>	As often as necessary when issued for the exclusive use of one employee.
<input type="checkbox"/>	Before being worn by different individuals.
<input type="checkbox"/>	After each use for emergency use respirators.
<input type="checkbox"/>	After each use for respirators used for fit testing and training.
<i>Storage</i>	
<input type="checkbox"/>	Respirators are stored to protect them from damage from the elements, and from becoming deformed.
<input type="checkbox"/>	Emergency respirators are stored:
<input type="checkbox"/>	To be accessible to the work area.
<input type="checkbox"/>	In compartments marked as such.
<input type="checkbox"/>	In accordance with manufacturer's recommendations.
<i>Inspections</i>	
<input type="checkbox"/>	Routine-use respirators are inspected before each use and during cleaning.
<input type="checkbox"/>	SCBA's and emergency respirators are inspected monthly and checked for proper function before and after each use.
<input type="checkbox"/>	Emergency escape-only respirators are inspected before being carried into the workplace for use.
<input type="checkbox"/>	Inspections include:
<input type="checkbox"/>	Check of respirator function
<input type="checkbox"/>	Tightness of connections
<input type="checkbox"/>	Condition of the face piece, head straps, valves, and cartridges.
<input type="checkbox"/>	Condition of elastomeric parts.
<input type="checkbox"/>	For SCBA's, inspection includes checking that cylinders are fully charged, and that regulators and warning devices function properly.
<input type="checkbox"/>	Emergency use respirators are certified by documenting the inspection, and by tagging the information either to the respirator or its compartment, or storing it with inspection reports.
<i>Repairs</i>	
<input type="checkbox"/>	Respirators that have failed inspection are taken out of service.
<input type="checkbox"/>	Repairs are made only by trained personnel.
<input type="checkbox"/>	Only NIOSH-approved parts are used.
<input type="checkbox"/>	Reducing and admission valves, regulators and alarms are adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

Breathing Air Quality and Quantity

Breathing air will meet the following checklist requirements.

<u>CHECKLIST FOR BREATHING AIR QUALITY AND USE</u>	
Check that at your facility:	
<i>General</i>	
<input type="checkbox"/>	Compressed breathing air meets the requirements for Grade D breathing air.
<input type="checkbox"/>	Compressed oxygen is not used in respirators that have previously used compressed air.
<input type="checkbox"/>	Oxygen concentrations greater than 23.5 percent are used only in equipment designed for oxygen service or distribution.
<input type="checkbox"/>	Breathing air couplings are incompatible with outlets for other gas systems.
<input type="checkbox"/>	Breathing gas containers are marked with appropriate NIOSH certification.
<i>Breathing Air Cylinders</i>	
<input type="checkbox"/>	Cylinders are tested and maintained according to DOT 49 CFR Part 173 and 178.
<input type="checkbox"/>	A certificate of analysis for breathing air has been obtained from the supplier.
<input type="checkbox"/>	Moisture content in the cylinder does not exceed a dew point of -50°F at 1 atmosphere pressure.
<i>Compressors</i>	
<input type="checkbox"/>	Are constructed and situated to prevent contaminated air from getting into the system.
<input type="checkbox"/>	Are set up to minimize the moisture content.
<input type="checkbox"/>	Are equipped with in-line air-purifying sorbent beds and/or filters that are maintained or replaced following manufacturer's instructions.
<input type="checkbox"/>	Are tagged with information on the most recent change date of the filter and an authorizing signature.
<input type="checkbox"/>	Carbon monoxide does not exceed 10 PPM in the breathing air from compressors that are not oil-lubricated.
<input type="checkbox"/>	High-temperature and carbon monoxide alarms are used on oil-lubricated compressors, or that the air is monitored often enough to ensure that carbon monoxide does not exceed 10 PPM if only a high-temperature alarm is used.

Training of Employees

Employees will be trained annually on potential respiratory hazards. Training should make employees knowledgeable of the physical and medical effects of the potential hazards. This training should be comprehensive and easily understood. The following checklist may be used to evaluate the respirator training and information provided to the employees.

<u>TRAINING AND INFORMATION CHECKLIST</u>
--

Check that at your facility:		
<input type="checkbox"/>	Employees can demonstrate knowledge of:	
	<input type="checkbox"/>	Why the respirator is necessary and the consequences of improper fit, use, or maintenance.
	<input type="checkbox"/>	Limitations and capabilities of the respirator.
	<input type="checkbox"/>	How to effectively use the respirator in emergency situations.
	<input type="checkbox"/>	How to inspect, put on, remove, use, and check the seal of the respirator.
	<input type="checkbox"/>	Maintenance and storage procedures.
	<input type="checkbox"/>	The general requirements of the respirator standard.
<input type="checkbox"/>	Training is understandable to employees.	
<input type="checkbox"/>	Training is provided prior to employee use of a respirator.	
<input type="checkbox"/>	Retraining is provided:	
	<input type="checkbox"/>	Annually.
	<input type="checkbox"/>	Upon changes in workplace conditions that affect respirator use.
	<input type="checkbox"/>	Whenever retraining appears necessary to ensure safe respirator use.
<input type="checkbox"/>	Appendix D of the standard is provided to voluntary users.	

Evaluating This Program

The Program Administrator, assisted by supervisors, employees and safety personnel should periodically and annually evaluate and inspect the effectiveness of the Respiratory Protection Program, making corrections where necessary. Respirator wearers should be consulted to determine if they: 1) have plan improvement suggestions; 2) are experiencing medical or physical problems; or 3) have problems with their respirators.

Use the following checklist to evaluate the Respirator Program.

<u>PROGRAM EVALUATION CHECKLIST</u>	
Check that at your facility:	
<input type="checkbox"/>	Workplace evaluations are being conducted as necessary to ensure that the written respiratory protection program is being effectively implemented.
<input type="checkbox"/>	Employees required to wear respirators are being regularly consulted to assess the employees' views and to identify problems with respirator fit, selection, use and maintenance.
<input type="checkbox"/>	Any problems identified during assessments are corrected.

Records Retention

The following records shall be maintained:

<u>RECORDKEEPING CHECKLIST</u>	
Check that at your facility:	
<input type="checkbox"/>	Records of medical evaluations have been retained.
<input type="checkbox"/>	Fit testing records have been retained until the next fit is accomplished.
<input type="checkbox"/>	A copy of the current respiratory protection program has been retained.
<input type="checkbox"/>	Access to these records is provided to affected employees.

Voluntary Respirator Usage

Situations may arise, where there is no exposure requiring mandatory respirator usage, but an employee requests permission to **voluntarily** use a respirator. In this instance, the employer may provide the respirator or permit employees to use their own respirator, if the employer determines that the use of such a respirator will not create a hazard. If a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. If the employer determines that voluntary use of a respirator by an employee is permissible, the employer will obtain a medical clearance for respirator use. Additionally, the employer will ensure that the respirator is cleaned, stored and maintained so that its use will not present a health hazard, and provide voluntary respirator use employees with the information sheet provided as **Attachment 1**.

Medical Clearance Forms

Attached at the end of this guideline are two forms, which can be used to obtain medical clearance for respirator use.

OSHA considers the **OSHA Medical Evaluation Questionnaire** mandatory (1910.134 Appendix C, Part A, questions 1 - 9 and 10 - 15 for SCBA.) It must be completed by the employer, the employee, and reviewed by a PLHCP. OSHA has included other questions (1910.134 Appendix C Part B, questions 1 - 19) which do not appear on the attached questionnaire. The questions in Part B are non-mandatory but may be included at the discretion of the PLHCP.

The **Medical Respirator Recommendation** is provided to comply with 1910.34(e)(6). The PLHCP shall provide copies of the Medical Respirator Recommendation to the employee and the employer, indicating their opinion of the employees' ability to use respirators. The employer should indicate their concurrence or non-concurrence with the medical recommendation.

References

OSHA 29 CFR 191.134 Respiratory Protection

Compressed Gas Association G-7 (Compressed Air for Human Respiration)

ANSI Z-88.2 (Respiratory Protection)

OSHA Small Entity Compliance Guide, available from OSHA at their web site:

<http://www.osha.gov> (Under "News Room"- Publications - -then scroll down in "Booklets & Pub's")

49 CFR Part 173 and 178 (DOT Regulations for Shipping Containers (Compressed Gas Cylinders))

42 CFR part 84 (Respirator Filter Testing)

ATTACHMENT 1

"Information for Employees Using Respirators When Not Required Under the Standard."

(29CFR 1910.134, Respiratory Protection, Appendix D)

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 hazard exposures, 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 care, and warnings regarding the respirator 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 gasses, vapors or very small solid particle of fumes or smoke.
 - 4) Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Employee Name (Print): _____

Employee Signature: _____

Date: _____

OSHA - Respirator Medical Evaluation Questionnaire

Supervisor or Health/Safety/Human Resources Professional: - Please complete Part B prior to distributing to the employee. - If the employee is not personally returning the form to a PLHCP, include a return envelope for the employee to seal the questionnaire or confidentiality so it can be returned to a PLHCP. **Employee:** Please complete Part A and Part C. To maintain confidentiality, please personally return the completed questionnaire either to the PLHCP or in the envelope provided.

Part A. To be completed by employee or applicant.

F.I.	M.I.	Last Name	Called Name	Birth	
Date (MM-DD-YYYY)			Social Security No.		
				Male	
Female		-		-	

Job Title	Work Location	Company	
	Department		

Home Address	City/State/Zip	
	Date (MM-DD-YYYY)	

Part B. Supervisor or Health/Safety Professional: This section **MUST** be completed prior to distributing this form to the employee. Please provide the employee with the name and phone number of licensed Physician or Registered Nurse responsible for reviewing this questionnaire. To maintain confidentiality, have the employee personally return this to the PLHCP or include a return envelope for employee to submit the form to the PLHCP.

1. Physician or Licensed Health Care Professional:		
	Phone Number	

2. Information on respirator to be worn by employee:			
Type of Use	Weight	Use Duration	Frequency
	Air Purifying		
	Air Line		
SCBA			
5-Minute Escape Pak			

		(Other)				
3. Expected physical work effort:						
	Light Effort (i.e. walking, inspecting)					
	Moderate Effort (i.e. manual labor include tool use, and lifting <25 lbs.)					
	Heavy Effort (i.e. fire fighting, ladder climbing, emergency response duties, and lifting >25 lbs.)					
4. Additional Protective Clothing and Equipment to be worn:						
5. Temperature and humidity extremes that may be encountered:						
	Extreme Cold (below 30°F)		Dryness		Humidity (above 90%)	
	Extreme Heat (above 100°F)		Wetness		Other	

Part C. Employee or Job Applicant who must wear respirator(s) Per OSHA 29 CFR 1910.134 Respirator Standards, if you have been selected to wear a respirator, then you MUST answer the following questions. Please contact the Physician or Licensed Health Care Professional listed in Part B if you would like to discuss any questions in this section. To maintain confidentiality, please personally return this completed questionnaire to the PLHCP or in the envelope provided.

Height (ft. in.)	Weight (lbs.)	Work Phone Number	Best Time to Reach You at This Number
------------------	---------------	-------------------	---------------------------------------

a) Has your employer told you how to contact the health professional who will review this Questionnaire? (see Part B #1 above)				Yes
No				
b) Can you read?		Yes	No	d) Have you worn a respirator during fit testing?
		Yes	No	
c) Have you worn a respirator?		Yes	No	e) Check the type(s) of respirator you will use: N, R, or P Disposable Respirator (filter-mask, non-cartridge only)
c) (continued) If yes, what type(s)?		Other Type (e.g., half or full-piece, PAPR, supplied-air, SCBA)		

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?	Yes	No	Yes	No
3. (continued)				
			c) Chronic Bronchitis	

2. Have you ever had any of the following conditions?				d) Emphysema	
a) Seizures (fits)				e) Pneumonia	
b) Diabetes (sugar disease)				f) Tuberculosis	
c) Allergic reactions that interfere with your breathing			g) Silicosis		
d) Claustrophobia (fear of closed-in places)			h) Pneumothorax (collapsed lung)		
e) Trouble smelling odors			i) Lung cancer		

3. Have you ever had any of the following pulmonary or lung problems?					
j) Broken ribs					
a) Asbestosis				k) Any chest injuries or surgeries	
b) Asthma				l) Any other lung problem that you've been told about	

			Employee Name
			Social Security No.

Respirator Medical Evaluation Questionnaire (Continued)

4. Do you currently have any of the following symptoms of pulmonary or lung illness?				Yes	No	Yes	No
8. If you've used a respirator, have you ever had any of the following							
a) Shortness of breath				problems? (If you've never used a respirator, check the following			
b) Shortness of breath when walking fast on level ground or walking up a slight hill or incline				space and go to Question 9.)			
				a) Eye irritation			
c) Shortness of breath when walking with other people at an				b)			

Skin allergies or rashes			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	ordinary pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d) Have to stop for breath when walking at your own pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d) General weakness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	interferes with your use of a respirator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e) Shortness of breath when washing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	you like to talk to the health care professional who will review	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f) Shortness of breath that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	questionnaire about your answers to this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g) Coughing that produces phlegm (thick sputum)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h) Coughing that wakes you early in the morning	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	FULL FACEPIECE RESPIRATOR or SELF CONTAINED	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	i) Coughing that occurs mostly when you are lying down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	APPARATUS (SCBA), please answer these additional questions:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j) Coughing up blood in the last month	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	k) Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	l) Wheezing that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	in either eye (temporarily or permanently)?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	m) Chest pain when you breathe deeply	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	of the following vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	n) Any other symptoms that you think may be related to lung problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a) Wear contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Have you ever had any of the following cardiovascular or heart	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b) problems?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a) Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b) Stroke	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c) Angina	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d) Heart Failure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e) Swelling in your legs or feet (not caused by walking)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f) Heart arrhythmia (heart beating irregularly)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g) High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h) Any other heart problem you've been told about	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	any of the following musculoskeletal problems?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Have you ever had any of the following cardiovascular or heart symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	a) Weakness in any of your arms, hands, legs, or feet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b) Back pain	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c) Difficulty fully moving your arms and legs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d) Pain or tightness in your chest interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e) Pain or stiffness when you lean forward or backward at the waist	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	f) In the past two years, have you noticed your heart skipping	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	g) Difficulty fully moving your head up or down	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	h) Heartburn or indigestion that is not related to eating	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	i) Difficulty bending at your knees	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	j) Any other symptoms that you think may be related to heart or	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	k) Difficulty squatting to the ground	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	l) Difficulty fully moving your head side to side	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	m) Heartburn or indigestion that is not related to eating	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	n) Difficulty bending at your knees	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	o) Any other symptoms that you think may be related to heart or	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	p) Difficulty squatting to the ground	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	q) circulation problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	r) Climbing a flight of stairs or a ladder carrying more than 25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Do you currently take medication for any of the following problems?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	s) Any other muscle or skeletal problem	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	t) Breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	u) Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	v) Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	w) Seizures (fits)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Employee Signature	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Print Name	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Date	<input type="checkbox"/>	<input type="checkbox"/>
Part D. Licensed Health Care Professional			
<input type="checkbox"/>	Exam Required	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cleared for Respirator Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Cleared for Respirator Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal Egress/Self Evacuation Only	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Comments	<input type="checkbox"/>	<input type="checkbox"/>

Employer Use Only			
	Agree with Recommendation		Disagree with Recommendation
	Questionnaire Periodicity Every		
	Year(s)		
Name		Signature	
		Date	