

City of Hendersonville, NC
Respiratory Protection Program
In compliance with: 29 CFR 1910.134

I. Purpose

In the Respiratory Protection program, hazard assessment and selection of proper respiratory PPE are conducted in the same manner as for other types of PPE. In the control of those occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors, the primary objective shall be to prevent atmospheric contamination. This shall be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, appropriate respirators shall be used. References: OSHA Standards *Respiratory Protection* (29 CFR 1910.134)

The City is not required to include in a written respiratory protection program for those employees whose only use of respirators involves voluntary use of filtering face pieces (dust masks). See OSHA Standard 29 CFR 1910.134.

This document is applicable to all departments and to all employees (temporary, permanent, part-time, volunteers) who are performing duties requiring the use of respiratory protection to prevent unnecessary exposure. The City is responsible for the implementation of this Respiratory Protection Program.

II. Responsibilities

- A. It shall be the responsibility of the Human Resources Coordinator to oversee the respiratory protection program and conduct the required evaluations of the program effectiveness.
- B. It shall be the responsibility of each department head to insure that provisions of this policy are carried out within their respective department. They shall be responsible to initiate disciplinary action for any violation of these procedures.
- C. It shall be the responsibility of the City employees performing duties involving respirator use to notify their supervisor of any changes of conditions affecting this policy. Employees are responsible for becoming familiar with this policy and the requirements set forth in the policy. Employees must comply with this policy, as well as other safety policies, and are to immediately report unsafe conditions to their supervisor.
- D. It shall be the responsibility of the supervisor to monitor compliance as described by this policy.
- E. It will be the responsibility of the City of Hendersonville Safety Committee to modify, change and/or update this policy as necessary.
- F. It shall be the responsibility of the Human Resources Coordinator to retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

III. General Requirements

- A. Respirators are considered an acceptable method of protecting the health of City personnel only under the following circumstances:
 - 1. When it has been determined to the satisfaction of the Department Head, or his/her designee, that there are no feasible engineering or work practice controls that can be used to adequately control the hazard.

2. During intermittent, non-routine operations (i.e. not exceeding 1 hour/day for 1 day/week).
 3. During interim periods when engineering controls are being designed and/or installed.
 4. During emergencies.
- B. The Department Head, or his/her designee, shall evaluate respiratory hazards, identify locations or areas where respiratory protection is required and provide guidance in the conduct of the respiratory protection program.
 - C. Personnel in charge of operating activities will insure that their personnel are provided with approved respirators (without cost to the worker) after the requirement has been identified.
 - D. Individuals provided with respirators shall use them in accordance with instructions and training received.
 - E. The Department Head, or his/her designee, shall conduct regular inspections and evaluations to determine the continued effectiveness of the respiratory protection program.

IV. Equipment Selection

The City has evaluated the respiratory hazard(s) in each relevant workplace and based respirator selection on these factors. All selected respirators are NIOSH certified.

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

N-Series: Not Oil Resistant

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

R-Series: Oil Resistant

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

P-Series: Oil Proof

- Approved for all particulate contaminants including those containing oil
- Examples: dust, fumes, mists
- See Manufacturer's time use restrictions on packaging

Respirators for IDLH atmospheres. The following respirators will be used in IDLH atmospheres:

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

Respirators for atmospheres that are not IDLH.

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

Identification of Filters & Cartridges

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

A. Selection Criteria

1. **Hazard Assessment:** The Department Head, or designee, shall select and provide an appropriate respirator based upon the respiratory hazard(s) to which the worker is exposed and workplace and user factors that affect respirator performance and reliability.
2. **Health and Safety Factors:** Items to be considered in determining respirator selection such as:
 - a. Nature of the hazard
 - b. Intended use and limitations of the respiratory device
 - c. Movement, work-rate limitations
 - d. Emergency escape time and distance requirements
 - e. Training requirements.
3. **Human Factor:** The effectiveness of our program can largely be determined by the degree of worker acceptance. Worker acceptance is influenced by:
 - a. Comfort
 - b. Ability to breathe without objectionable resistance
 - c. Adequate visibility under all conditions
 - d. Provisions for wearing corrective lenses
 - e. Ability to communicate, if applicable
 - F. Ability to perform all tasks without undue interference
4. Only NIOSH-certified respirators shall be used. The respirators shall be used in compliance with the conditions of its certification.
5. Should cartridge type respirators be used for specific respiratory hazards, canister shall be properly labeled and colored in accordance with Table I -1 of 1910.134(d)(3)(i)(A).

B. Employee Equipment

The individual issuing the respirator shall be adequately instructed to insure that the correct respirator is used. Each respirator permanently assigned to an individual shall be durably marked to indicate whom it was assigned. The mark shall not affect the respirator performance in anyway.

V. Medical History

A medical history questionnaire should be utilized based on the type of respirator used. The designated physician shall use the recommended OSHA respiratory evaluation form during the consultation and evaluation (Appendix B Medical Evaluation Form). The completed questionnaire and evaluation form shall be retained in the employee's medical record file.

VI. Medical Examination

The frequency of the examination shall be annually. Special evaluation shall be performed after prolonged absences from work for medical reasons or whenever a functional disability has been identified. It shall be the responsibility of the Department Head/Facility Manager to schedule appointments for medical examinations.

Disqualifying reasons for respiratory use:

- A. Facial deformities and facial hair that interfere with a proper sealing of the respirator as determined by fit testing.
- B. Individual with prescription eyeglass who are required to wear a full -face respirator shall use special frames for their glasses that do not interfere with the face piece seal.
- C. Hearing shall be adequate to ensure communication and response to instructions and alarm systems. Individuals with perforated tympanic membranes cannot wear respirators in hazardous areas where inhalation or absorption of toxic material may occur.
- D. Disease affecting pulmonary function may prevent respirator use.
- E. The examining physician shall determine if any existing cardiac disease will affect respirator use.
- F. The examining physician shall determine if any endocrinal disorder will affect respirator use.
- G. The examining physician shall determine if any neurological disability will affect respirator use.
- H. The examining physician shall determine if any individual should be denied use of a respirator due to a history of problems related to prescription and nonprescription drug use. The examining physician shall determine by clinical history or indication of severe anxiety if an employee's psychological condition will affect respirator use, and;

The physician shall designate work restrictions that are based on the person's medical history or current health condition. For individuals requiring heavy or strenuous exertion, additional evaluation may be necessary.

VII. Fit Testing

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

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

- The name or identification of the employee tested;
- Type of fit test performed;
- Specific make, model, style, and size of respirator tested;
- Date of test; and
- The pass/fail results for QLFTs (Qualitative Fit Test) or the fit factor and strip chart recording or other recording of the test results for QNFTs (Quantitative Fit Test).

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

If after passing a QLFT or QNFT, the employee notifies the City, program administrator, supervisor, or Physician that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator face piece and to be retested.

Types of Fit Tests

The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in Appendix A of OSHA Standard 29 CFR 1910.134.

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

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

VIII. Equipment Use

Standard procedures have been developed for respiratory equipment use. These procedures consist of the manufacturer's instructions on proper use and care.

- A. Personnel shall be familiar with their assigned respiratory apparatus and the procedures for use.
- B. In areas where the wearer, with respiratory equipment failure, could be overcome by a toxic or oxygen deficient atmosphere, at least one additional person with a breathing apparatus, shall be present. Communication shall be maintained between both persons at all times.
- C. Approved respiratory protection equipment shall be readily available and must be used when the need arises.
- D. Respirators shall not be worn when conditions prevent a good face seal. Such conditions include:
 - Growth of a beard
 - Long sideburns
 - Temple pieces on glasses
 - Facial Deformities
- E. Employees shall perform a user seal check each time they put on a tight-fitting respirator using the procedures in Appendix C or equally effective manufacturer's procedures.

IX. Equipment Cleaning and Maintenance

Equipment shall be cleaned and disinfected using the procedures in Appendix D or equally effective manufacture's procedures as often as necessary to maintain a sanitary condition for exclusive use respirators and before being worn by different individuals when issued to more than one employees.

- A. A program for maintenance and care of respirators includes the following basic services:
 - Inspection for defects
 - Cleaning and sanitizing
 - Repair and reconditioning
 - Storage
 - Written procedures and record keeping
- B. Only experienced personnel shall do replacement or repairs with parts designed for respirator. No attempt shall be made to replace components or to make adjustments beyond the manufacturer's recommendations. Reducing or admission valves or regulators shall be returned to the manufacturer or to a trained technician for adjustment for repair.

X. Equipment Storage

After inspection, cleaning and necessary repair, respirators shall be stored to protect against dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.

- A. Respirators shall be stored in a convenient, clean and sanitary location that is quickly accessible at all times.

XI. Employee Training

For safe use of any respirator, it is essential that the user be properly instructed in its selection, use, and maintenance. Both supervisors and workers shall be so instructed by a competent person. Training for required use of respirators shall be conducted no less than once annually.

The training program will include the following information:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- How to inspect, put on and remove, use, and check the seals of the respirator;
- Limitations of their respirators;
- Maintenance and storage of their respirators;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators;
- Reporting problems with respirators to their supervisor.

Annual training shall be documented and submitted to Human Resources Coordinator.

XII. Voluntary Use of Respirator

It is not the policy of the City to provide respiratory protection if not needed, however, if an employee expresses an absolute need an appropriate respirator will be provided and all provisions of this policy shall apply. (See Appendix A titled "Information for Employees Using Respirators When Not Required Under Standard ")

Employees using a filtering dust mask, NIOSH approved, will review Appendix D of this program.

Employees using a half-face or full-face respirator on a voluntary basis will review Appendix D and have a medical exam to show no health hazard is being caused by the use of the respirator.

XIII. Program Evaluation

The Department Head, Supervisors, or Facility Directors that utilize respirators shall conduct evaluations of the workplace to ensure that the written respiratory protection program is properly implemented and shall consult with employees to ensure that they are using the respirators properly.

The evaluations of the workplace shall be conducted as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

Management personnel shall regularly consult with employees required to use respirators to assess the employee's views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include but are not limited to:

- A. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
- B. Appropriate respirator selection for the hazards to which the employee is exposed;
- C. Proper respirator use under the workplace condition the employee encounters; and
- D. Proper respirator maintenance.



John F. Connet

12-8-25

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Appendix A to Respiratory Policy

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Appendix B to Respiratory Policy Medical Evaluation Form

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): _____

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
 - d. 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: _____

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

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

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

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

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

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (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: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

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

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

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

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

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:

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):

Appendix C to the Respiratory Protection Program

User Seal Check Procedures

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks

- A. **Positive pressure check.** Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

- B. **Negative pressure check.** Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

Appendix D to the Respiratory Protection Program

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

