

RESPIRATORY PROTECTION PROGRAM

I. Introduction

In the control of those occupational diseases caused by breathing air contaminated with 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.

II. Purpose and scope

The practices and procedures described here constitute the respiratory protection program under which respirators are effectively utilized at XXXXXXXXXXXXXXXXXX.

III. Responsibility

A. XXXXXXXXXXXXXXXXXXXX is the respirator program administrator. He/she is responsible for:

1. Administering the overall program.
2. Implementing training and instruction programs.
3. Ensuring that medical evaluation procedures are implemented.
4. Selection and provision of appropriate respirators.

B. Supervisors are responsible for ensuring that the respiratory protection procedure is implemented in their particular areas. Duties of supervisors include:

1. Ensuring that employees under their supervision have received appropriate training, fit testing, and annual medical evaluations.
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 when necessary.
5. Ensuring that respirators are properly cleaned, maintained and stored according to the respiratory protection plan.
6. Ensuring that respirators fit well and do not cause discomfort.
7. Monitoring work areas and operations to identify respiratory hazards.

C. Each employee has the responsibility to wear his or her respirator when and where required and in the manner in which they were trained and:

1. Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
2. Inform the supervisor if the respirator no longer fits well, and request a new one.
3. Inform the supervisor or program administrator of any respiratory hazards that they feel are not adequately addressed in the work place and of any other concerns that they have regarding the program.

IV. Respirator Selection

XXXXXXXXXXXXXXXXX will select respirators to be used on site, based on the hazards to which workers are exposed. S/He will conduct a hazard evaluation for each operation, process, or work area that will 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 these hazardous substances may occur.
3. Exposure monitoring to quantify potential hazardous exposures.

V. Medical Evaluations

1. XXXXXXXXXXXXXXXX is responsible for seeing that medical evaluations are conducted to determine that employees who are required to, or those who are allowed to voluntarily wear respirators are medically able to do so.
2. XXXXXXXXXXXXXXXX at XXXXXXXXXXXXXXXX will provide the medical evaluations.
3. Medical evaluations will be conducted using Appendix C of the standard. XXXXXXXXXXXXXXXX will give a copy to all employees requiring medical evaluations to complete and hand carry to XXXXXXXXXXXXXXXX.
4. Follow-up medical exams will be granted as found necessary by the XXXXXXXXXXXXXXXX.
5. All employees will be granted an opportunity to speak with XXXXXXXXXXXXXXXX about their medical evaluation, if they request to do so.
6. XXXXXXXXXXXXXXXX will provide XXXXXXXXXXXXXXXX with a copy of this program, a copy of the OSHA respirator standard, a list of hazardous substances in the work place, the employee's job title, proposed respirator type and weight, length of time required to wear respirator, expected physical work load, potential temperature and humidity extremes and protective clothing required.
7. After an employee has received clearance and begun to wear a respirator, additional medical evaluations will be provided when:
 - a. the employee reports signs/symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
 - b. XXXXXXXXXXXXXXXX or supervisor informs the program administrator that the employee needs to be re-evaluated.
 - c. Information from this program, including observations made during fit tests and program evaluation indicates a need for re-evaluation.
 - d. A change occurs in workplace conditions that may impose an additional physiological burden on the employee.

In addition, the State of Maine requires the following intervals for Medical Evaluations.

- After an employee has received clearance and begun to wear SCBA, additional medical evaluations will be provided under the following circumstances.
 - Annually after age 40.
 - Every two years between the ages of 36-40.
 - Every five years up through age 35

VI. Fit Tests

1. XXXXXXXXXXXXX is responsible for conducting fit tests for all employees required to wear tight-fitting respirators.
2. Fit tests must be conducted:
 - a. before employees are allowed to wear any tight-fitting facepiece respirator.
 - b. when there are changes in the employee's physical condition that could affect respiratory fit.
 - c. at least annually thereafter.
 - d. using the make, model, and size of respirator they will actually use.
 - e. using OSHA approved fit test protocols found in Appendix B of the OSHA standard. The methods in use at this facility are qualitative and quantitative.

VII. Respirator Use

1. Employees must use their respirators in accordance with the training they receive.
2. Employees shall conduct user seal checks each time they wear their respirator, using either the positive or negative pressure check specified in appendix B-1 of the respiratory protection standard.
3. Employees must be permitted to leave the work area to clean their Respirator, change filters or cartridges, replace parts, or to inspect their respirator if necessary.
4. Employees must not be permitted to wear tight-fitting respirators if they have any condition such as facial scars, facial hair, or missing dentures that prevents them from achieving a good seal.

PERSONNEL INCLUDED IN MEDICAL SURVEILLANCE PROGRAM

List personnel included in the medical surveillance program

XXXXXXXXXXXXXX
XXXXXXXXXXXXXX

5. Emergency use procedures CONFINED SPACES

The following work areas or departments have been identified as having foreseeable emergencies. Respirators may be for responding to emergencies or for escape only.

6. IDLH (Immediately dangerous to life and health) procedures
 - a. One or more trained and equipped standby person stays outside the IDLH atmosphere.
 - b. Visual, voice or signal line communication is maintained with the employee in the IDLH atmosphere.
 - c. The employer is notified before the standby person enters the IDLH atmosphere to provide emergency rescue.
 - d. The employer must provide assistance appropriate to the situation. i.e. Employees engaged in interior structural fire fighting use SCBAs.
 - f. Only Grade D breathing air must be used in cylinders for supplied air respirators

XXXXXXXXXXXXXXXXXX has identified these areas as having the potential for IDLH conditions:

VIII. Cleaning, Maintenance, Change Schedules and Storage

- a. Respirators are to be cleaned and disinfected at the cleaning station located at XXXXXXXXXXXXXXXXXXXX.
- b. Respirators issued for exclusive use of one employee must be cleaned and disinfected as often as necessary to be kept clean.
- c. Respirators issued to more than one person must be cleaned and disinfected before being worn by different individuals.
- d. Respirators maintained for emergency use must be cleaned and disinfected after each use.
- e. Respirators used in fit testing and training must be cleaned and disinfected after each use.
- f. Procedures for cleaning respirators.
 - i. Remove filters, cartridges, or canisters. Disassemble facepieces by removing diaphragms, valve assemblies, hoses or other components recommended by the manufacturer, removing and discarding or repairing defective parts.
 - ii. Wash components in warm (43 C, 110 F) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff-bristled brush may be used to remove dirt.
 - iii. Rinse components in warm running water, then drain.
 - iv. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for 2 minutes in either a solution made by adding 1 milliliter of laundry bleach to one liter of water, an aqueous solution of iodine made by adding approximately 0.8 milliliters of tincture of iodine/1 00 cc of 45% alcohol to 1 liter of warm water, or another cleanser of equivalent disinfectant quality when used as recommended or approved by the manufacturer.
 - v. Components should be hand-dried with a clean lint-free cloth or air dried.
 - vi. Reassemble facepiece, replacing filters, cartridges and canisters where necessary.
 - vii. Test the respirator to ensure that all components work properly.
- g. Respirators must be stored in a clean, dry place, so as not to deform the facepiece.
 - i. Respirators for general use will be stored in IAQ area of Operations Warehouse.
 - ii. Emergency use respirators will be stored in cabinets marked as emergency respirators at **N/A**.
- h. Maintenance of respirators.
 - i. Respirators for routine use must be inspected before each use during cleaning.
 - ii. Emergency use respirators must be inspected at least monthly and as recommended by the manufacturer.
 - iii. Emergency escape-only respirators must be inspected before being placed in service.

- iv. Respirator inspections must include at least the following:
 - 1. A check of respirator function, tightness of connections, and the condition of the facepiece, head straps, valves, connecting tubes, and cartridges, canisters or filters.
 - 2. A check of elastomeric parts for pliability and signs of deterioration.
 - 3. SCBAs must be inspected monthly. Air and Oxygen cylinders must be kept in fully charged state and be recharged when the pressure falls to below 90%. Regulator and warning devices must be checked for proper working condition.
 - 4. For emergency use respirators, a certificate documenting the date, signature of inspector, the required remedial action and serial number of the respirator must be maintained.

i. Repairs

- 1. Repairs are to be made only by (name of trained employee or vendor) and only parts from the respirator manufacturer that are NIOSH approved shall be used.
- 2. Repairs must be made according to the manufacturer's recommendations.
- 3. Reducing and admission valves, regulators, and alarms must not be repaired except by the manufacturer or a technician trained by the manufacturer.

IX. Breathing Air Quality and Use

- a. Compressed and liquid oxygen must meet United States Pharmacopoeia requirements for medical or breathing oxygen.
- b. Compressed breathing air must meet at least the requirements for grade D breathing air, oxygen content 19.5-23.5%, Hydrocarbon content of 5 mg/m³, Carbon Monoxide content of 10 ppm or less, and lack of noticeable odor.
- c. Compressed oxygen must not be used in atmosphere-supplying respirators that have previously used compressed air.
- d. Oxygen concentrations greater than 23.5% must not be used in equipment unless it was designed for oxygen service or distribution.
- e. Cylinders used to supply breathing air to respirators must be tested and maintained according to Department of Transportation regulations in 49 CFR parts 173 and 178, and be accompanied by a certificate from the supplier that the breathing air meets the requirements for Grade D breathing air, and that the moisture content in the cylinder does not exceed a dew point of -50 degrees F at 1 atmosphere pressure.
- f. Compressors used to supply breathing air must be constructed and situated so as to prevent entry of contaminated air, minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F below the ambient temperature.
- g. Compressors must have in-line air-purifying sorbent beds and filters to further ensure breathing air quality, they must be maintained and replaced periodically

following the manufacturer's instructions, and tagged with the most recent change date and signature of person changing them.

h. Oil-lubricated compressors must have a high temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high temperature alarm is used, the air supply must be monitored before use, then twice weekly, to keep carbon monoxide levels below 10 ppm.

i. Non-oil lubricated compressors must not produce carbon monoxide levels greater than 10%.

j. Breathing air couplings must be incompatible with outlets for non-respirable worksite air or other gas systems. No asphyxiating substances are to be allowed into the breathing air lines.

X. Training and Information: Effective respirator training must be provided for employees required to wear respirators. The training must be comprehensive, understandable, and must be provided before requiring an employee to use a respirator and at least annually thereafter.

1. Employees who are allowed to voluntarily wear dust masks must be provided the basic information on respirators in Appendix D.

2. Employees must be able to demonstrate at least:

a. why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protection of the respirator;

b. what the limitations and capabilities of the respirator are;

c. how to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.

d. how to inspect, put on and remove, use, and check the seal;

e. what the procedures are for maintenance and storage of the respirator;

f. how to recognize medical signs and symptoms that may limit or prevent the effective use of the respirator.

g. the general requirements of the OSHA respirator standard.

3. Retraining must be given when:

a. changes in the workplace or the type of respirator used occur;

b. it becomes obvious by employees' knowledge or use of the respirator that the employee has not retained the necessary understanding or skill.

c. other situations arise in which retraining appears necessary.

XI. Program Evaluation

a. XXXXXXXXXXXX is responsible for ensuring that the written respiratory protection program is being followed and for consulting employees to see if they are using the respirators properly.

b. XXXXXXXXXXXX is responsible for assessing the effectiveness of the respiratory protection program by:

i. consulting employees required to use respirators to identify any problems and corrective measures necessary.

- ii. determining if appropriate respirator selection is made for the hazards to which the employee is exposed.
- iii. determining if respirator fit allows the use of the respirator without interfering with effective workplace performance.
- iv. determining if respirators are being maintained properly.

XII. Recordkeeping

- a. A written copy of this program and the OSHA standard is kept in XXXXXXXXXX office.
- b. XXXXXXXXXXXX keeps copies of medical evaluations. (letters approved or denied).
- c. XXXXXXXXXXXX has copies of fit test results that show the employees' names, type of fit test performed, specific make, model, style, and size of respirator tested, date of test, the pass/fail results for qualitative fit tests or the fit factor and strip chart recording or other recording of the fit test results for quantitative fit tests.

1910.134 APPENDIX B-1 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 here, 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.

1910.134 APPENDIX B-2 RESPIRATOR CLEANING PROCEDURES

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed below. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in this appendix, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

I. Procedures for Cleaning Respirators

- A. Remove filter, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- B. Wash components in warm (430 C or 1100 F maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- C. Rinse components thoroughly in clean, warm (430 C, 1100 F maximum), preferably running water, and drain.
- D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
 - (1) Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter off water at 430 C (1100 F); or
 - (2) Aqueous solution of iodine (50 ppm of iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/l 00 cc of 45% alcohol) to one liter of water at 430 C (1100 F); or
 - (3) Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
- E. Rinse components thoroughly in clean, warm (430 C, 1100 F, maximum), preferably running water, and drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- F. Components should be hand-dried with a clean lint-free cloth or air-dried.
- G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.
- H. Test the respirator to ensure that all components work properly.

FORM

**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
(APPENDIX C)**

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

To the employee:

Can you read (Circle one) Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place 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. Weight: ____ lbs.
7. Your job title: _____
8. Phone number where you can be reached by the health care professional who reviews this questionnaire (include area code) (____)_____-_____
9. The best time to call you at this number: A.M/P.M
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 (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 (fits): Yes/No
- b. Diabetes (sugar disease): Yes/No
- c. Allergic reactions that interfere with your breathing: Yes/No
- d. Claustrophobia (fear of closed-in places): Yes/No
- e. Trouble smelling odors: Yes/No

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

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. 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/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 up 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 breath 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 problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular/ 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).
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- 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? 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 wear 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 eardrum? 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 it.

1. In your present job, are you working at high altitudes (over 5,000 ft) 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 medication for any reason (including over-the-counter medication)? 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: ____ hours, ____ minutes.
Examples of 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: ____ hours, ____ minutes.
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.
 - c. Heavy? (above 350 kcal per hour): Yes/No
If "yes", how long does this period last during the average shift: - hours, minutes.
Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? Yes/No
If "yes", describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperatures over 77 degrees 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:

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 D to 1910.134
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 OSHA exposure limits, to provide an additional level of comfort and protection of workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard for 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 read the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.