**SAMPLE**

RESPIRATORY PROTECTION PROGRAM

 **Respiratory Protection**

 **29 CFR 1910.134**

**January 2000**

 **Introduction**

OSHA General Industry standard for respiratory protection, 29 CFR 1910.134, requires that a respiratory protection program be established by an employer when the use and maintenance of respiratory protection equipment is necessary to reduce employee exposure to air contaminants.

The guidelines in this sample program are designed to help reduce employee exposures against occupational dusts, fumes, mists, radionuclides, gases, vapors, and biohazards. The primary objective is to prevent excessive exposure to these contaminants as well as present the information in an easy-to-understand format.

Where feasible, exposure to contaminants should be eliminated by engineering controls (such as general and local ventilation, enclosure or isolation and substitution of less hazardous process or material). When effective engineering controls are not feasible, use of personal respiratory protective equipment may be required to achieve this goal.

This sample program provides only guidelines for establishing your own respiratory protection program. If you need more information, contact the Boise Area Office at 1-800-482-1370 or (208) 321-2960, the OSHA website at www.osha.gov or BSU Consultation at (208)426-3283.

This program contains some sample forms which you may find useful and have been developed in order to simplify your recordkeeping needs. You do not have to use the forms and as with any sample program it is important that you develop the program to meet your specific needs.

A copy of the standard, 1910.134 and its appendices has been included with this sample program. It is important that you consult the standard and ensure that you are complying with the **mandatory** appendices (Appendix A, B, and C).

 **TABLE OF CONTENTS**

1. Elements of a Respiratory Protection Program...........................................Page 3
2. Sample Respiratory Protection Program.....................................................Page 4
3. Appendix A - Worksite Specific Respiratory Protection Plan......................Page 18
4. Appendix B - Employee Respirator Assignment Record/Medical Eval.......Page 19
5. Appendix C - Respiratory Protection Program Evaluation Checklist...........Page 20
6. Appendix D - Training Certificate.................................................................Page 22
7. Appendix E - Fit Test Results.......................................................................Page 23
8. Checklists From the OSHA Small Entity Compliance Guide........................Page 24
9. respiratory protection program...................................................c-8
10. respirator selection.....................................................................d-13
11. medical evaluation......................................................................e-10
12. acceptable fit-testing methods....................................................f-9
13. fit testing......................................................................................f-10
14. user seal check instructions........................................................g-3
15. respirator use...............................................................................g-12
16. respirator maintenance and care.................................................h-6
17. grade D quality air requirements..................................................i-3
18. breathing air quality and use........................................................i-9
19. training and information................................................................k-4
20. program evaluation.......................................................................l-2
21. recordkeeping...............................................................................m-2

9. Reference Material........................................................................................Page 25

 $ Respiratory protection standard, 1910.134

 $ Appendix C - Medical Evaluation Questionnaire in English and Spanish

**Elements of a Respiratory Protection Program**

1. **Purpose** - A statement of the programs purpose.
2. **Administrative duties** - Designate a program administrator who is qualified by appropriate training or experience which is commensurate with the complexity of the program to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.
3. **Respirator selection procedures** - Respirators must be selected on the basis of respiratory hazards to which the worker is exposed and workplace and user factors that affect respirator performance and reliability. Selected respirators must be certified by the National Institute for occupational Safety and Health (NIOSH).
4. **Medical evaluations** - For those employees required to wear respirators, you must determine those employees ability to use a respirator. Identify the physician and obtain certain information requested by the questionnaire found in Appendix C of 1910.134. Additional medical evaluations may be required according to the regulation.
5. **Fit testing procedures** - Before an employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used. Include procedures specifying the kinds of fit tests performed, procedures for conducting them, and how the results of fit tests must be used.
6. **Proper use procedures** - Include procedures for proper use of respirators in routine and reasonably foreseeable emergency situations. These procedures must cover prohibiting conditions that may result in facepiece seal leakage, preventing employees from removing respirators in hazardous environments, taking actions to ensure continued effective respirator operation throughout the workshift, and establishing procedures for the use of respirators in immediately dangerous to life or health (IDLH) atmospheres or in interior structural firefighting situations.
7. **Maintenance and care procedures** - Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators.
8. **Air quality procedures** - Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators. This means providing employees using atmosphere-supplying respirator (supplied air and self containing breathing apparatus) with breathing gases of high purity (Grade D Quality at a minimum) and ensuring that all filters, cartridges, and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.
9. **Training** - Annual training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations and training in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.
10. **Program evaluation** - Procedures for evaluating the respirator program=s effectiveness via inspection and employee consultation.

 **Respiratory Protection Program**

 **For**

*Name of Your Company*

1. Purpose

*Name of Your Company* has determined that workers in the following areas:

 ***List the areas of your plant where respiratory protection is required.***

1.

2.

3.

are exposed to respiratory hazards during routine operations. These hazards include the following:

***List the respiratory hazards, i.e. wood dust, oxygen deficiency environment, vapors, acid mist, silica dust, asbestos fibers, etc.***

1.

2.

3.

The purpose of this program is to ensure that all workers at *Name of Your Company* are protected from exposure to these respiratory hazards.

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at *Name of Your Company*. However, engineering controls have not always been feasible for some of our operations or have not always completely controlled the identified hazards. In these situations, respiratory and other protective equipment must be used. Respirators are also needed to protect employees= health during emergencies. The work processes requiring respirator use at *Name of Your Company* are outlined in the **Scope and Application** section of this program.

In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy, we will review each of these requests on a case-by-case basis. If the use of respiratory protection in a specific case will not jeopardize the health or safety of the worker(s), we will provide respirators for voluntary use. As outlined in the Scope and Application section of this program, voluntary respirator use is subject to certain requirements of this program.

1. Scope and Application

This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. All employees in the departments listed in the Purpose section and any employees engaged in certain processes or tasks (as outlined in the table below) must be enrolled in the company=s respiratory protection program.

In addition, any employee who voluntarily wears a respirator when a respirators is not required is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with certain information specified in this section of the program. **Employees who voluntarily wear filtering facepieces (2-strap, NIOSH approved disposable dust masks) are not subject to the medical evaluation, cleaning, storage, fit-testing, and maintenance provisions of this program. These workers will be provided a copy of Appendix D of the standard, 1910.134**

**.**

Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

 **TABLE 1: RESPIRATOR USE AT *Name of Your Company***

**Respirator** **Department/Process**

1.

2.

3.

4.

1. Responsibilities

The **Program Administrator** is responsible for administering the respiratory protection program. Duties of the program administrator include:

* Identify work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
* Selecting of respiratory protection options.
* Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
* Arranging for and/or conducting training.
* Ensuring proper storage and maintenance of respiratory protection equipment.
* Conducting fit testing using ***Describe fit test method (i.e qualitative with Bitrex; quantitative with porta count; qualitative with banana oil; qualitative with irritant smoke)***
* Administering the medical surveillance program.
* Maintaining records required by the program.
* Evaluating the program.
* Updating the written program as needed.

The Program Administrator is *Name of the Program Administrator.*

**Supervisors** are responsible for ensuring that the respiratory protection program is implemented in their particular areas. 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 the employees under their charge. Duties of the supervisor include:

* Ensuring that employees under their supervision have received appropriate training, fit testing and annual medical evaluation.
* Ensuring the availability of appropriate respirators and accessories.
* Being aware of tasks requiring the use of respiratory protection.
* Enforcing the proper use of respiratory protection when necessary.
* Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
* Ensuring that respirators fit well and do not cause discomfort.
* Continually monitoring work areas and operations to identify respiratory hazards.
* Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

**Employees** have the responsibility to wear their respirator(s) when and where required and in the manner in which they were trained. Employees must also:

* Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
* Inform their supervisor if the respirator no longer fits well, and require a new one that fits properly.
* Inform their supervisor or the Program Administrator of any respiratory hazards which they feel are not adequately addressed in the workplace and of any other concerns which they have regarding the program.

4. Program Elements

The Program Administrator will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with all OSHA standards. 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. The hazard evaluation will include:

* Identification and development of a list of hazardous substances used in the workplace by department or work process.
* Review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records and talking with employees and supervisors.
* Exposure monitoring to quantify potential hazardous exposures. Monitoring may be contracted out or you may perform your own monitoring. **(** **Indicate who will be doing your monitoring).**

***For your convenience APPENDIX A of this sample program contains a hazard evaluation form titled “Worksite Specific Respiratory Protection Plan”, which you may want to use or you can list your hazard evaluation below.***

***A sample hazard evaluation follows:***

**Prep-sanding**: Ventilation controls on some sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5 -7.0 milligrams per cubic meters as an 8 hour time weighted average (TWA). Half-facepiece air purifying respirators (APRs) with P100 filters and goggles are required for employees sanding wood pieces. Powered air purifying respirators (PAPRs) will be available for employees who are unable to wear an APR.

**Coating-spray booth**: The Program Administrator has decided to take a conservative approach and require all employees to wear supplied air respirators (SAR) when working inside the spray booth. Based on exposure data in published reports on the same type of spray booth operations, it has been determined that a SAR in the continuous flow mode will provide sufficient protection. Spray booth employees may opt to wear half-facepiece APRs with organic vapor cartridges when cleaning spray guns.

***NOTE: Please note that if you are going to use published reports in lieu of personal air sampling, you will need to obtain the report and maintain this data as your exposure record.***

The Program Administrator must revise and update the hazard assessment as needed (i.e. any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a particular activity, they are to contact the supervisor or the Program Administrator. The Program Administer will evaluate the potential hazard, arranging for outside assistance as necessary. The Program Administrator will then communicate the results of that assessment back to the employees. If it is determined that respiratory protection is necessary, all other elements of this program will be in effect for those tasks and this program will be updated accordingly.

All respirators must be certified by NIOSH and shall be used in accordance with the terms of that certification. Also, all filters, cartridges and ca canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

Respirators for voluntary use will be provided at no charge to employees for the following work processes:

***List the work processes and the type of respirator.***

*
*
*

The Program Administrator will provide all employees who voluntarily choose to wear either of the above respirators with a copy of Appendix D of the standard, 1910.134. This Appendix details the requirements for voluntary use of respirators by employees. Employees choosing to wear any respiratory other than a filtering face piece (2-strap, NIOSH approved, disposable, dust mask) must comply with the procedures for Medical Evaluation, Respirator Use, and Cleaning, Maintenance and Storage.

The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.

5. Medical Evaluation

Employees who are either required to wear respirators or who choose to wear an air purifying respirator (APR) voluntarily, must pass a medical exam 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.

A licensed physician/nurse practitioner (designate the licensed professional health care provider) at *Name of Healthcare Facility* will provide the medical evaluations. Medical evaluation procedures are as follows:

* The medical evaluation will be conducted using the questionnaire provided in Appendix C of the respiratory protection standard. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations. **The questionnaire can be found in this sample program.** **Please refer to the table of contents.**
* To the extent feasible, the company will assist employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician for the medical evaluation.
* All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the company healthcare provider. Employees will be permitted to fill out the questionnaire on company time. **Some employers may opt to send the employees to a healthcare facility where the confidential questionnaire can be administered by the healthcare staff. Please indicate how you will conduct the completion of the questionnaire in your written program.**
* Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the licensed health care provider.
* All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
* The Program Administrator has provided the licensed health care provider with a copy of this program, a copy of the Respiratory Protection standard, the list of hazardous substances by work area, and for each employee requiring evaluation: the work area or job title, proposed respirator type and weight, length of time required to wear the respirator, expected physical work load, potential temperature and humidity extremes, and any additional protective clothing required.
* Any employee required for medical reasons to wear a positive pressure air purifying respirator will be provided with a powered air purifying respirator.
* After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
1. Employee reports signs and/or symptoms related to their ability to use a respirator such as shortness of breath, dizziness, chest pains, or wheezing.
2. The licensed health care provider or supervisor informs the Program Administrator that the employee needs to be reevaluated.
3. Information from this program, including observations made during 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.

A list of employees currently included in medical surveillance is provided below:

***List the employees who are in the medical surveillance program:***

*
*
*

All examinations and questionnaires are to remain **confidential** between the employee and the physician.

***Appendix B of this sample program has a form with the information the employer must provide to the licensed healthcare professional and the medical recommendation documentation.***

6. Fit Testing

Fit testing is required for employees wearing negative or positive pressure, tight fitting respirators. A fit test is not required by OSHA for voluntary users of filtering face piece respirators or for escape only respirators.

Employees who are required to wear tight fitting respirators will be fit tested:

* Prior to being allowed to wear any respirator with a tight fitting facepiece.
* Annually.
* When there are changes in the employee=s physical condition with could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.)

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air purifying respirators (PAPRs) or any positive pressure tight fitting respirator is to be conducted in the negative pressure mode.

*Name the person or job title* will conduct fit tests following the OSHA approved *Name the fit test method used* . The protocol in Appendix B of the standard, 1910.134, will be followed.

The Program Administrator will evaluate on a case-by-case basis if a different type of fit test procedure is needed.

1. Respirator Use

Respiratory protection is required for the following personnel:

**NAME DEPARTMENT JOB RESPIRATOR**

**General use** procedures are listed below:

* Employees will use their respirators under conditions specified by this program and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
* All employees shall conduct user seal checks each time that they wear their respirator. Employees shall use either the positive or negative pressure check as specified in Appendix B-1 of the standard, 1910.134.
* All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons: to clean their respirator if the respirator is impeding their ability to work, change filters or cartridges, replace parts or to inspect the respirator if it stops functioning as intended. Employees should notify their supervisor before leaving the area.
* 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 them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to face seal.

**Emergency procedures** for respirators are listed below:

The following work area have been identified as having foreseeable emergencies:

 ***List the work areas***

***Examples are work areas such as the spray booth cleaning area where a spill of hazardous waste could occur; a dip coat area where the ventilation system could malfunction or a leak could develop; and a chemical storage area where a spill or leak could occur.***

When the alarm sounds, employees in the affected department must immediately don their emergency escape respirator, shut down their process equipment, and exit the work area. All other employees must immediately evacuate the building. The Emergency Action Plan describes these procedures, including the proper evacuation routes and rally points, in greater detail.

Emergency escape respirators are located:

 ***List the location of the escape respirators***

Respiratory protection in these instances is for escape purposes only. Our employees are not trained as emergency responders and are not authorized to act in such a manner.

***If this is not the situation at your facility than change the verbiage of this section to better describe your workplace response to emergencies. If you have emergency responders you will want to ensure that you are in compliance with the applicable OSHA regulations such as 1910.120(q).***

**Respirator malfunction** procedures are listed below:

* For any malfunction of an air purifying respirator (APR), such as breakthrough, facepiece leakage, or improperly working valve, the respirator wearer should inform his or her supervisor that the respirator no longer functions as intended, and go to the designated safe area to maintain 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 supplied air respirators (SAR) will work with a buddy. Buddies shall assist workers who experience a SAR malfunction by donning a SAR or emergency escape respirator and aid the worker in immediately exiting the area. ***Please note this is not an immediately dangerous to life or health (IDLH) environment since it would not be appropriate to enter an IDLH environment with an escape respirator .***

The Program Administrator has identified the following area as presenting the potential for IDLH conditions:

 ***Describe the area(s) below***

***An example would be the cleaning of dip coat tanks***:

***Maintenance workers will be periodically required to enter the dip tank to perform scheduled or unscheduled maintenance. In such cases, workers will follow the permit required confined space entry procedures specified in the Confined Space Program. As specified in these procedures, the Program Administrator has determined that workers entering this area shall wear a pressure demand SAR. In addition, an appropriately trained and equipped standby person shall remain outside the dip tank and maintain constant voice and visual communication with the worker. In the event of an emergency requiring the standby person to enter the IDLH environment, the standby person shall immediately notify the Program Administrator and will proceed with rescue operations in accordance with rescue procedures outlined in the Confined Space Program.***

8. Air Quality

For SARs, only **Grade D** breathing air shall be used. The Program Administrator will coordinate deliveries of compressed air with the company=s vendor (***Name the vendor***) and 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. Cylinders will be recharged as needed by the vendor.

The Program Administrator will ensure that the air provided to the spray painter (or whoever is utilizing the airline) by the **oil-less** compressor does not exceed 10 parts per million (PPM) of carbon monoxide. The Program Administrator shall also ensure that the sorbent beds and filters are maintained and replaced following the manufacturers recommendations and that a tag containing the most recent change date and signature of the person authorized to perform the change is maintained at the compressor.

The Program Administrator will ensure that the air provided to the abrasive blasting worker (or whoever is utilizing the airline) by the **oil lubricated** compressor has suitable in-line filters and sorbent beds which are maintained and replaced following the manufacturers recommendations and that a tag containing the most recent change date and signature of the person authorized to perform the change is maintained at the compressor. In addition, the oil lubricated compressor shall use either a high temperature alarm or carbon monoxide alarm or both to monitor carbon monoxide levels which cannot exceed 10 parts per million. If only a high temperature alarm is utilized, the breathing air shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 PPM.

The Program Administrator will ensure that breathing air couplings are incompatible with outlets for nonrespirable worksite air or other gas systems. No asphyxiating substance shall be introduced into breathing air lines.

9. Cleaning, Maintenance, Change Schedules and Storage

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station located in ***Name the location.***

Respirators issued for the exclusive use of any employee shall be cleaned as often as necessary, but at least once a day for workers in ***Name the location where you feel respirators need to be cleaned at least daily.***

Respirators used for emergency use and atmosphere supplying respirators are to be cleaned and disinfected after each use.

The following procedure is to be used when cleaning and disinfecting respirators:

* Disassemble respirator, removing any filters, canisters, or cartridges.
* Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
* Rinse completely in clean warm water.
* Wipe the respirator with disinfectant wipes to kill germs. 70% isopropyl alcohol may be used if it is not damaging to the respirator.
* Air dry in a clean area.
* Reassemble the respirator and replace any defective parts.
* Place in a clean, dry plastic bag or other air tight container.

The Program Administrator will ensure an adequate supple of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees shall contact their supervisor, who will inform the Program Administrator.

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.

The following checklist will be used when inspecting respirators:

* **Facepiece**: Look for cracks, tears, holes, facemask distortion, cracked or loose lenses/faceshield.
* **Headstraps**: Look for breaks, tears, and broken buckles.
* **Valves**: Look for residue, dirt, cracks or tears in the valve material.
* **Filters/Cartridges**: Look for the NIOSH approval designation, cracks or dents in the housing, gaskets, and whether or not this is the proper cartridge/filter for the hazard.
* **Air Supply System**: Ensure the breathing air is Grade D quality or better, look at the condition of the hoses and hose connections and observe the settings on the regulators and valves.

Respirators which are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of the supervisor. Supervisors will give all defective respirators to the Program Administrator.

The Program Administrator will decide whether to:

* Temporarily take the respirator out of service until it can be repaired.
* Perform a simple fix on the spot such as replacing a headstrap.
* Dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of similar make, model and size. All tagged out respirators will be kept in the storage cabinet inside the Program Administrators=s office.

The inspection schedule is as follows:

* Routinely used respirators issued for exclusive use of a single employee: Inspect **before** and **after** each use.
* Routinely used respirators issued for use by more than one employee: Inspect **before** and **after** each use.
* Respirators used for emergency, rescue, escape, or firefighting: Inspect **after** each use and at least **monthly**.

Employees are permitted to leave their work area to perform limited maintenance of their respirators in a designated area that is free of respiratory hazards. Situations when this is permitted include washing of face and respirator to prevent any eye or skin irritation, replacing the filter/cartridge or canister, and if the employee detects vapor or gas breakthrough or leakage in the facepiece or if they detect any other damage to the respirator or its components.

Employees wearing air purifying respirators APRs) or powdered air purifying respirators PAPRs) with approved filters (i.e. P100, N100, R100) for protection against dust/fume/mist and other particulates shall change the cartridges on their respirators when they first begin to experience difficulty breathing (i.e. resistance) while wearing their masks.

OSHA requires that APRs for protection against **gases** and **vapors** must have cartridges/canisters with an end of service life indicator (ESLI) or if cartridges/canisters with an ESLI are not available, a change out schedule must be implemented based upon objective information which will ensure the cartridge/canisters are changed before the end of their service life. OSHA provided guidance on a change out schedule for the following chemicals:

* Acrylonitrile-1910.1045(h)(2)(ii).
* Benzene-1910.1028(g)(2)(ii).
* Butadiene-1910.1051(h)(2)(ii).
* Formaldehyde-1910.1048(g)(2)(ii).
* Vinyl chloride-1910.1017(g)(3)(ii).
* Methylene chloride-1910.1051(g)(2)(ii). Note: Canisters may only be used for emergency escape and must be replaced after use.

Change schedules for all other gases/vapors will be established and implemented by the Program Administrator. At the current time the change schedule is being based upon the industrial hygiene survey results and discussions with our respirator distributor.

Based upon discussions with our respirator distributor about ***Name of Company*** workplace exposure conditions, employees wearing APRs with ***List the types of gas/vapor cartridges/canisters (i.e. organic vapor cartridges)*** shall change the cartridges on their respirators at ***Describe the change out duration, i.e. daily, weekly, etc.*** to ensure the continued effectiveness of the respirators.

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer=s recommendations. Each employee will clean and inspect their own APR in accordance with the provisions of this program and will store their respirator in a plastic bag in their own locker. Each employee will have their name on the bag and that bag will only be used to store that employee=s respirator.

Atmosphere supplying respirators will be stored in ***Name the location.***

The Program Administrator will store a supply of respirators and respirator components in their original manufacturer=s packaging in the ***Name the location***.

10. Training

The Program Administrator will provide training to respirator users and their supervisors on the contents of the Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection standard, 1910.134. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators.

The training course will cover the following topics:

* The company Respiratory Protection Program.
* The OSHA Respiratory Protection standard, 1910.134.
* Respiratory hazards encountered at this company and their health effects.
* Proper selection and use of respirators.
* Limitations of respirators.
* Respirator donning and user seal (fit) checks.
* Fit testing.
* Emergency use procedures.
* Maintenance and storage.
* Medical signs and symptoms limiting the effective use of respirators.

Employees will be retrained annually or as needed (e.g. , if they change departments and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by the Program Administrator and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

11. Evaluation

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspection, air monitoring and a review of records.

Problems identified will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections. **Appendix C of this sample program contains an evaluation checklist.**

12. Documentation and Recordkeeping

A written copy of this program and the OSHA standard is kept in the Program Administrator=s office and is available to all employees who wish to review it.

Also maintained in the Program Administrator=s office are copies of training and fit test records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted. **Appendix D and F of this sample program contain sample training certificates and fit test documentation.**

The Program Administrator will also maintain copies of the medical records for all employees covered under the respirator program. The completed medical questionnaire and the physician=s documented findings are **confidential** and will remain at ***Name the clinic***. The company will only retain the physician=s written recommendation regarding each employee=s ability to wear a respirator.

***NOTE:*** *This sample program* ***does not*** *address procedures for interior structural firefighting, please refer to 1910.134 for details.*

 **Appendix A**

 **Worksite Specific Respiratory Protection Plan**

**Processes/Hazardous Substances :**

**Atmospheric Hazards:**

1. Oxygen levels: Is this level appropriate?
2. Monitoring (List the monitoring frequency, method for each atmospheric hazard (i.e., colorimetric tubes, badges, direct reading instrument, low flow pump, etc.), time weighted average, ceiling, short term exposure level, type of sampling (i.e. area or personal breathing zone)and duration of sampling ):

**Respirators to be Used to Reduce Employees Exposure to Atmospheric Hazards (list type, cartridge/canister/filter, etc):**

**Authorized Employees:**

**Emergency Response:**

1. Signs and symptoms of over-exposure

1. Evacuation procedures

1. First aid and emergency medical procedures

1. Reporting procedures

**Supervisor Signature: Date:**

**Respirator Administrator Signature: Date:**

 **Appendix B**

 **Employee Respirator Assignment Record**

**1. Plant Name: 2. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Employee Name: 4. Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Job Title: 6. Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  Respirator Issue

7. Type and weight of respirator to be used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. To be used under the conditions specified here:**

**A. Duration and frequency of respirator use \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **B. Expected physical work effort \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. Additional protective clothing and equipment to be worn\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. Temperature and humidity extremes which may be encountered \_\_\_\_\_\_\_\_\_\_\_**

**9. Estimated frequency of cartridge/filter replacement or respirator replacement**

**(disposable and air purifying respirators only):**

* **Nonapplicable**
* **Hourly**
* **Twice/shift**
* **Daily**
* **Weekly**
* **Monthly**
* **Other (specify)**

# Medical Evaluation

* **Is employee medically able to use the respirator? Yes / No**
* **Any limitations on respirator use**
* **Follow-up medical evaluation on: (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Employee has been provided with copy of this recommendation. Yes / No**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**Physician or other licensed health care provider signature Date**

 **Appendix C**

 **Respiratory Protection Program Evaluation Checklist**

All “**NO”** answers shall be explained and action planed or taken to correct the situation.

1. **MANAGEMENT ASPECTS**
* Is there a written respiratory protection program? YES NO
* Do all employees wear respiratory protection where required? YES NO
* Are respiratory protection compliance audits performed Routinely and documented? YES NO
* Do employees know which jobs/tasks require respirators? YES NO
* Are results of compliance audits discussed at management Safety meetings? YES NO
1. **HAZARD RECOGNITION AND CONTROL**
* Are facility respiratory hazards identified? YES NO
* Are personal exposures to respiratory hazards Periodically assessed and results given to respective Employees? YES NO
* Are engineering/administrative controls of respiratory Hazards evaluated and, where feasible, implemented? YES NO
1. **RESPIRATORY PROTECTIVE DEVICES**
* Are respirators required in areas where employee Exposures are likely to exceed permissible exposure limits? YES NO
* Are respirators selected in consideration of nature And concentration of air contaminants and of the job Requirements and respiratory equipment limitations? YES NO
* Do employees have ready access to respirators and Replacement parts (if applicable)? YES NO
* Does the care, maintenance, inspection, and storage Of the respirators meet the requirements prescribed by OSHA and the company? YES NO
1. **MEDICAL CONSIDERATIONS**
* Are employees medically evaluated to determine their ability to wear respirators? YES NO
* Are employees who may be exposed to air contaminants above the action level provided with medical surveillance? YES NO
* Are employees informed or results of medical surveillance testing? YES NO
* Are records of air monitoring and medical surveillance Maintained in individual personal/medical files or safety Files and made available to employees upon request? YES NO
1. **EDUCATION AND TRAINING**
* Do respirator users receive annual education/training? YES NO
* Are the following topics covered in annual respiratory program training?
	+ Employee responsibility/procedures for use and maintenance of respiratory equipment? YES NO
* Nature and hazards of air contaminants to which employees may be exposed? YES NO
* Potential consequences of improper respirator use? YES NO

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Person Performing the Evaluation Date**

 **Appendix D**

 **Training Certificate**

Name of Employee

Date

 was trained on the use and limitation of the following respirator(s):

Other Training Topics Covered:

**NOTE:** At a minimum the training will cover the plant Respiratory Protection Program; the standard, 1910.134; respiratory hazards encountered in this workplace and their health effects; proper selection and use of respirators; limitations of the respirators; respirator donning and user seal (fit) checks; fit testing; emergency use procedures; maintenance and storage; and medical signs and symptoms limiting the effective use of respirators.

**Name of Instructor**

# Appendix E

 **Fit Test Results**

**NOTE:** This form is specifically for the conditions described in Item 8 and relates to the respirator described in Item 7 of the sample form titled AEmployee Respirator Assignment Record@ . This form can be found in Appendix B of this program. If conditions, such as work practices, raw materials, processes or respirators, change, a new form must be completed and filed. This form will remain in the employee=s personnel file.

Fit Test Method:

 (e.g., quantitative, irritant smoke, banana oil)

|  |  |  |
| --- | --- | --- |
| **Type (2 facepiece or full face)** | **Make/Model/Size** | **Fit Factor/Results** |
|  |  |  |
|  |  |  |
|  |  |  |

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

Name of Person Performing the Fit Test

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

Date

Mandatory Appendix A to 1910.134 , Fit Testing Procedures, will be adhered to when conducting the fit test.

 **Checklists and Information from the OSHA**

 **Small Entity Compliance Guide**

The following checklists and information from the Small Entity Compliance Guide published by OSHA are provided in this sample program

1. **Checklist for Respiratory Protection Programs**
2. **Checklist for Respirator Selection**
3. **Checklist for Medical Evaluation**
4. **Table 2-Acceptable Fit-Testing Methods**
5. **Checklist for Fit Testing**
6. **Seal Checks Instructions**
7. **Checklist for Proper Use of Respirators**
8. **Checklist for Respirator Maintenance and Care**
9. **Specifications for Grade D Quality Air**
10. **Checklist for Breathing Air Quality and Use**
11. **Training and Information Checklist**
12. **Program Evaluation Checklist**
13. **Recordkeeping Checklist**

 **REFERENCE**

This section contains a copy of the standard, 1910.134 and the medical evaluation questionnaire in large print in both English and Spanish.