

Sample Respiratory Protection Program

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Sample Purpose

Make a statement regarding your agency's determination that there are some employees exposed to respiratory hazards during routing operations or, if applicable, during emergencies. Include the names of the departments where this applies. You may also wish to include the general types of hazards (e.g. dust, particulates, Immediately Dangerous to Life or Health (IDLH) conditions. Make a statement that the purpose of this program is to ensure that all employees are protected from exposure to these respiratory hazards.

You may wish to discuss engineering controls. An example of this might be:

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense; 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, respirators and other protective equipment must be used. Respirators are also needed to protect employees' health during emergencies. The work processes requiring respirator use are outlined in Table 1 in the Scope and Application section of this program.

It is not required that you allow voluntary use of respirators in areas where you have not determined that they are required. However, if you choose to do so you should establish a policy for this.

Refer to 1910.134 for information regarding all requirements for each section .

Sample Responsibilities

The following is an example of the duties of the program administrator, supervisors and employees. The program administrator's duties are prescribed by 1910.134. The duties of the supervisors and employees need to be made specific to your operation.

PROGRAM ADMINISTRATOR (required by standard)

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

- Identifying work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Selection 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 or arrange for qualitative fit testing.
- Administering the medical surveillance program.
- Maintaining records required by the program.
- Evaluating the program.
- Updating written program, as needed.

SUPERVISORS

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 (including new hires) 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 operation to identify respiratory hazards.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

EMPLOYEES

Each employee has the responsibility to wear his or her respirator 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 request a new one that fits properly.
- Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

Sample Program Elements

SELECTION PROCEDURES

The Program Administrator will select respirators to be used onsite, 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:

- 1) Identification and development of a list of hazardous substances in the workplace, by department, or work process.
- 2) 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.
- 3) Exposure monitoring to quantify potential hazardous exposures.

HAZARD ASSESSMENT RESULTS

Provide information regarding the hazard assessment. You should list all jobs which require respirators and the respirator type required for each.

UPDATING THE HAZARD ASSESSMENT

1910.134 requires updating of information as needed. An example of information to be included in your program might be as follows:

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, he/she is to contact his or her supervisor or the Program Administrator. The Program Administrator 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 respirator protection is necessary, all other elements of this program will be in effect for those tasks and this program will be updated accordingly.

NIOSH CERTIFICATION

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

VOLUNTARY RESPIRATOR USE

If you allow the voluntary use of respirators, this should be discussed here.

Sample Medical Evaluation

A copy of the medical requirements is given in the appendix. The following is an example of how you may wish to include this information in your written program.

Employees who are required to wear respirators must pass a medical evaluation before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a professional licensed health care professional (PLHCP) 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.

Medical services are to be provided by _____ . Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in Appendix C of the respirator protection standard. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
 - To the extent feasible, the company will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the PLHCP for assistance and 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 physician. Employees will be permitted to fill out the questionnaire on company time.
 - Follow-up medical exams will be provided to employees as required by the standard, and/or as deemed necessary by the PLHCP.
 - All employees will be allowed the opportunity to speak with the PLHCP about their medical evaluations, if they so request.
- The Program Administrator has provided the PLHCP 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: his or her work area or job title, proposed respirator type and weight, length of time required to wear respirator, expected physical work load (light, moderate, or heavy), 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 any of the following circumstances:
 - Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing
 - The medical clinic physician or supervisor informs the Program Administrator that the employee needs to be reevaluated
 - Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation
 - A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

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

Sample Fit Testing

An example of this section, based on the requirements of 1910.134, is as follows:

Fit testing is required for employees who will wear respirators. This will be done:

Prior to being allowed to wear any respirator with a tight fitting facepiece.

Annually.

When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, dental work, 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.

The Program Administrator will be responsible for fit tests following the OSHA approved methods.

Sample Respirator Use

The following is an example of the types of items to be in this section. You need to make it specific for your agency's usage.

GENERAL USE PROCEDURES:

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.

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 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:

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

Describe emergency procedures which may differ from general use procedures if applicable.

RESPIRATOR MALFUNCTION

The following is an example of information to be included in this section.

For any malfunction of a respirator (e.g., 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.

IDLH PROCEDURES

This information is to be included only if there are potentially IDLH conditions to which employees may be subjected.

The Program Administrator has identified the following area as presenting the potential for imminently dangerous to life or health (IDLH) conditions:

Describe each area or type of work and the procedures to be followed for each.

Sample Air Quality

Give all pertinent information for air quality for supplied air respirators if these are to be used. An example of this for air cylinders is as follows.

For supplied-air respirators, only Grade D breathing air shall be used in the cylinders. The Program Administrator will coordinate deliveries of compressed air with the vendor. The vendor will be required to certify that the air in the cylinders meets the specifications of Grade D breathing air.

The Program Administrator will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area.

Sample Cleaning, Maintenance, Change Schedules and Storage

CLEANING

The following is an example of items to include in this section. It should be made specific for your operations.

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station located in the employee locker room.

Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary, but at least once a day.

Atmosphere supplying and emergency use respirators use 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 (70% Isopropyl Alcohol) to kill germs.

- 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.

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

MAINTENANCE

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:

- cracks, tears, or holes
- facemask distortion
- cracked or loose lenses/faceshield

Headstraps:

- breaks or tears
- broken buckles

Valves:

- residue or dirt
- cracks or tears in valve material

Filters/Cartridges:

- approval designation
- gaskets
- cracks or dents in housing
- proper cartridge for hazard

Air Supply Systems:

- breathing air quality/grade
- condition of supply hoses
- hose connections
- settings on regulators and valves

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

CHANGE SCHEDULES

Discuss change schedules for filters/cartridges as pertinent for your work.

STORAGE

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 air-purifying respirator in accordance with the provisions of this program and will store his/her respirator in a plastic bag in his/her own locker. Each employee will have his/her name on the bag and that bag will only be used to store that employee's respirator.

The Program Administrator will store a supply of respirators and respirator components in their original manufacturer's packaging in _____

DEFECTIVE RESPIRATORS

Respirators that 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 his or her 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 _____.

Sample Training

The Program Administrator will be responsible to 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. 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 Respiratory Protection Program
- The OSHA Respiratory Protection standard
- Respiratory hazards encountered 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 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.

Sample Program 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 inspections, air monitoring and review of records.

Problems identified will be noted 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 implementations of those corrections.

Sample 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 the new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The _____ will maintain copies of the pertinent medical records for all employees covered under the respirator program. The completed medical questionnaire and the physician's documented findings regarding each employee's ability to wear a respirator are confidential.

References

Copies of the respirator standard (1910.134) and the medical questionnaire are available from the Oklahoma Department of Labor or OSHA Web site: www.OSHA.gov

Questions and Answers on the Respiratory Protection Standard OSHA Publication Also Available from OSHA Web site: www.OSHA.gov.

OSHA Instruction: Inspection Procedures for the Respiratory Protection Standard OSHA Publication. Available from OSHA web site: www.OSHA.gov.

Respirator Selection Guide OSHA Publication
Available from: OSHA, See the list of area and regional offices in Appendix II; Web site: www.OSHA.gov.

Documentation of the Threshold Limit Values
Available from: ACGIH Publications Office, 6500 Glenway Ave., Building D-5, Cincinnati, OH 45221

NIOSH/OSHA Pocket Guide to Chemical Hazards
Available from: National Institute for Occupational Safety and Health
Phone Number: (800-356-4674); Web site: www.cdc.gov/niosh/homepage.html

ANSI Respirator Standard 1992 Z88.2

Condensed Chemical Dictionary
Gessner G. Hawley, Van Nostrand Reinhold Co., 135 W. 50th St., New York, NY 10020

Industrial Respiratory Protection NIOSH Publication
Available from: National Institute for Occupational Safety and Health
Phone Number: (800-356-4674); Web site: www.cdc.gov/niosh/homepage.html

Respirator Decision Logic NIOSH Publication
Available from: National Institute for Occupational Safety and Health
Phone Number: (800-356-4674); Web site: www.cdc.gov/niosh/homepage.html

NIOSH Guide to the Selection and Use of Particulate Respirators Certified Under 42 CFR 84
Available from: National Institute for Occupational Safety and Health
Phone Number: (800-356-4674); Web site: www.cdc.gov/niosh/homepage.html

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (Mandatory)

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

To the employee: 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 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 (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 inclineYes No
c. Shortness of breath when walking with other people at an ordinary pace on level ground:Yes No
d. Have to stop for breath when walking at your own pace on level ground:Yes No
e. Shortness of breath when washing or dressing yourself:Yes No
f. Shortness of breath that interferes with your job:Yes No
g. Coughing that produces phlegm (thick sputum):Yes No
h. Coughing that wakes you early in the morning:Yes No
i. Coughing that occurs mostly when you are lying down:Yes No
j. Coughing up blood in the last month:Yes No
k. Wheezing:Yes No
l. Wheezing that interferes with your job:Yes No
m. Chest pain when you breathe deeply:Yes No
n. Any other symptoms that you think may be related to lung problems:Yes No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack:Yes No
b. Stroke:Yes No
c. Angina:Yes No
d. Heart failure:Yes No
e. Swelling in your legs or feet (not caused by walking):Yes No
f. Heart arrhythmia (heart beating irregularly):Yes No
g. High blood pressure:Yes No
h. Any other heart problem that you've been told about:Yes No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest:Yes No
b. Pain or tightness in your chest during physical activity:Yes No
c. Pain or tightness in your chest that interferes with your job:Yes No
d. In the past two years, have you noticed your heart skipping or missing a beat:Yes No
e. Heartburn or indigestion that is not related to eating:Yes No
f. Any other symptoms that you think may be related to heart or circulation problems:Yes No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems:Yes No
b. Heart trouble:Yes No
c. Blood pressure:Yes No
d. Seizures (fits):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: _____

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

6. List your previous occupations: _____

7. List your current and previous hobbies: _____

8. 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

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

10. 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: _____

11. 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

12. 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

13. 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.).

14. 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 _____

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

16. Will you be working under humid conditions:Yes No

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

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

19. 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:

20. 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):
