Respiratory Protection Program - Limited

This is a sample **limited** written Respiratory Protection Program which is required when respirators (other than a two-strap disposable dust mask or “filtering face piece”) are being voluntarily worn by employees. In other words, there are no documented over-exposures to the OSHA permissible exposure limits (PELS) for air contaminants in the workplace, on a normal and routine basis, but a decision has been made by the employer that respiratory protection is required. Some examples of the voluntary wearing of respirators, other than a disposable dust mask, include **spray painters** who are not over-exposed to the OSHA PELS; **masonry workers** who are not over-exposed to the OSHA PEL for silica but are over-exposed to a recommended limit such as the threshold limit value (TLV); or **plant operators** who may experience high levels of an air contaminant for a short period of time but whose time weighted average does not exceed the OSHA PEL, short term exposure limit (STEL) or IDLH (immediately dangerous to life/health).

This sample program **is not** intended for those workplaces where there are documented over-exposures and engineering controls are either in the process of being implemented or are not feasible; or for those situations where a known IDLH or possible IDLH situation may occur; or for those situations where a supplied air respirator (airline or SCBA) is used. For those circumstances, you should consult our full length written Respiratory Protection Program.

It is the intent of the OSHA Respiratory Protection standard, 1910.134, that the employer would not be required to incur any costs associated with voluntary use of filtering facepieces, other than providing a copy of Appendix D to each user. But, if the employer allows the voluntary use of respirators other than filtering facepieces, the costs associated with ensuring that the respirator itself does not create a hazard, such as medical evaluations and maintenance must be provided, **at no cost**, to the employee.

Employers who have decided to allow the voluntary use of respirators, other than filtering facepieces, must also develop and implement a limited written Respiratory Protection Program. This sample program has been developed to assist employers with that task. **Remember,** you are responsible to develop and implement your own program. Do not copy this program verbatim if it does not apply to your company. For instance, if an occupational health nurse under the supervision of a company physician is not going to administer your medical surveillance questionnaire, than change that portion of this sample program to describe how you will perform the medical surveillance requirements of the standard. You are responsible for details on compliance with the OSHA standards and ensuring that you remain up to date with the latest OSHA regulations and any changes, which have occurred.

# WRITTEN RESPIRATORY PROTECTION PROGRAM

1. **Introduction**

This program describes the written respiratory protection program at (type company name here). It assigns management and employee responsibilities and addresses the requirements of the OSHA Respiratory Protection Standard, 29 CFR 1910.134.

Superintendents, supervisors, or group leaders are responsible for ensuring that all personnel under their control are completely knowledgeable of the respiratory protection equipment required f or work. These responsibilities also include ensuring that their subordinates comply with all facets of this respiratory protection program, including inspection and maintenance.

It is the responsibility of the employee to have an awareness of the respiratory protection requirements for their work areas (as explained by management). Employees are also responsible for wearing the appropriate respiratory equipment according to proper instructions and for maintaining the equipment in a clean and operable condition.

1. **Respiratory Hazards**

Environmental surveys indicate that employee exposures to airborne contaminants during normal operations **does not** exceed allowable limits but we have decided that respiratory protection is required in the following areas:

| **Location** | **# Exposed** | **Contaminant** | **Amount** | **PEL** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**III Respirator Selection/Fit-Testing/Maintenance/Medical Evaluations/Training**

All employees are instructed in the use of the required respirator prior to assignment and at least annually. Instruction includes fit testing (initially and annually) to determine suitability of the respirator selected; fit checking by user (i.e. before each use); cleaning, sanitizing and replacing of filters/cartridges as required. Instructions also include procedures to ensure adequate air quality, quantity, and flow. Employees are taught to inspect their respirators during cleaning and prior to use and to replace parts using only manufacturer approved parts and accessories. Employees are instructed to store their respirators in **sealed plastic bags inside their personal lockers**.

Appendix A (mandatory) of the standard has the instructions for fit-testing of respirators.

Appendix B-1 (mandatory) of the standard has the user seal check procedures.

Appendix B-2 (mandatory) of the standard has the procedures for proper cleaning of respirators.

Each employee will complete a Medical Evaluation prior to wearing/using a respirator. These surveys are evaluated by an occupational health nurse under the supervision of the company physician, who is familiar with the workplace requirements.

A **follow-up medical evaluation** must be provided for an employee who gives a positive response to any question among questions #1 through #8 in Section 2, Part A of Appendix C of the respirator standard.

The follow-up medical examination must include any medical tests, consultations, or diagnostic procedures that the professionally licensed health care provider (PLHCP) deems necessary to make a final determination.

Additional medical evaluations must be provided as a minimum if an employee reports medical signs or symptoms that are related to ability to use a respirator; a PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be re-evaluated; information from the respiratory protection program, including observations made during fit-testing and program evaluation, indicates a need for employee re-evaluation; or a change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

Program evaluation is ongoing. Supervisors visually audit employee respirator use periodically and at random. In addition, an unannounced inspection is conducted on a routine (**specify the time schedule)** with the results recorded. Employees will be consulted to assess their views on the respirator selection and the program elements. Any problems identified during this assessment will be corrected and documented.

# Respiratory Equipment Specification

| **Location/Job Title** | **Respirator** | **Protection Factor/Change Schedule** |
| --- | --- | --- |
|  |  |  |

IV. **Program Support Documents**

The following documents are kept on file in support of the Respiratory Protection Program:

Document Location

1. Industrial Hygiene Surveys Corporate Office

2. OSHA PELS Safety Office

3. TLV Booklet Safety Office

4. Fit-Test Records Safety Office

5. Medical Determination Safety Office

6. Employee Training Records Safety Office

7. Program Compliance Audits Safety Office

**Supplemental Information/Forms**

Form #1-PLHCP Medical Determination form along with Respirator Information.

Form #2-Training Certificate.

Form #3-Fit Test Results.

Form #4-Program Evaluation

Appendix B-1 from 1910.134-User Seal Check Procedures.

Appendix B-2 from 1910.134-Respirator Cleaning Procedures.

Appendix D from 1910.134-Information for Employees Using Respirators When not required Under the Standard.

If you require a copy of the OSHA regulation 1910.134 or any additional appendices, please call this office at 208-426-3283 or access that information on the [OSHA website](https://www.osha.gov).

## Form #1

**Employee Respirator Assignment Record**

1. Company Name: (type name)
2. Date: (type date)
3. Employee Name: (type name)
4. Job Title: (type job title)
5. Work Location: (type work location)

## Respirator Issue

1. Type and weight of respirator: (describe)
2. To be used under the conditions specified here:
	1. Duration and frequency of use: (describe)
	2. Expected physical effort: (describe)
	3. Additional protective clothing and equipment: (describe)
	4. Temperature and humidity extremes which may occur: (describe)
3. Estimated frequency of cartridge/filter replacement: (describe)

## Medical Evaluation

A. Is employee medically able to use the respirator? Yes No

1. List any limitations on respirator use (if none, leave blank): (describe)
2. If a follow-up medical evaluation is required, document the date: (type date)
3. Employee has been provided a copy of this recommendation. Yes No

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Physician or other licensed health care provider Date

## Form #2

**Training Certificate**

Name of Employee: (type name)

Date: (type date)

(Type employee name) was trained on the use and limitations of the following respirators: (describe)

NOTE: At a minimum the training will cover the Respiratory Protection Program, 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 checks; fit testing; emergency use; maintenance and storage; and medical signs and symptoms limiting the effective use of respirators.

## Form #3

**Fit Test Results**

Fit Test Method: (describe)

(e.g., Bitrex, irritant smoke, banana oil, porta-count, etc.)

| Type of Respirator | Make/Model/Size | Fit Factor/Results |
| --- | --- | --- |
|  |  |  |

Name of person performing the fit test: (type name)

Date: (type date)

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

## Form #4

**Program Evaluation Form**

Person performing the evaluation: (type name)

Date: (type date)

List employees consulted during the evaluation: (list here)

Describe any problems identified: (describe here)

Describe corrective actions taken: (describe here)