A. PURPOSE AND SCOPE

This program is developed to comply with 29 CFR 1910.134 and 1926.103 - Respiratory Protection to ensure the protection of __________ employees while using respiratory protection. This program is designed to assist the company in developing, managing and training company employees where respirators are used during the course of their job duties and when they are used on a voluntary basis. A proper risk assessment must be completed prior to any task or potential exposure where a respirator, air purifying or air-supplying is used. If a hazard assessment or information from the host employer indicates that respirator use is required, this program is not adequate.

This program applies to all employees who are required to wear respirators during normal work operations and during some non-routine or emergency operations where recognized hazardous exposures or atmospheres may be present or in the case of a spill of a hazardous substance where appropriate personal protective equipment is required.

B. RESPONSIBILITIES

Program Administrator or Safety Director: __________________________________________

Medical Evaluator’s Phone Number: __________________________________________

Project Supervisor: __________________________________________

The Program Administrator or Safety Director is responsible for administering the respirator program. Those responsibilities will include:

• Identify work areas, exposures, processes or tasks that would require a worker to wear a respirator and evaluate the hazards that require this protection.

• Implement and operate a periodic, annual evaluation of the Respiratory Protection Program.

• Determine when and where respirators must be used or when respirators, filtering face pieces (dust masks), or face coverings per Center for Disease Control and Prevention can be used on a voluntary basis where they are requested but not required by the standard.

• Supply and provide appropriate respirators where they are needed and at the request of employees, allow them to use self-provided respirators, filtering face pieces, (dust masks), or face coverings when and where respirator use is not required but requested, if their use will not create a hazard.

• Be responsible for determining the potential need for respirators at each work location. Employees will rely mainly on hazard assessment information provided by the Host Employer regarding the potential need for respirators.

• Arrange for proper medical evaluation and fit testing where required and conduct fit tests before voluntary respirator use is permitted. Retesting will be done annually or if there is a physical change that could affect respirator use. Respiratory equipment will be provided to all employees that may be exposed to harmful vapors and oxygen deficient atmospheres.
• Ensure employees are trained to recognize hazards that require respirator use and the in the proper
care, cleaning and maintenance of respirators.

**Supervisor**

The Supervisor for ensuring that the respiratory protection program is implemented and where required, all
personal protective equipment components are available for employees. The supervisor shall be knowledgeable
about the program and ensure understanding and compliance by the workers under their supervision.

The duties of the supervisor shall include:

• Verifying employees have received proper training, fit testing and medical evaluations
• Ensuring availability of appropriate respirators and accessories needed by employees. Where air-
supplying respirators are used, verify quantity, quality and flow rates where used.
• Be aware of the task(s) where respirators are required, recommended are can be used on a voluntary
basis.
• Ensure respirators are properly cleaned, disinfected, maintained, inspected, and stored according to the
company respiratory program.
• Monitoring proper fit and use of individuals respirator to ensure comfort and compliance with the
program.
• Ensure that employees who use respirators voluntarily are also medically fit to do so; as determined by a
medical evaluation.

**Employee**

Each employee has the responsibility to:

• Wear and use respirators when and where they are required according to their training.
• Immediately report any change in medical condition that could affect respirator use.
• Be trained on respirator use, care and maintenance in addition to proper storage.

**C. PROGRAM ELEMENTS**

Respirators will be selected based on the hazards to which employee(s) are exposed and in accordance
with applicable OSHA standards, in addition to all federal regulations, state mandates, and local guidelines
where imposed. These hazards could include particulates, vapors, biological/infectious agents and chemical
exposures that in some cases represent

Immediately Dangerous to Life or Health, (IDLH), conditions. The purpose of this program is to ensure that all
employees are protected from exposure to these respiratory hazards.

A proper hazard evaluation will be conducted by performing an appropriate risk assessment for each operation,
process and/or work area that could contain airborne contaminants. A determination will also be made on the
need for monitoring, initial and/or continuous, and a record of any results shall be kept on file.

Respirators selection will be based on the Assigned Protection Factor (APF) and calculated Maximum Use
Concentrations, (MCUs). It is recommended to have a variety of sizes and styles available for proper fit testing
procedures. All respirators must be certified by the National Institute for Occupational Safety and Health,
(NIOSH) and used according to their listing and terms of certification.

**Medical Evaluation:** Employees who are either required to wear respirators, or who choose to wear a
respiratory protection 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 Professional Licensed Health Care Professional,
(PLHCP), has determined that they are medically able to do so. Any employee refusing the medical evaluation
will not be allowed to work in an area requiring respirator use. A PLHCP where all company medical services are provided, will provide the medical evaluations.

Medical evaluations will be given to determine the employee’s ability to wear a respirator. This evaluation is confidential and will not be seen by unauthorized employees. The evaluation includes a medical questionnaire to be completed by the employee and returned to the Medical Evaluator. When a change in the workplace conditions increases the physiological burden on an employee

Medical evaluation procedures are as follows:

• The medical evaluation will be conducted using the questionnaire provided in Appendix C of the Respiratory Protection standard.

• All affected employees will be provided a copy of the medical questionnaire to fill out.

The Medical Evaluator will contact the employee if a medical exam is required. Medical exams will be necessary if an employee responds “yes” to Questions 1 through 8 on the questionnaire or:

• The employee reports medical signs or conditions related to respirator use

• At the request of a supervisor, Physician or Licensed Health Care professional (PLHCP) or a respirator program administrator

• When observations or information indicate a need for an evaluation

Any employee required for medical reasons to wear a positive pressure air purifying respirator will be provided with a powered air purifying respirator. After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided as needed.

Exception: This does not apply to an employee whose only use of respirators involves the voluntary use of filtering face pieces (dust masks) or CDC recommended Face Coverings.

• Medical evaluations will be kept on file in personnel records and by the medical evaluator.

Fit Testing

Employee will be fit tested per program requirements.

Note: this is an option that can be selected by employees.

• All employees wearing a tight-fitting face piece respirator must pass a Qualitative or Quantitative fit test.

• The fit test will be given after the medical evaluation is completed and before respirator use is permitted. Re-testing will be done annually or when there is a change in physical condition that could affect respirator fit.

• Required when wearing half facepiece APRs when they are required for exposures per this program.

• Employees voluntarily wearing half facepiece APRs may also be fit tested upon request.

• Tested prior to being allowed to wear any respirator with a tight fitting facepiece.

• Annually.

• When there are changes in the employee’s physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

D. ACTION DETAILS

Respirator Selection

• Respirators will be selected based on Hazard Assessment that are NIOSH–certified and used in accordance with the conditions of certification. A representative number of respirator models and sizes will be available to ensure that employees will be able to select a comfortable, properly fitted respirator.
Respirator Use – Employee Responsibilities

- Employees will use their respirators under conditions specified by this program, and in accord with the training they receive on the use of each particular model. In addition, the respirator must not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- No employee will be allowed to wear a tight-fitting face piece respirator with a beard or when any facial hair interferes with the face to face piece seal of the respirator or with the valve function.
- Any other PPE must be worn so it doesn’t interfere with the face to face piece seal. An employee must perform a user seal check every time a respirator is put on.
- Vapor or gas cartridges or filters will be replaced based on the end of service life indicator. If no indicator is provided; employees will change them, as scheduled.

Voluntary Use of Respirators, Filtering Face Pieces (Dust Masks) or CDC Face Coverings

- Workers may wear respirators, filtering face pieces or face coverings to avoid exposures to hazards or to provide an additional level of comfort and protection, even if the amount of hazardous substance does not exceed the limits set by OSHA standards.
- When voluntary use of respirators or filtering face pieces (dust masks) is allowed, the employee agrees to the following requirements:
- Company employees will read and comply with the following:
  - Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator limitations.
  - Note: If a respirator is used improperly or is not kept clean, the respirator itself can become a hazard to you.
  - 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 the level of protection it provides.
  - Not wear respirators into atmospheres containing contaminants for which the respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect against gases, vapors, or very small solid particles of fumes or smoke.
  - Keep track of the assigned respirator so that you do not mistakenly use someone else’s respirator.
  - Be medically evaluated prior to respirator use.
  - Be responsible for properly cleaning, storing and maintaining their respirators.

General Maintenance

- Respirator maintenance will be done in accordance with manufacturer’s recommendations.
- Employees will be given time to and will be responsible for the cleaning, disinfecting, inspection and storage of respirators.
- Respirators will be inspected before each use and during routine cleaning.
- All respirators found to be defective must be brought to the attention of the Supervisor or the Safety Director and will be removed from service and discarded or tagged as defective.
Inspection Checklist

The following checklist will be used when inspecting respirators:

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

Valves:
- Residue or dirt
- Cracks or tears in valve material

Head-straps:
- breaks or tears
- broken buckles

Filters/Cartridges:
- approval designation
- gaskets
- cracks or dents in housing
- proper cartridge for hazard

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

E. TRAINING

- Before wearing a respirator in the workplace, employees will receive training on the respiratory hazards to which they are exposed, the proper use, care, and maintenance of respirators, and the limitations of the respirators.
- Each employee must be able to demonstrate a working knowledge of:
  - Respirator function and usefulness
  - The effects of improper fit, usage, and maintenance on a respirator’s effectiveness
  - Limitations and capabilities of the respirator
  - The correct way to inspect, put on, remove, use and check the seals of the respirator
  - Proper respirator cleaning, maintenance and storage, as appropriate.
- Proper training will be done initially. Retraining will be done at least annually or when:
  - There are changes in the workplace or the type of respirator being used
  - Employee use indicates a lack of knowledge or the proper use.
F. PROGRAM EVALUATION

- A checklist will be used to evaluate the effectiveness and implementation of the Respiratory Protection Program.
- The program will be modified as needed and additional training added whenever there is an indication there is improper use or lack of knowledge or respiratory protection.
- Employees will provide feedback on the program's effectiveness.

G. RECORDKEEPING

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

The following records will be kept on file, as required:

- Fit tests, if required,
- Respirator training,
- Medical recommendation for respirator use, and
- All other documents that support the written program.
- Example: any air monitoring records and information on hazard assessments provided by host employers.

Table: A list of ___________ employees currently included in the medical surveillance program/Date of Listing.

Name of first employee ___________________________________________ Date _____________

Second name __________________________________________________ Date _____________

Next name ___________________________________________________ Date _____________

Next name ___________________________________________________ Date _____________

Next name ___________________________________________________ Date _____________

Next name ___________________________________________________ Date _____________

Next name ___________________________________________________ Date _____________

Next name ___________________________________________________ Date _____________

Last name ___________________________________________________ Date _____________