**County of Henrico**

# Respiratory Protection Program



**Department of (Insert)**

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

**1910.134**

 **Respiratory Protection**

**This program template ensures that affected County of Henrico departments comply with the Virginia Occupational Safety & Health Standard 29 CFR 1910.134. This template also provides other helpful information related to respiratory protection. Each Department will need to modify this template so that an effective comprehensive program is in place and meets the needs of the employees. For assistance, contact the Office of Emergency Management & Workplace Safety (EMWS).**

### 1910.134

**Respiratory Protection**

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**County of Henrico**

**Respiratory Protection Program**

1. **OBJECTIVE**

This Respiratory Protection Program for the Department of (\_\_insert\_\_\_) is designed to protect employees by establishing accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators. This program ensures affected County of Henrico employees comply with the Virginia Occupational Safety & Health respiratory protection requirements, 29 CFR 1910.134.

1. **ASSIGNMENT OF RESPONSIBILITY**
	1. Department Head

The Department Head, or designee, is responsible for providing respirators to employees when they are needed to protect employees from airborne contaminants. The Department will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. Any expense associated with training, medical evaluations and respiratory protection equipment is the responsibility of the County.

* 1. Program Administrator

The Program Administrator for the Department is ***(Responsible Person)*** . The Program Administrator is the person who administers the respiratory protection program. Duties of the program administrator include:

* + 1. Identifying work areas, process or tasks that require workers to wear respirators.
		2. Evaluating hazards.
		3. Selecting respiratory protection options.
		4. Monitoring respirator use to ensure that respirators are used in accordance with their specifications.
		5. Arranging for and/or conducting training.
		6. Ensuring proper storage and maintenance of respiratory protection equipment.
		7. Conducting qualitative fit testing with Bitrex.
		8. Administering the medical surveillance program.
		9. Maintaining records required by the program.
		10. Evaluating the program.
		11. Updating written program, as needed.
	1. Supervisors

Supervisors are responsible for ensuring that the respiratory protection program is implemented where necessary. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by their employees. Duties of the supervisor include:

* + 1. Ensuring their employees (including new hires) receive appropriate training, fit testing, and annual medical evaluation.
		2. Ensuring the availability of appropriate respirators and accessories.
		3. Being aware of tasks requiring the use of respiratory protection.
		4. Enforcing the proper use of respiratory protection.
		5. Ensuring that respirators are properly cleaned, maintained, and stored according to the department’s program.
		6. Ensuring that respirators fit well and do not cause discomfort.
		7. Continually monitoring work areas and operations to identify existing or new respiratory hazards.
		8. Coordinating with the Program Administrator on how to address respiratory hazards or any other concerns regarding this program.
	1. Employees

Each employee is responsible for wearing his/her respirator when and where it is required and as he/she has been trained. Employees must also:

* + 1. Care for and maintain their respirators as instructed, guard them against damage, and store them in a sanitary location.
		2. Inform the supervisor if the respirator no longer fits well, and request a new one that fits properly.
		3. Inform the supervisor or Program Administrator of any respiratory hazards that have not been adequately addressed in the workplace, as well as other concerns regarding this program.
		4. Use respiratory protection according to the manufacturer’s instructions and specific training.
1. **APPLICABILITY**

This program applies to all employees required to wear respirators during normal work operations, as well as during some non-routine or emergency operations, such as a spill of a hazardous material.

In addition, any employee who voluntarily wears a respirator when one is not required (i.e., in certain maintenance and coating operations) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and will be provided with necessary training. Employees who voluntarily wear filtering face pieces (such as a dust

masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program. All employees and work processes covered by the provisions of this program are listed in Attachment D.

1. **PROGRAM**
	1. Hazard Assessment and Respirator Selection

The Program Administrator will select respirators based on the hazards to which workers are exposed, and according to VOSH’s Respiratory Protection Standard. The Program Administrator will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. A log of identified hazards will be maintained by the Program Administrator (See Sample Hazard Evaluation, Attachment C). The hazard evaluations shall include:

* + 1. Identification and development of a list of hazardous substances used in the workplace by department or work process.
		2. Review of work processes to determine where potential exposures to hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing the process records, and talking with employees and supervisors.
		3. Exposure monitoring to quantify potential hazardous exposures.

The proper type of respirator for the specific hazard involved will be selected in accordance with the manufacturer’s instructions. A list of employees and appropriate respiratory protection will be maintained by the Program Administrator (see Attachment D).

* 1. Updating the Hazard Assessment

The Program Administrator will update the hazard assessment if needed (i.e., any time work processes change and may potentially affect exposure). If an employee feels that respiratory protection is needed during an activity, he/she is to contact his/her supervisor or the Program Administrator. The Program Administrator will evaluate the potential hazard, and arrange for outside assistance from a qualified industrial hygienist if necessary. The Program Administrator will notify employees of the results of that assessment. If it is determined that respiratory protection is necessary, the required elements of the respiratory protection program will be in effect for those tasks, and the respiratory program will be updated accordingly.

* 1. Training

The Program Administrator, or other competent person, will provide training to respirator users and their supervisors on the contents of the Respiratory Protection Program and their responsibilities under VOSH’s Respiratory Protection Standard. All affected employees and their supervisors will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to supervising the employees wearing respirators.

The training course will cover the following topics:

* + 1. The County’s Respiratory Protection Program;
		2. The VOSH Respiratory Protection Standard (29 CFR 1910.134);
		3. Respiratory hazards encountered in the workplace and their affects;
		4. Proper selection and use of respirators;
		5. Limitations of respirators;
		6. Respirator donning and user seal (fit) checks;
		7. Fit testing;
		8. Emergency use procedures;
		9. Maintenance and storage; and
		10. Medical symptoms that may limit the effective use of respirators.

Employees will receive refresher training annually, or as needed (e.g., if they change departments or work processes and need to wear a different respirator). Employees must demonstrate an understanding of the training through hands-on demonstrations and a written test. Respirator training will be documented by the Program Administrator, or the Department. Documentation will include the type, model, and size of respirator for which an employee has been trained and fit tested.

* 1. NIOSH Certification

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used according to the conditions of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while the respirator is in use.

* 1. Voluntary Respirator Use

The Program Administrator shall authorize the voluntary use of respiratory equipment on a case-by-case basis. This depends on specific workplace conditions and the results of the employee’s medical evaluations.

The Program Administrator will provide all employees who voluntarily wear the above respirators with a copy of Appendix D of the VOSH Respiratory Protection Standard. (Appendix D details the requirements for voluntary use of respirators by employees.) Employees who choose to wear a half face piece APR must comply with the procedures for Medical Evaluation, Respirator Use, Cleaning, Maintenance and Storage portions of this program.

* 1. Medical Evaluation

Employees who are required to wear respirators, or who wear a half face piece APR voluntarily, must receive a medical evaluation provided by Henrico County Employee Health before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

At Employee Health, a physician, or other Licensed Health Care Professional (LHCP), will review each employee’s questionnaire and provide a medical evaluation. Medical evaluation procedures are as follows:

* + 1. The medical evaluation will be conducted using the questionnaire provided in Appendix C of the VOSH Respiratory Protection Standard (see Attachment G of this program). The Program Administrator will distribute a copy of the questionnaire to all employees requiring medical evaluations.
		2. To the extent feasible, the County will aid employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician, or other LHCP, for medical evaluation.
		3. All affected employees will be given a copy of the medical questionnaire to complete, and will have an appointment with Employee Health for the medical evaluation. Employees will be permitted to be evaluated on County time.
		4. If needed, follow-up medical exams will be granted to employees, and/or as deemed necessary by the evaluating physician or LHCP.
		5. If requested, employees may speak in greater detail with the physician, or LHCP, about medical evaluations.
		6. The Program Administrator shall provide the evaluating physician, or LCHP, with a copy of this Program, a copy of the VOSH Respiratory Protection Standard, the list of hazardous substances by work area, and the following information about each employee requiring evaluation:
			1. His or her work area or job title;
			2. Proposed respirator type and weight;
			3. Length of time the respirator will be worn;
			4. Expected physical work load (light, moderate or heavy);
			5. Potential temperature and humidity extremes; and
			6. Any additional protective clothing required.
		7. Positive pressure air purifying respirators will be provided to employees as required by medical necessity.
		8. After an employee has received clearance to wear his/her respirator, additional medical evaluations will be provided under the following circumstances:
			1. The employee reports signs and/or symptoms related to his/her ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
			2. The evaluating physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.
			3. Information found during the implementation of this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation.
			4. A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

Any County employees included in medical surveillance will be listed in Attachment D of this program. All examinations and questionnaires shall remain confidential. The Program Administrator will retain only the physician’s, or LHCP’s, recommendations regarding each employee’s ability to wear a respirator.

* 1. Fit Testing

Employees required to wear, or voluntarily wear, a half-face piece Air Purifying Respirators (APRs), or an N-95 respirator will be fit tested:

* + 1. Prior to being allowed to wear any respirator with a tight-fitting face piece;
		2. Annually; or
		3. When there are changes in the employee’s physical condition that could affect respiratory fit (e.g., obvious change in body weight, after facial scarring or surgery, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will wear. Employees will be provided with several models and sizes of respirators so there is an optimal fit. Fit testing of powered air purifying respirators will be conducted in the negative pressure mode. The Program Administrator, or other qualified person, will conduct fit tests in accordance with the VOSH’s Respiratory Protection Standard.

* 1. General Respirator Use
		1. Employees will use their respirators under conditions specified in this program, and in accordance with the training they receive on the use of a specific model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH, or by its manufacturer.
		2. All employees shall conduct “user seal checks” each time they don their respirators. Employees shall use either the positive or negative pressure check (depending on which test works best for them) as specified in the VOSH Respiratory Protection Standard.
			1. Positive Pressure Test: This test is performed by closing off the exhalation valve with one hand. Breathe air into the mask. The fit is satisfactory if pressure builds inside the mask without air leaking out between the mask and the wearer’s face.
			2. Negative Pressure Test: This test is performed by closing of the inlet openings of the cartridge with one palm. Some masks may require that the filter holder be removed to seal off the intake valve. The wearer will inhale gently so that a vacuum forms within the face piece. The wearer will hold his/her breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator fits properly.
		3. Employees shall be permitted to leave the work area to maintain their respirator for the following reasons:
			1. to clean their respirator if it is impeding their ability to work;
			2. to change filters or cartridges;
			3. to replace parts; or
			4. to inspect respirator if it stops functioning as intended.

Employees should notify their supervisor before leaving the area.

* + 1. Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents a proper seal. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between skin and the face piece.
		2. Before and after each use of a respirator, an employee, or immediate supervisor, must inspect the tightness, the connections, and the condition of the face piece, headbands, valves, filter holders and filters. Questionable items must be addressed immediately by the supervisor and/or Program Administrator.
	1. Air Quality

For supplied-air respirators, only Grade D breathing air shall be used in the cylinders. The Program Administrator will coordinate deliveries of compressed air with the company's vendor and will require the vendor to certify that the air in the cylinders meets the specifications of Grade D breathing air. The Program Administrator will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area.

* 1. Change Schedules

Respirator cartridges shall be replaced as determined by the Program Administrator, supervisor(s), and cartridge manufacturer’s recommendations.

* 1. Cleaning

Respirators shall be cleaned and disinfected at a designated cleaning station on a regular basis. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Atmosphere-supplying and emergency use respirators are to be cleaned and disinfected after each use.

These are the procedures to clean and disinfect reusable respirators:

* + 1. Disassemble respirator, removing filters, canisters, or cartridges.
		2. Wash the face piece and all associated parts (except cartridges and elastic headbands) in an approved cleaner-disinfectant solution in warm water (about 120 degrees Fahrenheit). Wipes made for cleaning respirators are available as well. Do not use organic solvents. Use a soft hand brush to remove dirt.
		3. Rinse the unit in clean, warm water.
		4. Disinfect all skin contact points by spraying or wiping the respirator with an appropriate disinfectant.
		5. Air dry the respirator and all components in a clean location.
		6. Replace any defective parts and reassemble the respirator. Insert new filters or cartridges and ensure a tight seal.
		7. Before storage, place respirator in a clean, dry plastic bag or other airtight container.

The Program Administrator will ensure that an adequate supply of appropriate cleaning and disinfection materials at the cleaning station at all times. If supplies run low, employees shall notify the supervisor, or the Program Administrator.

* 1. Maintenance

Respirators are to be properly maintained at all times so that they function properly and protect the wearers. Maintenance includes a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced nor will repairs be made beyond what is recommended by the manufacturer. The manufacturer will make all repairs to the regulators and/or the alarms of atmosphere-supplying respirators.

* + 1. All respirators shall be inspected before and after each use.
		2. Emergency respirators shall be inspected after each use, and at least monthly by the Program Administrator, or a designee, to ensure that the units are in working order.
		3. The Respirator Inspection Checklist (Attachment E) will be used when inspecting respirators.
		4. The Program Administrator, or designee, will record the inspection dates of emergency use respirators, as well as any other findings.
		5. Employees may leave their work area to perform maintenance on their respirator in a designated area that is free of respiratory hazards. Situations include:
			1. Washing the face and respirator face piece to prevent any eye or skin irritation;
			2. Replacing the filter, cartridge or canister;
			3. Detection of vapor or gas breakthrough or leakage in the face piece; or
			4. Detection of any other damage to the respirator or its components.
	1. Storage

After respirators are inspected, cleaned, and any necessary repairs made, the units shall be stored so that dust, sunlight, heat, extreme cold, excessive moisture, or harmful chemicals do not damage them.

* + 1. Respirators must be stored in a clean, dry location, and in accordance with the manufacturer’s recommendations, and preferably in a secure cabinet. Each employee will clean and inspect his/her air-purifying respirator in accordance with this program, and will store the respirator in a plastic bag in the designated location. Each employee will have his/her name on the bag, and that bag will be used to store that employee’s respirator only.
		2. Respirators shall be packed or stored so that the face piece and exhalation valve will rest in a near normal position.
		3. Respirators shall not be stored in places such as lockers or toolboxes unless they are set in carrying cartons.
		4. Respirators maintained in work areas for emergency use shall be stored in compartments built specifically for that purpose. The units must be accessible at all times, and be marked clearly.

The Program Administrator will store the County’s respirators and respirator components in their original manufacturer’s packaging in a location designated for that purpose.

* 1. Respirator Malfunctions and Defects
		1. For any malfunction of an ASR (atmosphere-supplying respirator), such as breakthrough, face piece leakage, or a malfunctioning valve, the wearer shall inform his/her supervisor that the respirator no longer functions as intended. The employee will go to the designated safe area to inspect the respirator. The supervisor must ensure that the employee receives the needed parts to repair the respirator, or is provided with a new respirator. All workers wearing atmosphere-supplying respirators will use the “buddy system”. The Program Administrator shall inform employees when the “buddy system” procedures are required to assist a coworker experiencing an ASR malfunction.
		2. Respirators that are defective, or have defective parts, shall be removed from service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she shall notify his/her supervisor. Supervisors will give all defective respirators to the Program Administrator. The Program Administrator will decide whether to:
			1. Take the respirator out of service until it can be repaired;
			2. Perform a simple fix on the spot, such as replacing a head strap; or
			3. Dispose of the respirator due to an irreparable defect.

When a respirator is taken out of service for an extended period, the respirator will be tagged “out of service”, and the employee will receive a replacement unit of a similar make, model, and size. All tagged respirators will be kept separate from usable respirators in a predetermined location.

* 1. Emergency Procedures

In emergency situations where an employee could be overcome by a toxic or oxygen-deficient atmosphere, the following procedures for emergency respirator wear shall be followed. The locations of potentially dangerous atmospheres exist are listed in Attachment F of this program. Locations of emergency respirators are also listed in Attachment F.

* + 1. When the alarm sounds, employees in the affected area must immediately don an emergency escape respirator, shut down any process equipment, and exit the work area.
		2. All other employees must immediately evacuate the building. Any department where there are emergency escape respirators, the County’s Emergency Action Plan shall describe proper procedures (including evacuation routes and personnel assembly location(s) in detail).
		3. Employees who must remain in a dangerous atmosphere must do the following:
			1. Entering a dangerous atmosphere is prohibited by any employee unless appropriate personal protective equipment is available and the Program Administrator, or supervisor, give permission to enter the location.
			2. Employees shall never enter a dangerous atmosphere without at least one additional person present to serve as an attendant. The attendant must remain in the safe atmosphere at all times.
			3. Communication (voice, visual or signal line) must be maintained between both individuals or all personnel present.
			4. Respiratory protection in these situations is for escape purposes only. County employees who are not trained as emergency responders are not authorized to act in such a manner.
	1. Program Evaluation

The Program Administrator will conduct periodic evaluations of the workplace to ensure this program has been implemented properly. The evaluation will include a regular consultation with respirator wearers and their supervisors, site inspections, and required air monitoring and a review of mandatory records. Considerations include:

* + 1. Comfort;
		2. Ability to breathe without too much discomfort;
		3. Adequate visibility under all work conditions
		4. Provisions for wearing prescription glasses;
		5. Ability to perform all tasks without undue interference; and
		6. The wearer’s confidence in the face piece fit.

Identified problems will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to the Department Head, or designee. The report will list methods to correct deficiencies in the RP Program, and will include target dates for implementing the corrections.

* 1. Documentation and Recordkeeping
		1. A written copy of this Respiratory Protection Program and the VOSH Respiratory Protection Standard shall be kept on file in the Program Administrator’s office. This information shall be available for employee review at all times.
		2. Copies of training rosters and fit test records shall be maintained by the Program Administrator, or a qualified designee. The records will be updated as new hires are trained, as existing employees receive refresher training, and as the next annual fit tests are conducted.
		3. For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the physician’s written recommendation regarding each employee’s ability to wear a respirator. The completed medical questionnaires and evaluating physician’s documented findings will remain confidential in the employee’s medical records at the location of the evaluating physician’s practice.

ATTACHMENT A

**Hazard Assessment Log**

(If needed, contact the Office of EMWS for assistance)

|  |
| --- |
| Hazard Assessment Log ***DATE***  |
| **Department,****Location or Room** |  **Contaminants** | **Exposure Level****(8 hr TWA\*)** | **PEL\*\*** | **Controls** |
| *Ex. Spray Booth Area* | *Klean Strip Thinner**(Toluene)* | *200 ppm TWA* | *May not peak over 500 ppm over ten minutes. Cannot exceed 300ppm.*  | *Half-face, organic vapor respirator.* *APF* |
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\* Summarized from Industrial Hygiene report provided by*Responsible Person*.

\*\* These values were obtained from a survey on average exposures as published in the American Journal of Industrial Hygiene .

ATTACHMENT B

**Record of Respirator Use**

|  |
| --- |
| **Required and Voluntary Respirator Use at (insert Department and/or Location)** |
| **Type of Respirator** | **Department/Process** |
| *Example: Filtering face piece (dust mask)* | *Voluntary use for warehouse employees* |
| *Ex. Half-face piece APR or PAPR with P100 filter* | *Used by employees cleaning spray booth walls or changing spray booth filter* |
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ATTACHMENT C

**Hazard Evaluation**

(Contact the Office of EMWS for assistance).

|  |
| --- |
| **Process Hazard Evaluation for *(Department and Location)*** ***DATE***  |
| **Process** | **Noted Hazards** |
| *Example: Prep-sanding of wood* | *Ventilation controls on some sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5 - 7.0 mg/m3 (8-hour time-weighted-average, or TWA). Half-face piece APRs with P100 filters and goggles are required for employees sanding wood pieces. PAPRs will be available for employees who are unable to wear an APR.* |
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(Include documentation of the sampling data that hazard evaluation is based on).

ATTACHMENT D

**Record of Respirator Issuance**

|  |
| --- |
| **County of Henrico en****Personnel in Respiratory Protection Program*****Date*** |
| Respiratory protection is required for and has been issued to the following personnel: |
| **Name** | **Department** | **Job Description/ Work Procedure** | **Type of Respirator** | **Date Issued** |
| *Example: M. Smith* |  | *Operator* | *Half mask APR P100 filter when sanding* |  |
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ATTACHMENT E

**Inspection Checklist**

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| --- | --- |
| **Type of Respirator:** | **Location:** |
| **Respirator Issued to:** | **Type of Hazard:** |
| Face piece  | **\_\_\_\_\_\_\_\_\_** Cracks, tears, or holes**\_\_\_\_\_\_\_\_\_** Face mask distortion**\_\_\_\_\_\_\_\_\_** Cracked or loose lenses/face shield |
| Head straps | **\_\_\_\_\_\_\_\_\_** Breaks or tears**\_\_\_\_\_\_\_\_\_** Broken buckles |
| Valves: | **\_\_\_\_\_\_\_\_\_** Residue or dirt**\_\_\_\_\_\_\_\_\_** Cracks or tears in valve material |
| Filters/Cartridges: | **\_\_\_\_\_\_\_\_\_** Approval designation**\_\_\_\_\_\_\_\_\_** Gaskets**\_\_\_\_\_\_\_\_\_** Cracks or dents in housing**\_\_\_\_\_\_\_\_\_** Proper cartridge for hazard |
| Air Supply Systems | **\_\_\_\_\_\_\_\_\_** Breathing air quality/grade**\_\_\_\_\_\_\_\_\_** Condition of supply hoses**\_\_\_\_\_\_\_\_\_** Hose connections**\_\_\_\_\_\_\_\_\_** Settings on regulators and valves |
| Rubber/Elastomer Parts | **\_\_\_\_\_\_\_\_\_** Pliability**\_\_\_\_\_\_\_\_\_** Deterioration |

|  |  |
| --- | --- |
| **Inspected by:** | **Date:** |
| **Action Taken:** |

ATTACHMENT F

**Emergency Escape Log**

The following work areas in the (Department) have been identified as having foreseeable emergencies:

|  |  |  |
| --- | --- | --- |
| **Area** | **Type of Emergency** | **Location of Emergency Respirator(s)** |
| *Example: Spray Booth Cleaning Area* | *Spill of hazardous waste* | *Locker #1 in the Spray Booth Area* |
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 Program Administrator Date

ATTACHMENT G

**Respirator Medical Evaluation Questionnaire**

**29 CFR 1910.134 Appendix C Mandatory**

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

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that 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?

 a. Seizures: Yes No

 b. Diabetes (sugar disease): Yes No

 c. Allergic reactions that interfere with your breathing: Yes No

 d. Claustrophobia (fear of closed-in places): Yes No

 e. Trouble smelling odors: Yes No

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

 a. Asbestosis: Yes No

 b. Asthma: Yes No

 c. Chronic bronchitis: Yes No

 d. Emphysema: Yes No

 e. Pneumonia: Yes No

 f. Tuberculosis: Yes No

 g. Silicosis: Yes No

 h. Pneumothorax (collapsed lung): Yes No

 i. Lung cancer: Yes No

 j. Broken ribs: Yes No

 k. Any chest injuries or surgeries: Yes No

 l. Any other lung problem that you've been told about: Yes No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

 a. Shortness of breath: Yes No

 b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No

 c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No

 d. Have to stop for breath when walking at your own pace on level ground: Yes No

 e. Shortness of breath when washing or dressing yourself: Yes No

 f. Shortness of breath that interferes with your job: Yes No

 g. Coughing that produces phlegm (thick sputum): Yes No

 h. Coughing that wakes you early in the morning: Yes No

 i. Coughing that occurs mostly when you are lying down: Yes No

 j. Coughing up blood in the last month: Yes No

 k. Wheezing: Yes No

 l. Wheezing that interferes with your job: Yes No

 m. Chest pain when you breathe deeply: Yes No

 n. Any other symptoms that you think may be related to lung problems: Yes No

5. Have you ever had any of the following cardiovascular or heart problems?

 a. Heart attack: Yes No

 b. Stroke: Yes No

 c. Angina: Yes No

 d. Heart failure: Yes No

 e. Swelling in your legs or feet (not caused by walking): Yes No

 f. Heart arrhythmia (heart beating irregularly): Yes No

 g. High blood pressure: Yes No

 h. Any other heart problem that you've been told about: Yes No

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

 a. Frequent pain or tightness in your chest: Yes No

 b. Pain or tightness in your chest during physical activity: Yes No

 c. Pain or tightness in your chest that interferes with your job: Yes No

 d. In the past two years, have you noticed your heart skipping or missing a beat: Yes No

 e. Heartburn or indigestion that is not related to eating: Yes No

 f. Any other symptoms that you think may be related to heart or circulation problems: Yes No

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

 a. Breathing or lung problems: Yes No

 b. Heart trouble: Yes No

 c. Blood pressure: Yes No

 d. seizures: 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:)

 a. Eye irritation: Yes No

 b. Skin allergies or rashes: Yes No

 c. Anxiety: Yes No

 d. General weakness or fatigue: Yes No

 e. Any other problem that interferes with your use of a respirator: Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

10. Have you ever lost vision in either eye (temporarily or permanently): Yes No

11. Do you currently have any of the following vision problems?

 a. Wear contact lenses: Yes No

 b. Wear glasses: Yes No

 c. Color blind: Yes No

 d. Any other eye or vision problem: Yes No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes No

13. Do you currently have any of the following hearing problems?

 a. Difficulty hearing: Yes No

 b. Wear a hearing aid: Yes No

 c. Any other hearing or ear problem: Yes No

14. Have you ever had a back injury: Yes No

15. Do you currently have any of the following musculoskeletal problems?

 a. Weakness in any of your arms, hands, legs, or feet: Yes No

 b. Back pain: Yes No

 c. Difficulty fully moving your arms and legs: Yes No

 d. Pain or stiffness when you lean forward or backward at the waist: Yes No

 e. Difficulty fully moving your head up or down: Yes No

 f. Difficulty fully moving your head side to side: Yes No

 g. Difficulty bending at your knees: Yes No

 h. Difficulty squatting to the ground: Yes No

 i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes No

 j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

**Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

If "yes," name the chemicals if you know them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 a. Asbestos: Yes No

 b. Silica (e.g., in sandblasting): Yes No

 c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No

 d. Beryllium: Yes No

 e. Aluminum: Yes No

 f. Coal (for example, mining): Yes No

 g. Iron: Yes No

 h. Tin: Yes No

 i. Dusty environments: Yes No

 j. Any other hazardous exposures: Yes No

If "yes," describe these exposures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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)?

 a. HEPA Filters: Yes No

 b. Canisters (for example, gas masks): Yes No

 c. Cartridges: Yes No

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

 a. Escape only (no rescue): Yes No

 b. Emergency rescue only: Yes No

 c. Less than 5 hours per week: Yes No

 d. Less than 2 hours per day: Yes No

 e. 2 to 4 hours per day: Yes No

 f. Over 4 hours per day: Yes No

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

 a. Light (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.

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

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

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

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

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

Name of the first toxic substance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of the second toxic substance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Name of the third toxic substance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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):

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ATTACHMENT H

**29 CFR 1910.134 Appendix D (Employee Information)**

If employees have the option to wear respirators/dust masks voluntarily, they must be given Appendix D of the 29 CFR 1910.134, “Information for employees using Respirators/Dust masks when not required under standard.” This attachment contains the contents of Appendix D.

Respirators/Dust Masks are an effective method of protection against 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, the same is true of Dust Masks – however they provide very limited protection. If your employer provides respirators for your voluntary use, or if you provide your own respirator/dust mask, you need to take certain precautions to be sure that the respirator/dust mask itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations as well as the limitations of a dust mask.

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1. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the US 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.
2. Do not wear your respirator/dust mask into atmospheres containing contaminants for which your respirator/dust mask is not designed to protect against. For example, a respirator/dust mask designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
3. Keep track of your respirator/dust mask so that you do not mistakenly use someone else’s respirator/dust mask. If using the company’s respirator from a cabinet, following cleaning instructions and replace when finished. If you are using a dust mask from a cabinet, ensure it is clean and your own, dispose of when it is dirty or contaminated. See written respirator program if applicable.

ATTACHMENT I

**APPENDIX D ACCEPTANCE FORM**

*I have received VOSH's Appendix D of the Respiratory Protection Standard (1910.134) I understand that I can voluntary wear a respirator/dust mask if I want to, to provide additional level of comfort and protection while working. I understand I have to follow the inspection and cleaning procedures that are listed in each respirator/dust mask cabinet.*

*I also understand if the exposure limits are elevated enough to be over the Occupational Safety & Health limits, only employees cleared to wear a respirator/dust mask can enter or work in those areas.*

*I also I have trained on how to wear, use, and clean the respirator/dust mask.*

 Employee's Name (Print) Employee's Department

 Employee's Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Trainer Name (Print) Date

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Supervisor/Trainer Signature