



Facilities Management
Occupational Health and Safety

1400 - Respiratory Protection Program

DOCUMENT HISTORY

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This document will be reviewed routinely and updated with changes as needed. Departments listed as having roles and responsibilities are provided an updated version of this document upon revision.

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ACRONYMS

APR	Air Purifying Respirator
FM	Facilities Management
FM-OHS	Facilities Management Occupational Health and Safety
HEPA	High-Efficiency Particulate Air
NIOSH	National Institute for Occupational Safety and Health
OSHA	Occupational Safety and Health Administration
PAPR	Powered Air-Purifying Respirator
PEL	Permissible Exposure Limit
PLHCP	Physician or Other Licensed Healthcare Provider
SOP	Standard Operating Procedure

PURPOSE

The purpose of this program is to comply with provisions set forth in OSHA's 29 CFR 1910.134 and 1926.103 *Respiratory Protection* to provide respiratory protection to prevent exposure of employees to hazardous airborne contaminants while performing work assignments.

SCOPE

This Respiratory Protection Program covers University of Virginia Facilities Management employees who use respiratory protection during their employment with Facilities Management (FM). Elements of the Respiratory Protection Program include roles and responsibilities, respiratory protection selection, worksite-specific procedures for use, care and maintenance, medical evaluations, training, fit testing, recordkeeping, and program evaluation.

ROLES AND RESPONSIBILITIES

This Respiratory Protection Program for University of Virginia Facilities Management is a cooperative effort between Facilities Management Occupational Health and Safety (FM-OHS), physicians or other licensed healthcare providers (PLHCP), supervisors, and employees. Specific responsibilities relating to the Respiratory Protection Program are outlined below.

Facilities Management Occupational Health and Safety

Specific responsibilities of FM-OHS relating to respiratory protection are to:

- Administer the FM Respiratory Protection Program
- Conduct Respiratory Hazard Assessment if:
 - Supervisor notifies FM-OHS that the need for respiratory protection is suspected
 - Supervisor informs FM-OHS that the use of respiratory protection is desired
- Determine appropriate respiratory protection
- Notify supervisor in writing of the type of respiratory protection required
- Provide training to voluntary users as required by 29 CFR 1910.134 Appendix D, (Mandatory) Information for Employees Using Respirators When Not Required Under Standard
- Clean, inspect, maintain, and store respiratory protection used for fit testing and training after each use according to 29 CFR 1910.134
- Coordinate required medical evaluations for employees required to wear respiratory protection
- Provide employees required to undergo medical evaluations with a copy of the *Respirator Medical Evaluation Questionnaire*
- Pay all costs associated with medical evaluations and follow-up examinations related to the use of respiratory protection
- Assist supervisors with completing the *Respirator Use Information* form for all employees requesting to wear respiratory protection
- Provide PLHCP conducting medical evaluations for respiratory protection use with a copy of the following (if not already on file):
 - 29 CFR 1910.134
 - FM's Respiratory Protection Program
 - Employees' *Respirator Use Information* form
- Provide training and fit testing to employees deemed fit by PLHCP to use respiratory protection prior to use and annually thereafter
- Provide copies of fit test records to employees upon successful completion of fit testing

- Maintain copies of Information for the PLHCP and the PLHCP written opinions for 30 years after termination of employment
- Maintain respirator fit testing and respirator training records for duration of employment
- Maintain training materials, program evaluation records, a current copy of the written Respiratory Protection Program, and copies of *Worksite-Specific Procedures for Use of Respiratory Protection*
- Generate *Worksite-Specific Procedures for Use of Respiratory Protection* (for use in conjunction with the Respiratory Protection Program)
- Annually evaluate the Respiratory Protection Program and revise this program as needed

Physician or Other Licensed Healthcare Provider

A physician or other licensed healthcare professional (PLHCP) is an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph 29 CFR 1910.134 (e). Specific responsibilities of PLHCPs related to the Respiratory Protection Program are to:

- Discuss the *Respirator Medical Evaluation Questionnaire* with employees upon request
- Review the completed *Respirator Medical Evaluation Questionnaire* and *Respirator Use Information* form to determine employee fitness to use respiratory protection
- Provide written opinion to the employee and a copy to FM-OHS within 15 days of evaluation, stating:
 - Whether the employee is medically able to use the indicated respirator under anticipated work conditions
 - Limitations on respirator use related to the medical condition of the employee or workplace conditions in which the respirator will be used, if applicable
 - The need, if any, for follow-up evaluation
- Notify the employee and FM-OHS if an employee demonstrates a need for a follow-up examination
- Provide follow-up medical examinations or a referral to an appropriate PLHCP.

Supervisors

Supervisors oversee University of Virginia Facilities Management employees and their work. Specific responsibilities of supervisors related to the Respiratory Protection Program are to:

- Inform FM-OHS if the need for respiratory protection is suspected prior to beginning work
- Develop and review *Worksite-Specific Procedures for Use of Respiratory Protection* (for use in conjunction with the Respiratory Protection Program)
- Provide FM-OHS with a completed copy of the *Respirator Use Information* form for each employee that uses a respirator, including voluntary use of respirators
- Provide employees with respiratory protection per FM-OHS recommendations
- Issue respiratory protection to employees that are medically able to wear respiratory protection (per PLHCP written opinion), have completed annual training, and have been successfully fit tested with the make, model, and size used
- If an employee wears corrective glasses, goggles, or other personal protective equipment, the supervisor shall ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece
- Ensure an adequate supply of respiratory protective equipment in good, clean, working condition
- Inform FM-OHS of changes in workplace conditions (workload, protective clothing, or temperature) that may result in substantial increase in physiological burden placed on an employee
- Inform FM-OHS of visual changes in employee's physical condition that could affect respirator fit (e.g. facial scarring, dental changes, cosmetic surgery, or change in body weight)

- Inform FM-OHS when employees are no longer required to be enrolled in the Respiratory Protection Program, providing FM-OHS with a completed *Respiratory Protection Program Exit* form

Filtering face pieces (e.g. N95) may be provided to employees for voluntary use, when the use does not create a hazard, to control exposure to nuisance dust. Specific responsibilities of supervisors related to the voluntary use of respirators are to:

- Inform FM-OHS if voluntary use of respiratory protection is desired
- Ensure employees who wish to voluntarily wear a filtering face piece have signed and understand 29 CFR 1910.134 Appendix D, (Mandatory) Information for Employees Using Respirators When Not Required Under Standard
- Provide an adequate supply of filtering face pieces in good, clean condition to employees who have selected voluntary use, including a range of sizes to assure that a proper fit may be achieved

Employees

Specific responsibilities of FM employees related to the Respiratory Protection Program are to:

- Participate in required medical evaluations
- Provide the PLHCP with a completed copy of the *Respirator Medical Evaluation Questionnaire*
- Schedule and attend applicable follow-up medical examinations
- Attend annual respirator fit testing, if applicable
- Attend respiratory protection training upon entry into the Respiratory Protection Program and annually thereafter
- Only use respiratory protection for which you have obtained a satisfactory fit per fit testing conducted by FM-OHS
- Notify supervisor if prescription glasses inserts are required for use with full-face respiratory protection. As a best practice employees should not wear contact lenses when wearing a respirator.
- Inspect respirators prior to each use
- Be clean shaven during respirator use and fit testing
- Conduct user seal checks prior to wearing a respirator
- Use respirators in a manner that complies with instruction and training
- Clean, disinfect, inspect, and properly store respirators
- Report respirator malfunctions to their supervisor
- Report physiological changes (e.g. facial scarring, dental changes, cosmetic surgery, or change in body weight) that could affect the respirator fit or ability to safely wear a respirator to FM-OHS
- Provide feedback for annual program evaluation as requested by FM-OHS

RESPIRATORY PROTECTION SELECTION

FM-OHS, in conjunction with the supervisor, will select the appropriate respiratory protection for the work area and determine whether the use of respiratory protection is required or may be voluntary. Respiratory protection will only be selected after FM-OHS completes a Respiratory Hazard Assessment. If feasible engineering or administrative controls are not sufficient to reduce air concentrations of hazardous substances below applicable exposure limits, FM-OHS will specify the respiratory protection required. *NOTE: University of Virginia Facilities Management employees are not permitted to wear atmosphere-supplying respirators. If a task cannot safely be completed without an atmosphere-supplying respirator, the task must be completed by a contractor who is capable of completing the task and is trained in the use of this type of respirator.

Examples of Tasks Which May Require Respiratory Protection

Supervisors must contact FM-OHS when the need for respiratory protection is suspected. Examples of some tasks for which respiratory protection may be required include:

- Cutting brick, cement, concrete
- Scraping mortar
- Cutting or jack hammering sidewalk or concrete slabs
- Generating large amounts of dust
- Welding or grinding
- Painting with epoxy or organic solvent coatings
- Using solvents, thinners, or degreasers
- Abrasive blasting
- Scraping or sanding lead paint
- Asbestos work

Respiratory Hazard Assessment

FM-OHS will conduct a Respiratory Hazard Assessment to evaluate the need for respiratory protection if:

- Supervisor or employee notifies FM-OHS that the need for respiratory protection is suspected
- Supervisor or employees informs FM-OHS that the voluntary use of respiratory protection is desired

Elements of the Respiratory Hazard Assessment include:

- Determine the identity and concentrations of hazardous substances present in the environment by conducting exposure monitoring
- Identify and coordinate engineering or administrative controls to reduce the concentrations of hazardous substances in the work environment below applicable regulations and guidelines so respiratory protection is not required
- If controls do not reduce the exposure to acceptable levels, assist with determining appropriate respiratory protection

Selecting Required Respiratory Protection

FM-OHS will notify supervisors in writing when it is determined that respiratory protection is required. This memo will include tasks for which respiratory protection is required, the type of respiratory protection and filtering media used, and the filtering media change out schedule.

Respiratory protection will be selected by FM-OHS in consultation with the supervisor. All respiratory protection used at the University of Virginia Facilities Management is certified by the National Institute of Occupational Safety and Health (NIOSH) and must be used in compliance with the conditions of certification. Supervisors must provide employees with respiratory protection per FM-OHS recommendations.

Supervisors may reference the *FM-OHS Approved Respirators* list for respirator selection, located on the FM-OHS website resources.

PROCEDURES FOR USE OF RESPIRATORY PROTECTION

Worksite-Specific Procedures

FM-OHS and applicable departments/shops will jointly generate *Worksite-Specific Procedures for Use of Respiratory Protection* to be used in conjunction with the Respiratory Protection Program for all routine use of respiratory

protection. A copy of the *Worksite-Specific Procedures for Use of Respiratory Protection* will be reviewed by the supervisor prior to implementation and as requested by FM-OHS. *Worksite-Specific Procedures for Use of Respiratory Protection* includes:

- Location of the written Respiratory Protection Program
- Voluntary or required use of respiratory protection
- Respiratory hazards
- Location and nature of tasks that involve the respiratory hazards
- Types of respirators and filter cartridges required during tasks
- Frequency and duration of the tasks
- Names of respirator users
- Designated area for donning/doffing respirators and PPE
- Reasonable foreseeable emergencies and recommended response
- Filter change out schedule

Non-Routine Respirator Use Plan

For non-routine work or emergency operations that require the use of respiratory protection and does not have an established procedure, a *Non-Routine Respirator Use Plan* shall be used. Supervisors and FM-OHS will jointly fill out the *Non-Routine Respirator Use Plan* form, and have it reviewed by affected employees.

Use of Respiratory Protection When Required

Supervisors must issue employees respiratory protection for required use after the employees are medically evaluated, trained, and fit tested, in conjunction with FM-OHS. If facial hair comes between the sealing surface of the facepiece and the face, the user cannot use tight-fitting respiratory protection, including filtering facepieces, when respiratory protection is required. Employees are required to be clean shaven when wearing a tight fitting respirator.

Voluntary Use of Respiratory Protection

Supervisors must contact FM-OHS if voluntary use of respiratory protection is desired. FM-OHS will conduct a Respiratory Hazard Assessment to determine whether voluntary use of respiratory protection is permissible. FM-OHS will inform the supervisor in writing if voluntary use is allowed along with a description of the tasks or locations in which voluntary use is acceptable. Supervisors must provide voluntary respirator users with a copy of the *Voluntary Use of Respiratory Protection Agreement* form, which includes 29 CFR 1910.134 Appendix D, Information for Employees Using Respirators When Not Required Under the Standard.

Upon receipt of approval for voluntary use of respiratory protection, supervisors must provide respiratory protection. Respiratory protection for voluntary use must be limited to **filtering facepieces** (e.g. N-95 respirators) and be approved by NIOSH.

Contractor Use of Respiratory Protection

Contractors may be hired to complete tasks or work in areas where respiratory protection is needed. Contractors are responsible for complying with all aspects of 29 CFR 1910.134. FM and contractor personnel must communicate the presence of respiratory hazards, jobsite restrictions, and requirements when working in a proximity that affects surrounding personnel.

Respiratory Protection Program Exiting

If employees have not used their respirator within the last 12 months, they will be removed from the Respiratory Protection Program. Upon notification, a *Respiratory Protection Program Exit* form will be completed by the supervisor and employee, and returned to FM-OHS.

If employees must be removed from the Respiratory Protection Program, due to change in job duties or change in employee's physical condition, the supervisor and employee must inform FM-OHS and complete and return the *Respiratory Protection Program Exit* form to FM-OHS.

Upon exit from the Respiratory Protection Program, the supervisor must collect the employee's issued respirator. If the employee is required to be re-entered into the program, the supervisor must contact FM-OHS prior to re-issuing respiratory protection, and complete the *Respirator Use Information* form.

RESPIRATORY PROTECTION CARE AND MAINTENANCE

Supervisors must ensure an adequate supply of respiratory protection that is in good, working condition. Re-usable respiratory protection must be cared for and maintained to assure their continued performance. Cleaning, inspection, and storage of respirators following each use is the responsibility of:

- Employees issued respiratory protection
- Supervisors when respiratory protection is assigned to multiple users
- FM-OHS for respiratory protection used for fit testing or training

Cleaning of Respirators

Procedures for cleaning respirators other than filtering facepieces as specified in 29 CFR 1910.134 Appendix B-2, Respiratory Cleaning Procedures (Mandatory), include the following:

- Remove filters, cartridges, or canisters
- Disassemble facepiece by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer
 - Full-Face Respirators: the center adaptor, lens, and nose cup can also be removed if necessary
- Wash components in warm water (not exceeding 120°F) with a mild detergent or with a cleaner recommended by the manufacturer. A soft bristle brush (not wire) may be used to remove dirt.
- Rinse components thoroughly in clean, warm running water
- Components should be hand-dried with a clean lint-free cloth or air-dried
- Reassemble facepiece, replacing filters, cartridges, or canisters
- Test the respirator to ensure that all components work properly
- Place in a clean, dry, sealable plastic bag or other suitable container for storage after each cleaning and disinfection

Inspection

The inspection of respiratory protection includes:

- Test respirator function
- Check tightness of connections
- Inspect condition of facepiece, head straps, valves, connecting tube, and cartridges, canisters, or filter
- Check elastomeric parts for pliability and signs of deterioration.

For powered air-purifying respirators (PAPR), the inspection also includes:

- Charging batteries
- Checking flow velocity
- Performing leak tests on the HEPA filter within the unit

Employees must report respirator malfunctions identified during the inspection to their supervisor.

Respirator Storage

Supervisors must allocate adequate storage and storage supplies for respiratory protection to protect respirators from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Half-mask and full-face air-purifying respirators shall be placed in sealable plastic bags. Respirators may be stored in such places as lockers or desks only if they are first placed in carrying cases or cartons.

After cleaning and inspecting respirators to determine that they are in good condition, the user must store the respirator in a designated storage area. Respirators shall be packed or stored so that the facepiece and exhalation valves will rest in a normal position and not be crushed or deformed. Do not hang respirators by their straps, as this ruins the integrity of the straps and causes the respirator to lose its seal.

Respirator Maintenance

Respirator maintenance is the responsibility of:

- Supervisors
- FM-OHS for respirators used for training or fit testing

Respirators found to be defective may not be repaired and must be discarded. Only the following parts may be replaced if found to be worn or deteriorated:

- Inhalation valves, exhalation valves, inhalation gaskets, speaking diaphragm

No attempt will be made to make adjustment or repairs on any respirator. Any repair to reducing or admission valves, regulators, or alarms will be conducted by the manufacturer or a qualified trained technician.

MEDICAL EVALUATIONS

Employees required to wear respiratory protection must be medically evaluated by a PLHCP to determine the user's medical fitness to wear the type of respirator required under the anticipated job and workplace conditions. The medical evaluation must be conducted prior to issuance of respiratory protection. Additional medical evaluations are required when:

- Individual reports medical signs or symptoms related to the ability to use a respirator
- The PLHCP or supervisor recommends an employee for re-evaluation
- Information obtained during program evaluation or fit testing indicates a need for re-evaluation
- There are changes in workplace conditions (physical work effort, PPE, and temperature) that may result in substantial increase in physiological burden placed on employees

Administration of Medical Evaluation

FM-OHS coordinates medical evaluations administered by the PLHCP. The medical evaluation consists of the review of a *Respirator Medical Evaluation Questionnaire*, *Respirator Use Information* form, an assessment of the employee's ability to safely use the respiratory protection equipment designated on the *Respirator Use Information* form, and any follow-up medical exams deemed necessary by the PLHCP.

FM-OHS will provide the employee's supervisor with the *Respirator Use Information* form, to be completed and returned to FM-OHS prior to scheduling a medical evaluation with the PLHCP.

FM-OHS will provide employees that are required to complete a medical evaluation with access to the *Respirator Medical Evaluation Questionnaire*. Employees must be permitted to complete the questionnaire during normal

work hours and the PLHCP must discuss the questionnaire with employees upon request. Upon completion, employees must provide the completed questionnaire to the PLHCP for review.

Upon notification from FM-OHS, employees shall submit the *Respirator Medical Evaluation Questionnaire* to the PLHCP annually. This annual medical evaluation will be conducted by the PLHCP remotely, not requiring the employee to report to the health care facility, unless the PLHCP determines a need for an in-person medical evaluation.

In the event the PLHCP determines a need for further medical examination to make a determination of employee fitness, the PLHCP must contact the employee and FM-OHS. The employee and FM-OHS are responsible for scheduling any subsequent medical examinations with the PLHCP, and the employee is responsible for attending scheduled medical examinations.

*NOTE: For employees exposed to asbestos or silica, the PLHCP shall meet all medical evaluation requirements set forth in:

- 29 CFR 1910.1001 and 29 CFR 1926.1101 Toxic and Hazardous Substances for employees that work with asbestos
- 29 CFR 1910.1053 and 29 CFR 1926.1153 Toxic and Hazardous Substances for employees that work with silica

FM-OHS will make the prescribed tests available at least annually to those employees covered; more often than specified if recommended by the examining physician; and upon termination of employment.

All costs associated with medical evaluations and examinations related to employee use of respiratory protection in the workplace are paid for by FM-OHS.

Information Provided to the PLHCP

Supervisors must complete the *Respirator Use Information* form, included as Appendix C to the Respiratory Protection Program, for each employee assigned to a work in an area where respiratory protection is required. A copy of the completed form must be forwarded to FM-OHS for record keeping. FM-OHS will then forward a copy of the completed form to the PLHCP. The form contains specific information related to the tasks the user is assigned to complete while wearing respiratory protection. The following additional information must be provided to the PLHCP if not already on file:

- Copy of 29 CFR 1910.134
- Copy of Respiratory Protection Program
- Copy of *Respirator Medical Evaluation Questionnaire*
- Copy of *Respirator Use Information*
- Previous records related to the use of respiratory protection maintained by FM-OHS for the individual being evaluated

PLHCP written opinion

Following the medical evaluation, the PLHCP shall provide a written opinion within 15 days of the evaluation of the employee with a copy to FM-OHS containing the following information:

- Whether the PLHCP considers the individual medically able to wear respiratory protection under the conditions described in the *Respirator Use Information* form
- Any limitations on respirator use related to medical conditions, including a medical recommendation for the individual to use a PAPR instead of an APR

- The need, if any, for follow-up evaluation

Upon exiting the Respiratory Protection Program, employees must undergo an exit evaluation from the PLHCP, consisting of providing the PLHCP with the *Respirator Medical Evaluation Questionnaire*. Following the exit evaluation, the PLHCP shall provide a written opinion within 15 days of the evaluation of the employee to FM-OHS containing:

- Whether the PLHCP considers the individual still medically able to wear respiratory protection

TRAINING

Respiratory Protection Training is provided by FM-OHS to individuals required to wear a respirator as part of their job. Individuals must attend Respiratory Protection Training prior to initial assignment to tasks requiring respirators and annually thereafter. At the completion of training, each attendee must demonstrate comprehension in:

- Why respiratory protection is necessary
- How improper fit, usage, or maintenance can compromise the protective effect of the respirator
- Limitations and capabilities of the respirator
- How to assemble and operate the respirator
- How to don and doff the respirator
- User face-to-facepiece seal check
- Procedures for maintenance and storage of the respirator
- Knowledge of the medical signs and symptoms that may limit or prevent the effective use of respirators

FIT TESTING

A fit test is conducted to determine the ability of each respirator user to obtain a satisfactory fit with a tight-fitting respirator. All individuals required to use tight-fitting respiratory protection must successfully pass a fit test using the same make, model, style, and size of respirator that will be used. Fit testing must be completed annually thereafter until use of the respirator is discontinued.

Fit testing will only be provided to employees deemed medically able to wear respiratory protection by the PLHCP, who have completed annual Respiratory Protection Training, and are clean shaven.

Quantitative Fit Testing

Quantitative fit testing is conducted by an FM-OHS employee competent in using a Porta Count electronic device. The Porta Count fit testing device determines the fit factor based on the ratio of particle concentrations outside the respirator versus inside the respirator. Quantitative fit testing is the preferred method because it does not rely on the user to identify exposure.

OSHA-approved quantitative fit testing methods are described in 29 CFR 1910.134 Appendix A Fit Testing Procedures (Mandatory) and are summarized in the FM-OHS Fit Testing Standard Operating Procedures (SOP).

Fit Test Records

Upon successful completion of fit testing, FM-OHS will provide employee with a fit test record if desired, containing the following information:

- User name

- Expiration date of fit test (one year from the date of issuance)
- The type, make, model, and size of respirator issued
- Description of fit test method used

A fit test record will be issued for each make and model of respirator successfully fit tested to each individual.

RECORDKEEPING

FM-OHS maintains Respiratory Protection Program records, including records for medical evaluations, fit testing, training, and program materials.

Medical evaluation records must be maintained for 30 years after termination of employment. Medical evaluation records include:

- Name and Computing ID# of employee
- Completed copies of all *Respirator Medical Evaluation Questionnaires* (maintained by PLHCP)
- PLHCP written opinion
- Other medical exams conducted to determine an employee's fitness to use respiratory protection (maintained by PLHCP)

Fit testing records are maintained for the duration of the employee's employment. Fit testing records include:

- Date of test
- Name of employee
- Type of fit test performed
- Fit test substance used (if qualitative fit testing is conducted)
- Specific make, model, size of respirator
- Results of fit test (Pass/Fail for qualitative, fit factor for quantitative)

FM-OHS shall maintain training records for the duration of employee's employment, including:

- Date of training
- Supervisor, work area, job classification, and similar exposure group
- Name and Computing ID# of employee
- Instructor
- Copy of written quiz to demonstrate comprehension

FM-OHS shall maintain records of the Respiratory Protection Program. These include training materials, annual program evaluation records, and a current copy of the written Respiratory Protection Program.

PROGRAM EVALUATION

FM-OHS will evaluate the Respiratory Protection Program to include this Respiratory Protection Program annually for continued program effectiveness and compliance with applicable regulations and industry standards.

Program review will be conducted internally, analyzing program compliance to fit test due dates, inclusion of exposed employees, and capture of inactive program participants.

APPENDIX-A

Definitions

Air-purifying Respirator (APR) means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Atmosphere-Supplying Respirator means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere.

Canister or Cartridge means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Filter means a component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering Facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Fit Test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

High Efficiency Particulate Air (HEPA) Filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Permissible Exposure Limit (PEL) means the legal amount of a chemical substance or physical agent an employee may be exposed to a, established by the Occupational Safety and Health Administration (OSHA).

Physician or Other Licensed Health Care Professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section.

Powered Air-Purifying Respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

Quantitative Fit Test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Tight-Fitting Facepiece means a respiratory inlet covering that forms a complete seal with the face.

Loose-Fitting Facepiece means a respiratory inlet covering that does not depend on a seal with the face to provide protection.

User Seal Check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

APPENDIX-B

OSHA Respirator Medical Evaluation Questionnaire



Facilities Management
Occupational Health and Safety

OSHA Respirator Medical Evaluation Questionnaire

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: 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. Name: _____

3. Age: _____

4. Sex: (circle one): Male Female

5. Height: _____ ft. _____ in.

6. 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 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 1-9 below must be answered by every employee who has been selected to use any type of respirator (please check "Yes" or "No").

	YES	NO
1. Do you currently smoke tobacco, or have you smoked in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any of the following conditions?		
a. Seizures (fits):	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes (sugar disease):	<input type="checkbox"/>	<input type="checkbox"/>
c. Allergic reactions that interfere with your breathing:	<input type="checkbox"/>	<input type="checkbox"/>
d. Claustrophobia (fear of closed-in places):	<input type="checkbox"/>	<input type="checkbox"/>
e. Trouble smelling odors:	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any of the following pulmonary or lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Asbestosis:	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma:	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic bronchitis:	<input type="checkbox"/>	<input type="checkbox"/>
d. Emphysema:	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia:	<input type="checkbox"/>	<input type="checkbox"/>
f. Tuberculosis:	<input type="checkbox"/>	<input type="checkbox"/>
g. Silicosis:	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumothorax (collapsed lung):	<input type="checkbox"/>	<input type="checkbox"/>
i. Lung cancer:	<input type="checkbox"/>	<input type="checkbox"/>
j. Broken ribs:	<input type="checkbox"/>	<input type="checkbox"/>
k. Any chest injuries or surgeries:	<input type="checkbox"/>	<input type="checkbox"/>
l. Any other lung problem you have been told about:	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently have any of the following symptoms of pulmonary or lung illness?	<input type="checkbox"/>	<input type="checkbox"/>
a. Shortness of breath:	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath when walking fast on level ground or walking up a slight hill:	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath when walking with other people at an ordinary pace on level ground:	<input type="checkbox"/>	<input type="checkbox"/>
d. Have to stop for breath when walking at your own pace on level ground:	<input type="checkbox"/>	<input type="checkbox"/>
e. Shortness of breath when washing or dressing yourself:	<input type="checkbox"/>	<input type="checkbox"/>
f. Shortness of breath that interferes with your job:	<input type="checkbox"/>	<input type="checkbox"/>
g. Coughing that produces phlegm (thick sputum):	<input type="checkbox"/>	<input type="checkbox"/>
h. Coughing that wakes you early in the morning:	<input type="checkbox"/>	<input type="checkbox"/>
i. Coughing that occurs mostly when you are lying down:	<input type="checkbox"/>	<input type="checkbox"/>
j. Coughing up blood in the last month:	<input type="checkbox"/>	<input type="checkbox"/>
k. Wheezing:	<input type="checkbox"/>	<input type="checkbox"/>
l. Wheezing that interferes with your job:	<input type="checkbox"/>	<input type="checkbox"/>
m. Chest pain when you breathe deeply:	<input type="checkbox"/>	<input type="checkbox"/>
n. Any other symptoms that you think may be related to lung problems:	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
5. Have you ever had any of the following cardiovascular or heart problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Heart attack:	<input type="checkbox"/>	<input type="checkbox"/>
b. Stroke:	<input type="checkbox"/>	<input type="checkbox"/>
c. Angina:	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart failure:	<input type="checkbox"/>	<input type="checkbox"/>
e. Swelling in your legs or feet (not caused by walking):	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart arrhythmia (heart beating irregularly):	<input type="checkbox"/>	<input type="checkbox"/>
g. High blood pressure:	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other heart problem that you've been told about:	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any of the following cardiovascular or heart symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
a. Frequent pain or tightness in your chest:	<input type="checkbox"/>	<input type="checkbox"/>
b. Pain or tightness in your chest during physical activity:	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain or tightness in your chest that interferes with your job:	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past two years, have you noticed your heart skipping or missing a beat:	<input type="checkbox"/>	<input type="checkbox"/>
e. Heartburn or indigestion that is not related to eating:	<input type="checkbox"/>	<input type="checkbox"/>
f. Any other symptoms that you think may be related to heart or circulation problems:	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you currently take medication for any of the following problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Breathing or lung problems:	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart trouble:	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood pressure:	<input type="checkbox"/>	<input type="checkbox"/>
d. Seizures:	<input type="checkbox"/>	<input type="checkbox"/>
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)		
Have never used a respirator _____		
a. Eye irritation:	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin allergies or rashes:	<input type="checkbox"/>	<input type="checkbox"/>
c. Anxiety:	<input type="checkbox"/>	<input type="checkbox"/>
d. General weakness or fatigue:	<input type="checkbox"/>	<input type="checkbox"/>
e. Any other problem that interferes with your use of a respirator:	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you like to talk to the health care professional who will review this questionnaire about your answers?	<input type="checkbox"/>	<input type="checkbox"/>

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece 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.

	YES	NO
10. Have you ever lost vision in either eye (temporarily or permanently)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you currently have any of the following vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Wear contact lenses:	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear glasses:	<input type="checkbox"/>	<input type="checkbox"/>
c. Color blind:	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other eye or vision problem:	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had an injury to your ears, including a broken ear drum?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you currently have any of the following hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Difficulty hearing:	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear a hearing aid:	<input type="checkbox"/>	<input type="checkbox"/>
c. Any other hearing or ear problem:	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had a back injury?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you currently have any of the following musculoskeletal problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Weakness in any of your arms, hands, legs, or feet:	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain:	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty fully moving your head up or down:	<input type="checkbox"/>	<input type="checkbox"/>
d. Pain or stiffness when you lean forward or backward at the waist:	<input type="checkbox"/>	<input type="checkbox"/>
e. Difficulty fully moving your arms or legs:	<input type="checkbox"/>	<input type="checkbox"/>
f. Difficulty bending at your knees:	<input type="checkbox"/>	<input type="checkbox"/>
g. Difficulty squatting to the ground:	<input type="checkbox"/>	<input type="checkbox"/>
h. Climbing a flight of stairs or a ladder carrying more than 25 lbs.:	<input type="checkbox"/>	<input type="checkbox"/>
i. Any other muscle or skeletal problem that interferes with using a respirator:	<input type="checkbox"/>	<input type="checkbox"/>

Employee Name (Print)	Employee Signature	Date
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APPENDIX-C

Respirator Use Information



Facilities Management
Occupational Health and Safety

Respirator Use Information

The following information concerning employee respirator use must be provided so that the PLHCP can make a recommendation concerning an employee's ability to use specific respirators. **One form should be filled out for each type of respirator that the employee is expected to use.** Check all boxes that apply. Return completed form to FM-OHS for recordkeeping. If applicable, provide FM-OHS with Safety Data Sheets for any respiratory hazards.

A. Respirator Type					
Negative pressure:			Positive pressure:		
<input type="checkbox"/> ½-face APR (elastomeric air purifying respirator)			<input type="checkbox"/> tight-fitting PAPR (powered air purifying respirator)		
<input type="checkbox"/> full-face APR			<input type="checkbox"/> loose-fitting PAPR		
<input type="checkbox"/> N-95 filtering facepiece <i>*Voluntary use only</i>					
Estimated Weight of Respirator (including filters, cartridges, motors, batteries, etc.):					
<input type="checkbox"/> 0 - 0.5 lbs.	<input type="checkbox"/> 0.5 - 1 lb.	<input type="checkbox"/> 1 - 5 lbs.	<input type="checkbox"/> 5 - 10 lbs.	<input type="checkbox"/> 10 - 20 lbs.	<input type="checkbox"/> > 20 lbs.
B. Expected Use					
Average frequency per week:			Average duration per use:		
<input type="checkbox"/> ≤ 1 time	<input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> 0 - 1 hour	<input type="checkbox"/> 1 - 2 hours	
<input type="checkbox"/> 4 times	<input type="checkbox"/> ≥ 5 times		<input type="checkbox"/> 2 - 4 hours	<input type="checkbox"/> 4 - 8 hours	
C. Hazards and Filter Type					
<input type="checkbox"/> Particulates (HEPA)		<input type="checkbox"/> Chemical (organic vapor)			
<input type="checkbox"/> Welding Fumes (HEPA)		<input type="checkbox"/> Other Chemical (acid gas, ammonia, formaldehyde, etc.)			
<input type="checkbox"/> Biological (HEPA)		<input type="checkbox"/> Asbestos (HEPA)			
<input type="checkbox"/> Nuisance Dust/Odors (N-95)		List other chemical:			
D. Expected Work Effort					
<input type="checkbox"/> Light activity: (breathing is easy)		<input type="checkbox"/> Moderate Activity: (can still hold conversation)		<input type="checkbox"/> Hard Activity: (out of breath; can speak small phrases)	
E. Additional Clothing and Equipment					
List all clothing and equipment used by employee (shorts/pants, long/short sleeve, FRC, hood, harness, hardhat, etc.):					
F. Temperature and Humidity Extremes					
Temp °F:		Humidity %:			
<input type="checkbox"/> ≤ 32°	<input type="checkbox"/> 32° - 80°	<input type="checkbox"/> Low (< 30%)	<input type="checkbox"/> Medium (30% - 60%)	<input type="checkbox"/> High (> 60%)	
<input type="checkbox"/> 80° - 100°	<input type="checkbox"/> ≥ 100°				
G. Additional Comments					

Employee Name (Print)	Employee Signature	Date
Supervisor Name (Print)	Supervisor Signature	Date

APPENDIX-D

Respirator Fit Test Survey



Facilities Management
Occupational Health and Safety

Respirator Fit Test Survey

This Form is designed to accomplish the following: (1) Document initial and annual respirator fit tests, and (2) Document hands-on training of proper inspection, care, and use of the respirator, including donning/doffing. **One form should be filled out for each type of respirator that the employee is expected to use.**

Date of Medical Clearance Notice <small>(new respirator users)</small>	Date of Respirator Fit Test	Date of Next Respirator Fit Test <small>(1 year)</small>
Employee Full Name: _____		
<small>Last</small>	<small>First</small>	<small>Middle</small>
Computing ID: _____ Date of Birth: _____		
Agency: <u>University of Virginia-Facilities Management</u>		Phone #: _____
FM Department: _____		Shop #: _____
Type of Respirator: ___ Tight-Fitting Powered Air Purifying Respirator ___ Loose-Fitting Powered Air Purifying Respirator		
___ Full-Face Negative Pressure Air Purifying Respirator ___ Half-Face Negative Pressure Air Purifying Respirator		
Respirator Facepiece Manufacturer: _____		Model #: _____ Size: _____
PAPR System Manufacturer: _____		Model #: _____

1. Are you a new respirator user? Yes *(survey complete)* No *(continue survey)*
 2. Have you had any changes in your physical health that could affect your ability to wear a respirator (i.e. weight gain, weight loss, breathing, etc.)? Yes *(survey complete)* No *(continue survey)*
 3. Have you worn your assigned respirator in the past 12 months? Yes *(continue survey)* No *(survey complete)*
 Estimated month of last use: _____
 4. Please check the type(s) of airborne exposure when you wear your respirator:
 - Particulates *(i.e. dirty or dusty jobs, such as crawlspaces, demolitions, fiberglass, sheetrock, sanding with powered equipment)*
 - Lead **(If you do lead construction related activities, you need **Lead in Construction training**)*
 - Asbestos **(If you work with or around potentially disturbed asbestos materials, you need **16-hour Asbestos O&M training**)*
 - Mold **(If you abate mold contaminated materials, you need the **Mold Awareness & Remediation training**)*
 - Silica *(cutting brick and concrete building materials)*
 Did you use wet methods? Yes No Do you use local exhaust ventilation? Yes No
 - Welding Fumes
 Did you use local exhaust ventilation? Yes No
 - Chemicals: Please list the chemical or product (You can consult the product's SDS to determine chemical components)
- _____
- Other type of exposure: _____
- Type of work routinely done when wearing your respirator: _____
- _____

5. Frequency of Use:

Infrequently (< 4 times a year) Occasionally (1 time/month) Routinely (several times/month)

6. Have you used new chemical products or started up new processes this past year? Yes No

If yes, please describe: _____

7. Do you have the right respirator cartridges or filters for your work? Yes No

8. Do you have proper storage and cleaning materials available to keep your respirator clean? Yes No

List any additional concerns related to respirator use: _____

Test Atmosphere: <u>PortaCount Pro+ 8038</u>	Satisfactory		
	Yes	No	N/A
1. Fit Check			
(a) Proper donning, doffing, and adjustment of respirator			
(b) Positive pressure seal check			
(c) Negative pressure seal check			
2. OSHA Protocol Fit Test Exercises Done in "Test Atmosphere"			
3. Respirator Use Review			
(a) Respiratory hazards encountered in the past year or may be anticipated for future work			
(b) Correct cartridges and/or filter media for designated hazards (including change out schedule)			
(c) Assembly and inspection of respirator, including: straps, gaskets, inhalation/exhalation flaps, and PAPR system (hoses, motors, batteries, etc.)			
(d) Cleaning, maintenance, and storage of respirators			
(e) Limitations and capabilities of the respirator (atmospheric conditions)			
(f) If unsatisfactory, were/will defective respirator or respirator parts be replaced? Comment:			

By signing below, you are indicating that you have reviewed and understand the information on this survey.

Employee Signature

Results of this Respirator Fit Test Survey are satisfactory for the employee to use the assigned respirator described in this survey.

Narges Sinaki, Health & Safety Compliance Specialist
Facilities Management-Occupational Health & Safety

APPENDIX-E

Respiratory Protection Program Exit



Facilities Management
Occupational Health and Safety

Respiratory Protection Program Exit

This Form is designed to accomplish the following: (1) Document employee's discontinued participation in the FM-OHS Respiratory Protection Program, and (2) Document that the employee has been informed of potential restrictions of job duties due to removal from the FM-OHS Respiratory Protection Program. **The following information should be filled out by both the employee and their supervisor, then returned to FM-OHS for recordkeeping.**

Employee Name: _____
Last First

Computing ID: _____ Date of Birth: _____

FM Department: _____ Shop #: _____

Reason for Removal from Respiratory Protection Program: _____

By signing below, both the employee and supervisor understand and acknowledge that the listed employee may no longer use any type of respiratory protection in the workplace. If the employee is required to use respiratory protection at a later date, FM-OHS must be contacted to re-enroll the employee into the Respiratory Protection Program.

Employee Name (Print) Employee Signature Date

Supervisor Name (Print) Supervisor Signature Date

APPENDIX-F

Voluntary Use of Respiratory Protection Agreement



Facilities Management
Occupational Health and Safety

Voluntary Use of Respiratory Protection Agreement

All University of Virginia-Facilities Management employees who are required to wear a respirator to limit exposure must be enrolled in the Facilities Management Occupational Health and Safety (FM-OHS) Respiratory Protection Program. Employees who are not required to wear respiratory protection may request permission for voluntary use from FM-OHS. Employees who receive permission to voluntarily use respiratory protection are responsible for maintaining the requirements of this *Voluntary Use of Respiratory Protection Agreement*.

Appendix-D to Sec. 1910.134 (Mandatory):

Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

See reverse side

The following requirements should be reviewed by both the Supervisor and their Employee:

- Employees approved to voluntarily use respiratory protection are permitted to wear a NIOSH-approved filtering face piece only. A filtering face piece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium. FM-OHS allows filtering face pieces which have an N designation and are 95-99% efficient (ex: N-95, N-99). Other respirators such as half or full face respirators are not permitted for voluntary use.
- By agreeing to voluntarily use respiratory protection, the employee is ensuring that they are medically healthy enough to use a filtering face piece.
- The employee must inspect the filtering face piece for damage and contamination before each use. It is their responsibility to ensure the filtering face piece is clean, stored, and maintained so that its use does not present a health hazard. If the filtering face piece becomes damaged or soiled, it must be disposed of.
- If the employee experiences issues, such as difficulty breathing, while wearing a filtering face piece, they should leave the area, discontinue using the respirator, and contact their supervisor and FM-OHS before proceeding with the task.
- When modifications to a job task involving the use of a respirator occur or if new hazards are introduced into the work area, the employee must contact their supervisor and FM-OHS to evaluate these changes before proceeding.

By signing below, you are indicating that you have read and understand the information provided on this form, and are accepting responsibility for the requirements of this agreement for voluntary use of respiratory protection. This form must be signed by both the supervisor and their employee. Retain a completed copy of this form for both the supervisor's and employee's records, and return a copy to FM-OHS for recordkeeping.

Employee Name (Print)	Employee Signature	Date
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Supervisor Name (Print)	Supervisor Signature	Date
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APPENDIX-G

Worksite-Specific Procedure for Uses of Respiratory Protection



Facilities Management
Occupational Health and Safety

Worksite-Specific Procedure for Use of Respiratory Protection

This *Worksite-Specific Procedure for Use of Respiratory Protection* shall be used in conjunction with the Respiratory Protection Program for all routine tasks that require the use of respiratory protection. All employees using respiratory protection equipment must be familiar with the contents of this plan and the university's Respiratory Protection Program, which employees may request from their supervisors, or can be found on the FM-OHS website. **The following information should be filled out by both the supervisor and FM-OHS, and reviewed by affected employees. Copies of this procedure will be retained by the supervisor and FM-OHS for recordkeeping until the procedure has been updated. Procedures must reflect the most current policies and practices.**

A. Departmental Information	
Organization:	Shop:
Senior Supervisor:	Frontline Supervisor:
B. Task Details	
Name of Task:	Location of Task:
Duration of Task:	Frequency of Task:
Equipment Used:	Tools Used:
Task Description:	
C. Respiratory Hazard and Filter Type	
<input type="checkbox"/> Particulates (HEPA)	<input type="checkbox"/> Chemical (organic vapor)
<input type="checkbox"/> Welding Fumes (HEPA)	<input type="checkbox"/> Other Chemical (acid gas, ammonia, formaldehyde, etc.)
<input type="checkbox"/> Biological (HEPA)	<input type="checkbox"/> Asbestos (HEPA)
<input type="checkbox"/> Nuisance Dust/Odors (N-95)	Other:
List chemical names:	Filter Change-out Schedule:
C. Respirator Requirements	
Negative pressure: <input type="checkbox"/> ½-face APR (elastomeric air purifying respirator) <input type="checkbox"/> full-face APR <input type="checkbox"/> N-95 filtering facepiece *Voluntary use only	Positive pressure: <input type="checkbox"/> tight-fitting PAPR (powered air purifying respirator) <input type="checkbox"/> loose-fitting PAPR
Respirator storage area:	
Comments:	

APPENDIX-H

Worksite-Specific Procedures for Use of Respiratory Protection



Facilities Management
Occupational Health and Safety

Worksite-Specific Procedure for Use of Respiratory Protection

This *Worksite-Specific Procedure for Use of Respiratory Protection* shall be used in conjunction with the Respiratory Protection Program for all routine tasks that require the use of respiratory protection. All employees using respiratory protection equipment must be familiar with the contents of this plan and the university's Respiratory Protection Program, which employees may request from their supervisors, or can be found on the FM-OHS website. **The following information should be filled out by both the supervisor and FM-OHS, and reviewed by affected employees. Copies of this procedure will be retained by the supervisor and FM-OHS for recordkeeping until the procedure has been updated. Procedures must reflect the most current policies and practices.**

A. Departmental Information	
Organization:	Shop:
Senior Supervisor:	Frontline Supervisor:
B. Task Details	
Name of Task:	Location of Task:
Duration of Task:	Frequency of Task:
Equipment Used:	Tools Used:
Task Description:	
C. Respiratory Hazard and Filter Type	
<input type="checkbox"/> Particulates (HEPA)	<input type="checkbox"/> Chemical (organic vapor)
<input type="checkbox"/> Welding Fumes (HEPA)	<input type="checkbox"/> Other Chemical (acid gas, ammonia, formaldehyde, etc.)
<input type="checkbox"/> Biological (HEPA)	<input type="checkbox"/> Asbestos (HEPA)
<input type="checkbox"/> Nuisance Dust/Odors (N-95)	Other:
List chemical names:	Filter Change-out Schedule:
C. Respirator Requirements	
Negative pressure: <input type="checkbox"/> ½-face APR (elastomeric air purifying respirator) <input type="checkbox"/> full-face APR <input type="checkbox"/> N-95 filtering facepiece *Voluntary use only	Positive pressure: <input type="checkbox"/> tight-fitting PAPR (powered air purifying respirator) <input type="checkbox"/> loose-fitting PAPR
Respirator storage area:	
Comments:	

D. Inspection Checklist (Complete before and after each use)
Inspect respirator facepiece: <ul style="list-style-type: none"> • Look for cracks, tears, or holes in the facepiece or face shield • Inspect the face mask for distortion
Inspect head straps: <ul style="list-style-type: none"> • Check for breaks or tears in the straps • Inspect the buckles for wear
Inspect respirator valves: <ul style="list-style-type: none"> • Look for residue or dirt • Look for cracks or tears in the valves
Inspect respirator filters/cartridges: <ul style="list-style-type: none"> • For new filters and/or cartridges, label the filter and/or cartridge with the date installed • Ensure that the filter and/or cartridge has been changed out according to the change-out schedule • Check gaskets and for dents in housing
For powered air-purifying respirators (PAPR): <ul style="list-style-type: none"> • Make sure the battery is charged • Check flow velocity • Perform leak test on HEPA filter
If any problems are identified, tag the respirator, take it out of service, and notify your supervisor.
E. Procedures for Cleaning Respirators (after each use)
Remove filters, cartridges, or canisters
Disassemble facepiece by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer (full-face respirators: the center adaptor, lens, and nose cup can also be removed if necessary)
Wash components in warm water (not exceeding 120°F) with a mild detergent or with a cleaner recommended by the manufacturer. A soft bristle brush (not wire) may be used to remove dirt.
Rinse components thoroughly in clean, warm running water
Components should be hand-dried with a clean lint-free cloth or air-dried
Reassemble facepiece, replacing filters, cartridges, or canisters
Test the respirator to ensure that all components work properly

Senior Supervisor Name (Print)	Senior Supervisor Signature	Date
Frontline Supervisor Name (Print)	Frontline Supervisor Signature	Date
FM-OHS Supervisor Name (Print)	FM-OHS Supervisor Signature	Date

APPENDIX-I

Non-Routine Respirator Use Plan



Facilities Management
Occupational Health and Safety

Non-Routine Respirator Use Plan

This *Non-Routine Respirator Use Plan* for Air-Purifying Respirators provides site-specific procedures for respirator use. All employees using respiratory protection equipment must be familiar with the contents of this plan and the university's Respiratory Protection Program. **The following information should be filled out by both the supervisor and FM-OHS, and reviewed by affected employees. Copies of this plan will be retained by the supervisor and FM-OHS for recordkeeping.**

A. Departmental Information	
Organization:	Shop:
Frontline Supervisor:	Frontline Supervisor Phone:
Emergency Response Party:	Emergency Response Contact:
B. Task Details	
Name of Task:	Location of Task:
Duration of Task:	Frequency of Task:
Equipment Used:	Tools Used:
Task Description:	
Expected Completion Date of Job:	
C. Respiratory Hazard and Filter Type	
<input type="checkbox"/> Particulates (HEPA)	<input type="checkbox"/> Chemical (organic vapor)
<input type="checkbox"/> Welding Fumes (HEPA)	<input type="checkbox"/> Other Chemical (acid gas, ammonia, formaldehyde, etc.)
<input type="checkbox"/> Biological (HEPA)	<input type="checkbox"/> Asbestos (HEPA)
<input type="checkbox"/> Nuisance Dust/Odors (N-95)	Other:
List chemical names:	Filter Change-out Schedule:
D. Respirator Requirements	
Negative pressure:	Positive pressure:
<input type="checkbox"/> ½-face APR (elastomeric air purifying respirator)	<input type="checkbox"/> tight-fitting PAPR (powered air purifying respirator)
<input type="checkbox"/> full-face APR	<input type="checkbox"/> loose-fitting PAPR
<input type="checkbox"/> N-95 filtering facepiece *Voluntary use only	
Respirator storage area:	
Comments:	

