

## Using this template

This guide is designed to help your organization build a written safety program.

You'll need to **customize the template** to fit your organization—it's not ready to use as is. We've made that process easier by adding visual prompts throughout the document. Look for **yellow-highlighted, red text** that shows where you need to add or update information.

You can (and should) change any part of the template to match your organization's structure, such as department names, job titles, responsibilities, or procedures.

### Example

#### Before:

<COMPANY NAME>

Sample Safety Program

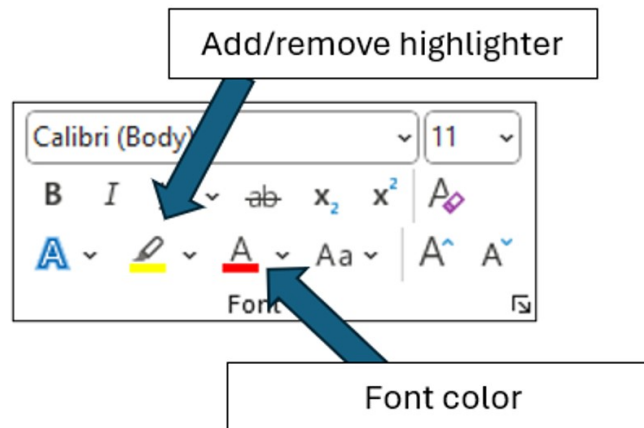
#### After:

XYZ Company

XYZ Safety Program

### Formatting tips

- To remove the yellow highlighting: Select the highlighted text, then click the **highlighter icon** in the Font menu.
- To change the red font to black: Select the text and click the **font color icon**.



You'll also see **"Check your understanding"** boxes throughout the template. These help you think through how to customize certain sections. After you've read and completed each one, simply **right-click the box and select "Cut."**

**Disclaimer.** This sample safety program template cannot be used as is. You must customize the template to meet the needs of your organization. EMC does not guarantee that this template is or can be relied on for compliance with any law or regulation, assurance against preventable losses, or freedom from legal liability. We make no representations or warranties of any kind whatsoever, either express or implied, in connection with the use of this template. EMC will not be liable for your use of the template as customized by you. All safety programs and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel and/or risk management staff.

<Company Name>

## Respiratory Protection Program

**Check Your Understanding.** Do you need a respiratory protection program? If your organization has employees who wear respirators to protect themselves from chemicals, dusts or fumes of any kind, or if your company works with these materials and employee exposures exceed safety or regulatory limits, then the answer is yes. Respirators should only be used when other methods of engineering controls are being implemented and do not provide adequate protection, or have been determined to be unfeasible.

Whenever possible, eliminating exposure to the hazard should always be the first choice. If that's not possible, engineering controls such as ventilation and substitution of less toxic materials should be used to protect employees. However, engineering controls are not always feasible for some operations, or may not completely control the hazard. In these situations, respirators and other personal protective equipment should be used. Respirators are also needed to protect employees' health during emergencies or when engineering controls are being implemented.

The respiratory protection standard [29CFR 1910.134](#) applies to the control of occupational diseases caused by breathing contaminated air. Voluntary usage of a respirator in conditions where they are not required (such as a dust mask) is subject to different requirements depending on the respirator selected. If only a dust mask (filtering facepiece) is allowed for voluntary use, it is covered by [Appendix D](#) of the above standard. All other types of respirators (whether used voluntarily or not) are required to follow certain provisions of the standard.

### Revision History

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Revision <XX – March 18, 2025>

### Purpose

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The purpose of the <Company Name> Respiratory Protection Program is to make sure that all employees, when exposed to respiratory hazards, are properly and adequately protected when using a respirator. <Company Name> is committed to the safety of our employees by preventing atmospheric hazards using engineering controls. In the event engineering controls are not feasible, or during the implementation of such controls, respiratory protection will be required.

All employees are required to follow the procedures outlined in this program. Any deviations from this program must be immediately brought to the attention of the Program Administrator.

### Scope

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This program applies to all employees who are required to wear respirators during normal work operations or during some non-routine or emergency operations, such as a spill of a hazardous substance. <Company Name> has determined that employees in the <departments, areas and/or job tasks> are exposed to respiratory hazards during routine and non-routine operations. All employees working in the areas and/or engaged in

certain processes or tasks identified in **Appendix A** are required to participate in the company's respiratory protection program.

**Check Your Understanding.** Do any of your employees voluntarily wear a respirator? If the answer is yes, the following paragraphs should be included within the Scope:

*“Some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection because the employee’s exposure is below regulatory or recommended exposure limits. The Program Administrator 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 employee(s), a respirator may be provided for voluntary use. Respirator use on a voluntary basis is subject to certain requirements of this written program depending on the type of respiratory device worn. At a minimum, all employees voluntarily wearing a respirator will be provided with “Information for Employees Using Respirators When Not Required” included in **Appendix B**. In some cases, employees voluntarily wearing a respirator will be subject to the medical evaluation, cleaning, maintenance, and storage elements of this program.”*

## Program Responsibilities

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**Management.** <Company Name> is responsible for providing the tools and resources necessary to implement this program and for ensuring the provisions in this program are being followed by the Program Administrator.

**Program Administrator.** The Program Administrator for <Company Name> is <Program Administrator Name>. The Program Administrator will:

1. Identify work areas, processes or tasks that have respiratory hazards and oversee the elimination or control of respiratory hazards.
2. Evaluate the need for respirators in areas where respiratory hazards cannot be eliminated.
3. Evaluate requests for voluntary use of respirators.
4. Ensure adequate air quantity, quality, and flow of breathing air for atmosphere-supplying respirators.
5. Select appropriate respiratory protection options.
6. Monitor respirator use to ensure that respirators are used in accord with their certifications.
7. Arrange for and/or conduct training.
8. Ensure proper storage, cleaning, inspections, and maintenance of respiratory protection equipment.
9. Ensure qualitative or quantitative fit testing is conducted.
10. Administer the medical surveillance program, in conjunction with <company name utilized for medical screening>.
11. Maintain records required by the program.
12. Evaluate the program annually.
13. Update written program as needed.

**Supervisors.** Supervisors are responsible for ensuring that the respiratory protection program is implemented in their specific 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 workers under their charge. Supervisors will:

1. Ensure that employees under their supervision who are required to wear respirators, or who voluntarily wear respirators, have received appropriate training, fit testing and annual medical evaluation.
2. Ensure the availability of appropriate respirators and accessories.
3. Be aware of tasks requiring the use of respiratory protection.
4. Enforce the proper use of respiratory protection when necessary.
5. Ensure that respirators are properly cleaned, maintained, inspected, and stored according to the respiratory protection plan.
6. Ensure that respirators fit well and do not cause discomfort.
7. Monitor work areas and operations to identify new or developing respiratory hazards.
8. Coordinate with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.
9. Ensure adequate air quantity, quality, and flow of breathing air for atmosphere-supplying respirators.

**Employees.** Each employee will:

1. Wear his or her respirator when and where required and in the way they were trained.
2. Care for and maintain their respirators as instructed, and store them in a clean, sanitary location.
3. Inform their supervisor if the respirator no longer fits well and request a new one that fits properly.
4. 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.
5. Inform their supervisor of need for a medical re-evaluation.

## **General Requirements**

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**Hazard Assessment.** The workplace will be evaluated and each operation, process, or work area where airborne contaminants may be present in routine and non-routine operations or during an emergency will be identified and documented. Hazard Assessments are performed at least every five years or whenever new or potential hazards are introduced into the workplace from changes in operations, processes, materials or personnel. The hazard assessments include, but are not limited to, the following items:

1. Identification and development of a list of hazardous substances used in the workplace, organized by department or work process. See **Appendix C** for identified respiratory hazards.
2. Review of work processes to determine where employees are potentially exposed to these respiratory hazards. The review will be conducted by surveying the workplace, reviewing process records and/or talking with employees and supervisors.

3. Conducting exposure monitoring, when exposure cannot be determined by other means, to quantify employee exposures. <Company Name> has a contracted with <contracted company name> to provide exposure monitoring when needed.
4. If worker exposures have not been, or cannot be, evaluated they will be considered immediately dangerous to life and health and appropriate protections will be implemented.

**Respirator Selection.** The Program Administrator will determine which individuals require respiratory protection and which respirator(s) will be used. Respirators will be selected based on the hazards to which workers are exposed and in accordance with regulations, standards, and best practices. Enough respirator sizes and models will be provided to employees during fit testing to identify an acceptable respirator that fits correctly.

Respirators selected will meet the following standards and guidelines:

1. Assigned Protection Factors (APFs) and calculated Maximum Use Concentrations (MUCs).
2. Certified by the National Institute for Occupational Safety and Health (NIOSH) and used in accordance with the terms of that certification.
3. Filters, cartridges, and canisters labeled with the appropriate NIOSH certification label. *The label must not be removed or defaced while the respirator is in use.*

Atmospheres immediately dangerous to life and health (IDLH) — For areas or environments deemed to have IDLH atmospheres, a full facepiece pressure demand supplied air respirator (SAR) with auxiliary self-contained breathing apparatus (SCBA) unit or a full facepiece pressure demand SCBA with a minimum service life of 30 minutes is provided. Respirators used for escape only are NIOSH-certified for the atmosphere in which they will be used. Note: All oxygen deficient atmospheres (those with less than 19.5% oxygen) are considered IDLH.

Non-IDLH Atmospheres — For areas or environments that do not have IDLH atmospheres, respirators are selected that are appropriate for the chemical nature and/or physical form of the air contaminant present. Air-purifying respirators used for protection against gases and vapors are equipped with cartridges having end-of-service-life indicators (ESLIs) or are subject to a change-out schedule based on the atmospheric contaminant. For protection against particulates, air-purifying respirators are equipped with NIOSH-certified HEPA filters.

**Investigating Employee Concerns.** If an employee feels that respiratory protection is needed during a particular activity, he or she should contact a supervisor or the Program Administrator. The Program Administrator will evaluate the potential hazard(s), arranging for outside assistance as necessary. The results of the investigation will be communicated to the employee and supervisor. 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.

**Check Your Understanding.** Did you include the voluntary wearing of a respirator within the Scope section of this program? If the answer is yes, then the following paragraph should be included here:

**Voluntary Respirator Use.** <Company Name> provides respirators at no charge to employees for voluntary use in the departments, work processes/tasks, or operations listed in **Appendix A**. Employees voluntarily wearing any respirator other than a dust mask (also known as a filtering facepiece respirator) are required to comply with the procedures for medical evaluation, respirator use, cleaning, maintenance and storage identified in this program. Voluntary use of a dust mask (filtering facepiece respirator) does not require compliance with these specific program elements. The information contained in **Appendix B** will be discussed and shared with each employee who voluntarily wears a respirator.

**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 or licensed health care provider 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. <Name of physician or licensed health care provider used by the company> will provide all medical evaluations. Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire in **Appendix D**.
- The Program Administrator will:
  - Ensure that all affected employees are 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 or licensed health care provider.
  - To the extent feasible, 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 physician for medical evaluation.

Employees are allowed to fill out the questionnaire on company time. They are authorized to have follow-up medical exams as required or deemed necessary by <Name of physician or licensed health care provider used by the company> and can discuss their medical evaluation with the physician.

The Program Administrator will provide <Name of physician or licensed health care provider used by the company> with a copy of this program, a copy of the 29 CFR 1910.134 Respiratory Protection standard and a medical release form in **Appendix D**. They will also provide the exposure information contained in **Appendix A** for each employee receiving a medical exam along with the employee's title, proposed respirator type and weight, length of time required to wear the respirator, expected physical workload (light, moderate or heavy), temperature and humidity extremes, and any additional protective clothing required.

After an employee has received medical clearance and begun to wear his or her respirator, additional medical evaluations will be provided if:

- The employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- <Name of physician or licensed health care provider used by the company> or supervisor informs the Program Administrator that the employee needs to be reevaluated.
- Information from this program, including observations made during fit testing or program evaluation, indicates a need for reevaluation.
- <Name of physician or licensed health care provider used by the company> or supervisor's observations indicate that additional medical evaluation is needed. For example, a change in workplace conditions that may result in an increased physiological burden on the employee.

A list of employees currently included in the medical surveillance program who have obtained and provided written medical clearance is provided in **Appendix E**. All examinations and questionnaires will remain confidential between the employee and the physician. Any employee required to wear a positive pressure air purifying respirator (PAPR) for medical reasons will be provided with an appropriate unit.

**Check Your Understanding.** Employees who are required to wear a respirator must be fit tested prior to wearing the respirator in the work environment where the respiratory hazard exists. Fit testing is a critical element of any respiratory protection program, and extreme care and thoroughness must be used to achieve the underlying purpose—protecting the employee from inhaling the respiratory hazard.

The Program Administrator will need to make two critical decisions:

- The type of fit test to be administered: qualitative (QLFT) or quantitative (QNFT)
  - QLFT is only used for fit testing negative pressure APR that must achieve a fit factor of 100 or less
- Which protocol will be followed when using either QLFT or QNFT

The following fit testing section has been written based on the more popular Bitrex Solution Aerosol Qualitative Fit Test (QLFT) protocol. It will need to be modified if a different type of fit test or protocol is used.

**Fit Testing.** The Program Administrator will ensure fit that employees required to wear tight-fitting facepiece (negative or positive pressure) respirators, as listed in **Appendix A**, successfully complete a fit test. Any employee who is voluntarily wearing a tight-fitting respirator will have the option to be fit-tested. The Bitrex Solution Aerosol Qualitative Fit Test (QLFT) Protocol, as outlined in **Appendix F**, will be used based on the respirators being implemented. If selected respirators or conditions affecting respirator use change, the Program Administrator will re-evaluate on a case-by-case basis whether quantitative fit test (QNFT) will need to be implemented in place of QLFT.

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

After the initial test, additional fit testing will be completed:

- Annually
- When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, dental work, facial surgery, etc.). Changes can be reported by employee or visually observed by practicing licensed health care provider, supervisor or Program Administrator
- When a different respirator is to be used, including facepiece
- If employee reports respirator fit is unacceptable

Each employee's fit test will be recorded and maintained by the Program Administrator using the form in **Appendix G**.

**Respirator Use.** Employees or workers wearing respirators shall:

- Use their respirators under conditions specified and presented in **Appendix A** and **Appendix C**, and in accordance with the training they receive on the use of each respirator.
- Not use the respirator in a manner for which it is not certified by NIOSH or by its manufacturer.
- Conduct user seal checks each time they wear their tight-fitting respirator using either the checks listed below or the manufacturer's seal checks:
  - *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, then carefully replace it after the test.
  - *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. 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. Sometimes the design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. In these cases, the test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove.
- Leave the work area to go to the **<designated area (i.e. locker room)>** to maintain their respirator for the following reasons:
  - To clean their respirator

- If the respirator is impeding their ability to work
  - To change filters or cartridges, or replace parts
  - Too inspect the respirator if it stops functioning as intended
- Not 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.
- Not wear headphones, jewelry or other articles that may interfere with the facepiece-to-face seal.

Employees are permitted to leave their work area and go to <designated area free from respiratory hazards> when they need to wash their face and respirator facepiece to prevent eye or skin irritation, or to replace the filter, cartridge or canister, or when they detect vapor or gas breakthrough or leakage in the facepiece or detect any other damage to the respirator or its components. Employees should notify their supervisor before leaving the area.

**Emergency Procedures.** The following work areas have been identified as having foreseeable emergencies:

- Chemical supply room
- Warehouse
- Spray painting booth
- Etc.

When the alarm sounds, employees in the affected department must immediately put on their emergency escape respirator, shut down their process equipment and exit the work area. All other employees must immediately evacuate the building. The company's Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail. Emergency escape respirators are located in locker #1 in the spray booth area; cabinet #3 in the chemical supply room; locker #4 in the warehouse area. Respiratory protection in these instances is for escape purposes only. Any employees who are not trained as emergency responders are not authorized to act in such a manner.

The malfunctioning of the respirator itself can result in an emergency. The following emergency procedures for respirator malfunction will be followed:

- Air-Purifying Respirator (APR) Malfunction. For any malfunction of an APR (e.g., breakthrough, facepiece leakage or improperly working valve), the respirator wearer must inform his or her supervisor that the respirator no longer functions 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.

<The following section should be omitted if atmosphere-supplying or supplied-air respirators are not present at your facility.>

- Atmosphere-Supplying or Supplied-Air Respirator (SAR) Malfunction. All workers wearing atmosphere-supplying respirators will work with a buddy. **If a worker in the spray booth experiences a malfunction of an SAR, he or she should signal to the buddy that he or she has had a respirator malfunction. The buddy shall don an emergency escape respirator and aid the worker in immediately exiting the spray booth. Worker's cleaning wood pieces or assembled furniture in the Prep department will work with a buddy. If one of the workers experiences a respirator malfunction, he/she shall signal this to their buddy. The buddy must immediately stop what he or she is doing to escort the worker to the Prep staging area where the worker can safely remove the SAR.**

**Check Your Understanding.** Are there any routine or non-routine operations or emergency situations identified in **Appendix A** that present a respiratory hazard that would be considered immediately dangerous to life and health (IDLH)? If so, the Program Administrator will need to modify the IDLH Procedures paragraph below. Not sure how to modify it?

List the specific areas, tasks and appropriate PPE needed in each area using the information in **Appendix A**.

Here is an example of what information should be included:

**Dip Coat Tank Cleaning:** Maintenance workers will periodically be 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 written Confined Space Program. As specified above, the Program Administrator has determined that workers entering this area must wear a pressure demand SAR. In addition, an appropriately trained and equipped standby person must 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 must immediately notify the Program Administrator and proceed with rescue operations in accord with rescue procedures outlined in the Confined Space Program.

**IDLH Procedures:** The Program Administrator has not identified any work processes/tasks, routine or non-routine operations or emergency situations where the work environment would contain a respiratory hazard that was immediately dangerous to life and health. **<This section should be omitted if IDLH atmospheres are present at your facility.>**

**Check Your Understanding.** If **Appendix A** indicates that supplied-air respirators will be used, then the following paragraph needs to be modified and used accordingly regarding breathing air quality:

**Breathing Air Quality:** For supplied-air respirators (SAR), only Grade D breathing air is to be used in the cylinders. <The Program Administrator will coordinate deliveries of compressed air with the company's vendor and require them to certify that the air in the cylinder(s) 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. Deliveries of new air for the cascade system are coordinated by the Program Administrator.>

If breathing air is supplied in-house by compressors, the quality of the breathing air must meet Grade D specifications (i.e., oxygen: 19.5-23.5%, hydrocarbon: <5 milligrams per cubic meter of air, carbon monoxide: <10 parts per million (ppm), carbon dioxide: <1,000 ppm, lack of noticeable odor) at all times; and prevent contaminated air from entering into the air-supply system, keep the moisture content such that the dew point at 1 atmospheric pressure is 10 degrees F below the ambient temperature, have in-line air-purifying sorbent beds and filters that are maintained in accordance with manufacturer's instructions, and have a record at the compressor that contains the signature of person and date of bed and filter change.

Oil-lubricated compressors are required to have a high-temperature alarm or carbon monoxide alarm. The oil in the compressor can break down to form carbon monoxide.

## Cleaning, Maintenance, Storage and Change Schedules

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**Cleaning.** Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station, located at <location of designated station>. Respirators issued for the exclusive use of an employee are to be cleaned as often as necessary, but at least once a day for workers in the <list of departments>. Respirators used in fit testing and training are cleaned and disinfected after each use. Atmosphere-supplying and emergency use respirators are to be cleaned and disinfected after each use.

The following procedures are to be used when cleaning and disinfecting respirators:

- Disassemble respirator, removing any filters, canisters or cartridges.
- Wash the facepiece and associated parts with warm water and the detergent supplied at the cleaning station. Do not use organic solvents.
- Rinse completely in clean warm water.
- Wipe the respirator with disinfectant wipes or solution to kill germs.
- Air dry in a clean area.
- Reassemble the respirator and replace any defective parts.

- Test the respirator to ensure that all components work properly.
- Place in a clean, dry plastic bag or other airtight container.

The Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection materials are 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 to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects before each use and during cleaning. 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 or supplied-air respirators will be conducted by the manufacturer.**

Emergency use respirators included in **Appendix A** will be inspected and maintained monthly and in accordance with manufacturer's recommendations. They will be checked for proper function before and after each use. **In addition to the monthly inspection, all self-contained breathing apparatus (SCBA) cylinders are maintained in a fully charged state and recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. A record of certification will be maintained documenting the date of the inspection, name of inspector, findings, action take to correct findings, and respirator identification by the Program Administrator.**

The following items should be checked when inspecting respirators:

- Respirator function
- Tightness of connections
- Elastomeric parts: pliability and signs of deterioration
- Facepiece: cracks, tears or holes
- Facemask distortion
- Cracked or loose lenses/face shield
- Valves: Residue or dirt
- Cracks or tears in valve material
- Head straps: breaks or tears broken buckles
- Filters/Cartridges: approval designation intact, gaskets cracks or dents in housing

#### **Air Supply Systems:**

- **Breathing air quality/grade and condition of supply hoses**
- **Proper hose connections**
- **Regulators and valves: settings correct and functioning properly**

Respirators that are defective or have defective parts must 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. **NO EMPLOYEE SHALL WEAR A DEFECTIVE RESPIRATOR.** 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
- Dispose of the respirator due to an irreparable problem or defect

When a respirator is taken out of service, the respirator will be tagged out of service, and the employee will be given a replacement of the same make, model and size. If the employee is not given a replacement of the same make, model and size, then the employee must be fit tested. All tagged out-of-service respirators will be kept in the <designated location>

**Storage.** Respirators must be stored in a clean, dry area in accordance with the manufacturer's recommendations and/or in such a fashion as to protect it from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture and deformation of the facepiece or exhalation valve.

Each employee will clean and inspect their own respirator in accordance with this program, storing it in a plastic bag with their name on it. Plastic bags are provided by your supervisor or Program Administrator.

Those respirators listed in **Appendix A** that are used during emergencies will be stored in <location within facility> and in compartments or containers clearly marked as emergency use respirators.

**Change Schedules.** Employees wearing APRs or PAPRs as listed in **Appendix A** need to change the cartridges on their respirators when they first begin to have trouble breathing (i.e., resistance) while wearing their masks. For gasses and vapors, <list what the end of service life indicator (ESLI) will be for gases and vapors; if no ESLI is present, consult with your respirator manufacturer to determine the best time frame to change out of cartridges based on workplace exposure conditions. Be sure to include employees voluntarily wearing APRs or PAPRs in the change-out schedule>.

## **Training, Program Evaluation, Documentation and Recordkeeping**

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**Training.** The Program Administrator will provide training to all respirator users and their supervisors on the contents of the Respiratory Protection Program and their responsibilities under it, including appropriate information from OSHA 29 CFR 1910.134, the Respiratory Protection standard. Employees and workers will be trained prior to using a respirator in the workplace. Retraining shall be administered annually, and/or when the following situations occur:

- Changes in the workplace or the type of respirator that render previous training obsolete

- Inadequacies in the employee's knowledge or use of the respirator indicate that the worker has not retained the requisite understanding or skill
- Any other situation arises in which retraining appears necessary to ensure safe respirator use

As with any employee, supervisors must be trained prior to using a respirator in the workplace. They also should be trained prior to supervising workers who must wear respirators if the supervisors themselves will not use a respirator. **Supervisors will provide the basic information on respirators in Appendix B of this program to employees who voluntarily wear respirators even though not required to do so by the employer.**

Supervisors will ensure that each employee can demonstrate knowledge of the following:

- Why the respirator is necessary
- How improper fit, usage or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities of the respirator
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
- How to inspect, put on and remove, use, and check the seals of the respirator
- Procedures for maintenance and storage of the respirator
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators
- The general requirements of this program and OSHA 29 CFR 1910.134, the Respiratory Protection standard

An employee's training will be documented and recorded using the training record contained in **Appendix G**.

**Check Your Understanding.** A copy of your site-specific training should be kept with this program. This can be a PowerPoint presentation or other handout used during the training.

An employer who is able to demonstrate that a new employee has received training within the last 12 months addressing the knowledge elements is not required to repeat such training provided that the employee can demonstrate knowledge of those element(s). Previous training that is not repeated initially by the new employer must be provided no later than 12 months from the date of the previous training.

**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 a review of records. At a minimum, the following factors will be considered:

- Respirator fit (including the ability to use the respirator without interfering with effective workplace performance)
- Appropriate respirator selection for the hazards to which the employee is exposed
- Proper respirator use under the workplace conditions the employee encounters

- Proper respirator maintenance

Problems identified will be noted on an evaluation form included in **Appendix G** and corrected 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 implementing those corrections.

**Documentation and Recordkeeping.** A written copy of this program and the OSHA 29 CFR 1910.134 Respiratory Protection standard is kept in the **<Program Administrator's office>** and is available to all employees who wish to review it.

The Program Administrator will also maintain copies of the records (except medical records) for all employees covered under the respirator program. Completed medical questionnaires and documented findings of **<Name of physician or licensed health care provider used by the company>** are confidential and will remain at **<list location (i.e. doctor's office)>**. The company will only retain the physician's written recommendation (a signed medical release) regarding each employee's ability to wear a respirator.

Copies of training and fit test records are also located with the program. These records will be updated as new employees are trained, as existing employees receive refresher training and when new fit tests are conducted.

## Appendix A – Work Processes Requiring Respiratory Protection

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<b>Type of Respirator/Filters/Cartridges</b> <i.e. dust mask, PAPR, full face, half face, SCBA, supplied air, etc.> <P100 filter, acid mist, etc.>	<b>Work Area/Task/Job Type</b> <i.e. maintenance department, when welding, painters>	<b>Conditions of Use</b> <voluntary or required>
Half facepiece with organic vapor cartridge	Maintenance workers, dip coat operators while loading coating agents	Mandatory

**Check Your Understanding.** Did you include the voluntary wearing of a respirator within the Scope section of this program? If the answer is yes, then the following Appendix should be included in your program.

## **Appendix B – Information for Employees Using Respirators When Not Required**

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<Company Name> allows employees to voluntarily wear respirators when exposures are below regulatory or recommended exposure limits. **Appendix A** of the Respiratory Protection Program lists all employees who are voluntarily wearing a respirator.

Each request for the voluntary use of a respirator is approved by the Program Administrator to ensure the proper respirator is selected and employees are informed and trained regarding the proper use, wearing, maintenance and care of their respirator. If a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the employee.

Employees who voluntarily wear a respirator must ensure they do 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. Verify the respirator selected is certified for use to protect against the contaminant of concern. 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.
5. Alert supervisor, manager, or Program Administrator of any changes that may affect the wearing or use of the respirator.

## Appendix C – Hazard Assessment

<Company Name> Program Administrator has completed a hazard assessment of all identified respiratory hazards. The table below lists each of the departments, work processes or operations that have respiratory hazards associated with them and the results of the hazard assessment. The data is reviewed annually and updated as needed.

**Check Your Understanding.**

This section of the program is designed for you to spell out the results of your hazard assessment and list any control measures you are using, or the decisions about respirators and ventilation you have made to protect your employees based on the sampling data you collected. If you can demonstrate that no exposure is possible or that levels are negligible for a given area (i.e. all enclosed, only emergency situations, etc.) then sampling may not be needed. However, emergency situation requirements would still be required.

A summary statement should be made for each area, which should also include whether respiratory protection is needed or not, and what type the Program Administrator has determined is appropriate for that area.

Here is an example:

**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 mg/m<sup>3</sup> (8-hour time-weighted average, or TWA). Half facepiece APRs with P100 filters and goggles are required for employees sanding wood pieces. PAPRs will be available for employees who are unable to wear an APR.

Department	Contaminants	Exposure Level (8-hour TWA Results)	Occupational Exposure Limit (OSHA PEL, ACGIH TLV, NIOSH REL, etc)	Controls in Place and PPE Used
<Spray Booth Cleaning Area>	<Possible emergency spills of hazardous substances>	<N/A>	<N/A>	<Alarms in place. Escape respirators located in locker #1 in spray booth>
<Preparation Sanding>	<Respirable wood dust>	<2.5-7.0 mg/m <sup>3</sup> >	<15 mg/m <sup>3</sup> OSHA PEL (or 10 mg/m <sup>3</sup> ACGIH TLV)>	<Local exhaust ventilation/half facepiece APRs with P100 filters and goggles>

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## Appendix D – Medical Evaluation Questionnaire and Medical Release

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**To the employer:** A medical examination is not required for questions in Part A, Section 1 or for question 9 in Part A, Section 2.

**To the employee:** To maintain your confidentiality, <Company Name> will not look at or review your answers, and will tell you how to deliver or send this questionnaire directly to the health care professional who will review it.

---

### Part A – Section 1 (Required)

The following information must be provided by every employee who is required 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. Height      \_\_\_\_\_ ft      \_\_\_\_\_ in
6. Weight      \_\_\_\_\_ lbs
7. Job title \_\_\_\_\_
8. Phone number (including area code) where you can be reached \_\_\_\_\_
9. What is the best time to call 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 which type of respirator you will use (you can check more than one category).  
\_\_\_\_\_ **N, R, or P** disposable respirator—also known as dust mask, filtering facepiece or a filter-mask  
(non-cartridge type only)  
  
\_\_\_\_\_ **Other type**—half- or full-facepiece type, powered-air purifying, supplied-air, or self-contained breathing apparatus
12. Have you worn a respirator before? (circle one)      Yes / No

If yes, list type(s) worn

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**Part A – Section 2 (Required)**

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.

Please circle YES or NO.

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month? Yes / No

2. Have you *ever* had any of the following conditions?

a. Seizures Yes / No

b. Diabetes 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 problems Yes / No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath Yes / No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline Yes / No

c. Shortness of breath when walking with other people at an ordinary pace on level ground Yes / No

d. Have to stop for breath when walking at your own pace on level ground Yes / No

e. Shortness of breath when washing or dressing yourself Yes / No

f. Shortness of breath that interferes with your job Yes / No

g. Coughing that produces phlegm (thick sputum or mucous) 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 Yes / No

6. Have you ever had any of the following cardiovascular or heart symptoms?

a. Frequent pain or tightness in your chest Yes / No

b. Pain or tightness in your chest during physical activity  
Yes / No

c. Pain or tightness in your chest that interferes with your job Yes / No

d. In the past two years, have you noticed your heart skipping or missing a beat Yes / No

e. Heartburn or indigestion that is not related to eating Yes / No

d. Any other symptoms that you think may be related to heart or circulation problems Yes / No



3. Have you *ever* had an injury to your ears, including a broken ear drum Yes /  
No

4. 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

5. Have you *ever had* a back injury Yes / No

6. 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. Difficulty 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 – Employment Questions (Required)

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 (gases, fumes or dust), or have you come into skin contact with hazardous chemicals? Yes / No

If YES, name the chemicals if you know them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below?

- |  |          |
|--|----------|
| a. Asbestos  | Yes / No |
| b. Silica (e.g., in sandblasting)                            | Yes / No |
| c. Tungsten/cobalt (e.g., grinding or welding this material) | Yes / No |
| d. Beryllium   | Yes / No |
| e. Aluminum  | Yes / No |
| f. Coal (for example, mining)                                | Yes / No |
| g. Iron  | Yes / No |
| h. Tin   | Yes / No |
| i. Dusty environments  | Yes / No |
| j. Any other hazardous exposures                             | Yes / No |

If YES, describe these exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. List your previous occupations:

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

6. List your current and previous hobbies: \_\_\_\_\_  
\_\_\_\_\_

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

If YES, were you exposed to biological or chemical agents (either in training or combat)? Yes / No

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

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

If YES, name the medications if you know them: \_\_\_\_\_

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

- a. HEPA Filters Yes / No
- b. Canisters (for example, gas masks) Yes / No
- c. Cartridges Yes / No

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

- 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, how would you describe your work effort?

- a. *Light* (less than 200 kcal per hour): Yes / No

If YES, how long does this period last during the average shift? \_\_\_\_\_ hrs \_\_\_\_\_ mins

*Examples of a light work effort are sitting while writing, typing, drafting or performing light assembly work; or standing while operating a drill press (1-3 lbs) or controlling machines.*

- b. *Moderate* (200 to 350 kcal per hour) Yes / No

If YES, how long does this period last during the average shift? \_\_\_\_\_ hrs \_\_\_\_\_ mins

*Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.*

- c. *Heavy* (above 350 kcal per hour) Yes / No

If YES, how long does this period last during the average shift? \_\_\_\_\_ hrs \_\_\_\_\_ mins

*Examples of heavy work are lifting a heavy load (about 50 lbs) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs).*

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? Yes / No

If YES, describe this protective clothing and/or equipment: \_\_\_\_\_  
\_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 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(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Substance #1 – Name \_\_\_\_\_  
Estimated maximum exposure level per shift \_\_\_\_\_  
Duration of exposure per shift \_\_\_\_\_

Substance #2 – Name \_\_\_\_\_  
Estimated maximum exposure level per shift \_\_\_\_\_  
Duration of exposure per shift \_\_\_\_\_

Substance #3 – Name \_\_\_\_\_  
Estimated maximum exposure level per shift \_\_\_\_\_  
Duration of exposure per shift \_\_\_\_\_

List any other toxic substances 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 or security):

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## Medical Release

### Information provided to the physician:

Employee name \_\_\_\_\_

Date \_\_\_\_\_

Job \_\_\_\_\_

Work location \_\_\_\_\_

Type and weight of respirator \_\_\_\_\_

### To be used under the following conditions:

- *Duration and frequency of use* \_\_\_\_\_
- *Expected physical effort* \_\_\_\_\_
- *Additional protective clothing and equipment* \_\_\_\_\_
- *Environmental temperature and humidity extremes* \_\_\_\_\_

### Air contaminants and concentration levels employee may be exposed to:

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

Estimated frequency of cartridge/filter replacement \_\_\_\_\_

### Medical Evaluation: Physician Release

Is employee medically able to use the respirator? Yes / No

List any limitations on respirator use \_\_\_\_\_  
\_\_\_\_\_

Is a follow-up medical evaluation required? Yes / No

If YES, list date of evaluation \_\_\_\_\_

Employee has been given a copy of this recommendation Yes / No

\_\_\_\_\_  
Signature of Physician or Other Licensed Health Care Provider

\_\_\_\_\_  
Date

## Appendix E – Medical Surveillance Program

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List of employees currently included in the medical surveillance program.

Employee Name	Date of Last Evaluation

## Appendix F – Bitrex Aerosol Solution Qualitative Fit Test (QLFT) Protocol

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<Company Name> ensures that persons administering QLFT can prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in proper working order. These persons also ensure QLFT equipment is kept clean and well-maintained to operate within the parameters for which it was designed.

**Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol:** <Company Name> uses the published saccharin test protocol because the protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking, and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure will be explained to the employee prior to the screening test.

Taste Threshold Screening: The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.

- (1) During threshold screening as well as during fit testing, subjects will wear the 3M hood assembly, parts # FT 14 and # FT 15 combined.
- (2) The hood shall have a 3/4-inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.
- (3) The test subject will don the hood. Throughout the threshold screening test, the test subject will breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste
- (4) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer, the test conductor shall spray the Threshold Check Solution into the enclosure. This nebulizer is clearly marked to distinguish it from the fit test solution nebulizer.
- (5) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.
- (6) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely and is then released and allowed to fully expand.
- (7) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes completed.
- (8) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes completed.
- (9) If the second response is negative, ten more squeezes are repeated rapidly, and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the

third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes completed.

(10) The test conductor will take note of the number of squeezes required to elicit a taste response.

(11) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.

(12) If a taste response is elicited, the test subject will be asked to take note of the taste for reference in the fit test.

(13) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.

(14) The nebulizer will be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

#### Bitrex Solution Aerosol Fit Test Procedure:

(1) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.

(2) The fit test uses the same hood as that described above.

(3) The test subject will don the enclosure while wearing the respirator selected. The respirator will be properly adjusted and equipped with any type of particulate filter(s).

(4) A second DeVilbiss Model 40 Inhalation Medication Nebulizer is used to spray the fit test solution into the enclosure. This nebulizer is clearly marked to distinguish it from the screening test solution nebulizer.

(5) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.

(6) As before, the test subject will breathe through his or her slightly open mouth with tongue extended and be instructed to report if he/she tastes the bitter taste of Bitrex.

(7) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the screening test.

(8) After generating the aerosol, the test subject shall be instructed to perform the following exercises.

- Normal breathing. In a normal standing position, without talking, the employee shall breathe normally.
- Deep breathing. In a normal standing position, the employee shall breathe slowly and deeply, taking caution so as not to hyperventilate.

- Turning head side to side. Standing in place, the employee shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
- Moving head up and down. Standing in place, the employee shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
- Talking. The employee shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The employee shall count backward from 100 or recite a memorized poem or song.
- Bending over. The employee shall bend at the waist as if to touch the toes. Jogging in place shall be substituted for this exercise in those test environments, such as shroud-type units, that do not permit bending over at the waist.
- Normal breathing.

Each test exercise shall be performed for one minute. The employee will be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator will be tried. The respirator cannot be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated from the beginning.

(9) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).

(10) The test subject shall inform the test conductor if he/she detects the taste of Bitrex at any time during the fit test. If the test subject does not report tasting the Bitrex, the test is passed.

(11) If the taste of Bitrex is detected, the fit is deemed unsatisfactory, and the test is failed. A different respirator shall be tried, and the entire test procedure is repeated (including the taste threshold screening and fit testing).

**Appendix G – Records and Evaluation Forms**

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**Respirator Training Record**

\_\_\_\_\_  
Employee Name (printed)

I certify that I have been trained in the use of the following respirator(s):

This training included the necessity of the respirator, inspection procedures, fitting, maintenance and limitations of the above respirator(s). I understand how the respirator operates and provides protection. I further certify that I have heard the explanation of the respirator(s) as described above and I understand the instructions relevant to use, cleaning, disinfecting and the limitations of the respirator(s).

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

### Respirator Fit Test Record

Name: \_\_\_\_\_ Initials: \_\_\_\_\_

Type of qualitative/quantitative fit test used: \_\_\_\_\_

Name of test operator: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_

**Respirator Mfr./Model/Approval no.**                      **Size**                      **Pass/Fail** or **Fit Factor**

*Note: "Fit factor" is the numerical result of quantitative fit test from instrument reading*

1. \_\_\_\_\_ S M L                      P / F    or    \_\_\_\_\_

2. \_\_\_\_\_ S M L                      P / F    or    \_\_\_\_\_

3. \_\_\_\_\_ S M L                      P / F    or    \_\_\_\_\_

4. \_\_\_\_\_ S M L                      P / F    or    \_\_\_\_\_

**Clean Shaven?** Yes\_\_\_ No\_\_\_ (Fit-test cannot be done unless clean-shaven)

**Medical Evaluation Completed?** Yes\_\_\_ No\_\_\_                      **Clearance?** Yes\_\_\_ No\_\_\_

**NOTES:** \_\_\_\_\_

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

This record indicates that you have passed or failed a qualitative or quantitative fit test, as shown above, for the respirator(s) shown. Other types will not be used until fit tested.

## Respiratory Protection Program Evaluation

Evaluator Name: \_\_\_\_\_

Date: \_\_\_\_\_

Names of employees consulted during the evaluation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Problems Identified	Corrective Action