



**RESPIRATORY PROTECTION
PROGRAM**

29 CFR 1910.134

ENGLISH VERSION

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I. PURPOSE

The purpose of this program is to develop, implement, and administer the policies and standard operating procedures for the Clark County School District (CCSD) Respiratory Protection Program. The CCSD Respiratory Protection Program is established to coordinate the use of respiratory protective equipment as deemed necessary to allow employees to work safely.

II. SCOPE

Engineering and administrative controls are the most desirable methods for controlling exposure to airborne contaminants. Respiratory protection will be provided to employees during implementation of, or when engineering or administrative controls are not adequate, available, or when required by federal, state and/or local regulations.

This program is **not** applicable to students. Refer to the applicable curriculum and the student respiratory protection program.

The Risk Management Department is responsible for the administration of the district Respiratory Protection Program.

III. DEFINITIONS

The following definitions are important terms used in the respiratory protection standard.

ACGIH - American Conference of Governmental Industrial Hygienists.

AIHA – American Industrial Hygiene Association.

Air-purifying respirator 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.

Approval means Respirator certification granted by NIOSH/MSHA. An approval indicates that certain minimum test requirements that are outlined in 42 CFR, part 84 are met.

Assigned protection factor (APF) means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by this section.

Atmosphere-supplying respirator means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

Auditor means the individual that is responsible for periodic audits of all/part of the Respiratory Protection Program.

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.

Ceiling value means an airborne concentration of a contaminant that shall not be exceeded during any part of the workday.

Certified is used synonymously with approved.

CFR means Code of Federal Regulations

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

Emergency situation means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator means a respirator intended to be used only for emergency exit.

Filter or air purifying element 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 Check means a positive or negative pressure check for proper respirator seal.

Fit factor means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

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.)

Hazardous Atmosphere means an atmosphere that contains contaminant(s) in excess of the exposure limit or one that is oxygen deficient.

Helmet means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

HEPA means a high efficiency particulate air filter. A filter that is at least 99.97% efficient when challenged with 0.3 micrometer particles.

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.

Hood means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH) means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Isoamyl Acetate is a common qualitative fit test agent. Individuals smell a banana-like odor if a respirator fits them poorly.

Loose-fitting facepiece means a respiratory inlet covering that is designed to form a partial seal with the face.

Maximum use concentration (MUC) means the maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator, and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short-term exposure limit, or ceiling limit. When no OSHA exposure limit is available for a hazardous substance, an employer must determine an MUC on the basis of relevant available information and informed professional judgment.

MSHA means Mine Safety and Health Administration Act.

Negative pressure respirator (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

NIOSH is the National Institute for Occupational Safety and Health.

NV OSHA is the Occupational Safety and Health Enforcement Section, State of Nevada, Division of Industrial Relations.

Oxygen deficient atmosphere means an atmosphere with an oxygen content below 19.5% by volume.

Permissible Exposure Limit (PEL) means level for airborne exposures established by 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.

Positive pressure respirator means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

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.

Pressure demand respirator means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent by taste, smell, or irritation.

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

Respiratory inlet covering means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

Self-contained breathing apparatus (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Short-Term Exposure Limit (STEL) means the 15-minute time-weighted average exposure that shall not be exceeded at any time during the workday.

Supplied-air respirator (SAR) or airline respirator means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

This section means this respiratory protection standard.

Tight-fitting facepiece means a respiratory inlet covering that forms a complete seal with the face.

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

IV. RESPONSIBILITIES

- A. RISK MANAGEMENT DEPARTMENT** is the Office of Primary Responsibility (OPR) for the development and administration of the CCSD Respiratory Protection Program. This includes fitting, training, and recordkeeping.
- B. HUMAN RESOURCES** is responsible for developing, updating, and issuing job descriptions and identifying employees requiring medical screening (possible physical examination) for this program. Human Resources is responsible for notifying the OPR of newly hired employees that may be included in this program.
- C. RECOMMENDED THIRD PARTY CONTRACTORS** is responsible for helping appropriate selection of respirators, fit testing (1910.134 App A), training, medical evaluation, and physical examination when requested.
- D. SAFETY COORDINATOR** is responsible for liaison with NV OSHA and monitors the program for compliance with OSHA 29 CFR 1910.134. All independent audits will be determined by the Safety Coordinator in Risk Management.

Also, the Safety Coordinator is the responsible person for each facility assigned to implement the program and assure its effectiveness. The Coordinator shall request a list of respirator users by name, department or section, the job(s) or operation(s) requiring the use of a respirator, and the type of respirator used. This information shall be maintained by Risk Management and updated as required. A sample form is included in Appendix G.

- 1910.134(d)(1)(i) The employer shall select and provide an appropriate respirator based on the respiratory hazard(s) to which the worker is exposed and workplace and user factors that affect respirator performance and reliability.
 - Use OSHA.gov Respirator Selection the Advisor Genius: Selecting an Appropriate Respirator:
https://www.osha.gov/SLTC/etools/respiratory/respirator_selection_advisorgenius.html
 - 1910.134(d)(1)(ii) The employer shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.
- E. SUPERVISOR** is the person responsible for completing a hazard assessment of each job or operation to identify employees who are or may be required to use respiratory protection. Copies of the hazard assessments will be submitted to the OPR. The hazard assessment will include:
- Identification and review of hazardous substances used by the department or section.
 - Review of work processes to determine where potential exposures to these hazardous substances may occur.

➤ 1910.134(e)(7)(iv) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

- Supervisors are responsible for ensuring their employees who are required to use respiratory protection receives medical (screening/evaluation) approval, training, and fit testing. See section Specific Requirements page 9.
- Supervisors shall promptly report any medical or physical problems arising from the use of respiratory protective equipment experienced by their employees to the CCSD Safety Coordinator and the OPR.
- Supervisors shall keep a log of respirator users by name; department or section, the job or operation requiring a respirator; and the respirator type used. See Appendix G

F. EMPLOYEES are responsible for proper use and cleaning of respiratory protective equipment as specified by their training. See section Specific Requirements page 9 & Appendix E

- Learn and adhere to all CCSD Respiratory Protection Program guidelines.
- Wearing only those respirators for which they have been fit tested and assigned.
- Conducting a visual inspection of respiratory protective equipment for defects each time the equipment is used.
- Performing negative and positive pressure facepiece fit checks after donning the respirator and prior to entering a work area requiring the use of a respirator.
- Reporting any malfunction of the respirator to their supervisor and/or Safety.
- Properly storing and protecting respiratory protective equipment from damage and abuse.
- Informing their supervisor of any medical/physical problems arising from the use of respiratory protective equipment or conditions that may interfere with the proper function of assigned respiratory protective equipment.

✓ 1910.134(e)(7)(i) An employee reports medical signs or symptoms that are related to ability to use a respirator.

- Ensuring that they are clean-shaven at the time of the respirator fit test and when they are required to wear a respirator as part of their job duties.
- Wearing appropriate eye protection and/or face shield with half-face piece respirators when required by the type of work performed.

V. GENERAL REQUIREMENTS

It is the policy of CCSD to provide a place of employment that is free from recognized hazards that cause or are likely to cause death or serious physical harm to employees, students, or the

public. Therefore, employees will use respirators when engineering and administrative controls are unable to reduce air contaminants below the permissible exposure limit (PEL). When respiratory hazards exist that cannot be eliminated, safe work practices and additional employee training about respiratory protection will be implemented to reduce exposures below the PEL. These measures will be implemented to minimize those hazards to ensure the safety of all employees.

VI. SPECIFIC REQUIREMENTS

The Clark County School District (CCSD) Respiratory Protection Program shall be established and implemented in accordance with these guidelines. This section establishes general provisions and identifies specific requirements of CCSD's safety standard and procedure on Respiratory Protection. These provisions are:

- Medical Evaluation Screening and Physical Examination Requirements
- Selection and Use of Respirator(s)
- Respirator Donning and Doffing
- Employee Training
- Respirator Care and Storage
- Workplace Monitoring
- Employees Using Respirators Not Required Under the Standard

A. MEDICAL EVALUATION SCREENING AND PHYSICAL EXAM REQUIREMENTS

- The Risk Management Department has established a Medical Evaluation Program to ensure that employees will not be assigned to tasks requiring the use of respirators unless they have been found physically able to do the work while wearing the respirator.
- The Medical Evaluation Program requires that the potential respirator user complete Clark County School District and the OSHA Respirator Medical Evaluation Questionnaire. (See Appendix A).
- The OSHA Respirator Medical Evaluation Questionnaires should be sent back to the OPR (Risk Management Department). A physician or other qualified health care professional will review the OSHA medical questionnaire.
 - ✓ 1910.134(e)(7)(ii) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated
 - ✓ 1910.134(e)(7)(iii) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.

- Individuals are required to pass a written screening/evaluation and/or a physical examination conducted by a physician prior to fit testing and wearing respiratory protection. The examination and questionnaires are to remain confidential between the employee and physician.
- Per this plan CCSD will Partner with Concentra Medical for their services pertaining to the Respiratory Protection Program. Concentra Medical has four locations available for CCSD Respiratory needs.
 - ✓ 149 N. Gibson Road, Ste. H; Henderson
(702) 558-6275 Monday thru Friday, 8 AM to 5 PM
 - ✓ 151 W. Brooks Avenue; N. Las Vegas
(702) 399-6545 Monday thru Friday, 8 AM to 5 PM
 - ✓ 3900 Paradise Road, Ste. V; Las Vegas
(702) 369-0560 Monday thru Friday, 7 AM to 4 PM
 - ✓ 5850 S. Polaris Rd., Ste. 100; Las Vegas
(702) 739-9957 24 Hours, 7 days a week
- The physician or other qualified healthcare professional shall determine which health and physical conditions are pertinent. The exam shall include a pulmonary function test (PFT) if deems fit.
- The physician or other qualified healthcare professional must certify, in writing, that the employee is able to wear respiratory protective equipment (air purifying including powered air purifying respirators (PAPR)). The following conditions may be pertinent for this determination:
 - ✓ Emphysema
 - ✓ Chronic obstructive pulmonary disease
 - ✓ Bronchial asthma
 - ✓ Pneumoconiosis
 - ✓ Evidence of reduced pulmonary function
 - ✓ Coronary artery disease or cerebral blood vessel disease
 - ✓ Severe or progressive hypertension
 - ✓ Epilepsy, grand mal or petit mal
 - ✓ Anemia
 - ✓ Diabetes, insipidus or mellitus
 - ✓ Punctured eardrum
 - ✓ Communication of sinus through upper jaw to oral cavity
 - ✓ Breathing difficulty when wearing a respirator
 - ✓ Claustrophobia or anxiety when wearing a respirator
 - ✓ Other conditions as set forth in regulatory requirements or deemed necessary by the physician or other qualified healthcare professional.

B. SELECTION AND USE OF RESPIRATORS:

- ✓ Recommended Third Party Contractors Grainger or Best in the West Safety will help select respirators to be used based on the CCSD job hazard assessment in accordance with all OSHA standards. CCSD Environmental Services will conduct exposure hazard assessment monitoring when necessary, to qualify potentially hazardous exposures by air sampling.
 - 1910.134(d)(1)(iii) The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH.
 - Environmental Services if unavailable a qualified third-party contractor or The State of Nevada Safety Consultation and Training Section (SCATS) will be requested for services.
- **Respirator Donning:** Position the respirator on the face. Pull headbands over the head with the lower headband positioned below the ears and the upper headband above the ears. Place your chin against the chin stop. Adjust the headbands for fit increasing or decreasing their length. A negative and/or positive pressure facepiece fit check shall be performed in the field by the respirator wearer each time the respirator is used.

This video has provided you with a brief overview of OSHA's Respiratory Safety. Donning (Putting on) and Doffing (Taking off) and User Seal Checks.

- ENGLISH <https://youtu.be/Tzpz5fko-fg>
- SPANISH <https://youtu.be/jgRKRcTGeE>
- ✓ **Negative pressure facepiece fit check.** The wearer may perform this test alone in the field. The test consists of closing off the inlet of the cartridge or filter by covering with the palms so that air does not pass through the filter; inhaling gently so that the facepiece collapses slightly; and holding the breath for 10 seconds. If the facepiece remains slightly collapsed and no inward leakage is detected, the respirator is most likely tight enough. This test may be used only on respirators with a tight-fitting facepiece. It is recommended that this test be used only as a general indication of fit and proper donning of the respirator.
- ✓ **Positive pressure facepiece fit check.** This test is similar to the negative pressure test and has the same advantages and limitations. It is conducted by

closing off the exhalation valve and exhaling gently into the facepiece. The fit is considered satisfactory if slight positive pressure can be built up inside the facepiece without evidence of outward leakage. For some respirators, this method requires that the wearer remove the exhalation valve cover and then carefully replace it after the test. Removing and replacing the exhalation valve cover often disturbs the respirator fit even more than does the negative pressure test. Therefore, this test should be used sparingly if it requires removing and replacing the exhalation valve cover.

C. RESPIRATOR FIT TESTING:

- A qualitative fit test shall determine the ability of each respirator wearer to obtain a satisfactory fit with air purifying, negative-pressure respirators as follows:
 - ✓ Initial fit testing shall be conducted by Safety or their designee for each employee required to wear a negative-pressure respirator, and testing shall take place thereafter. Results of fit testing shall be used to select specific types, makes, sizes, and models of negative-pressure respirators.
 - ✓ While wearing the respirator, the employee shall be exposed to an irritant smoke, odorous vapor, or other suitable test agent during the fit test.
- An air-purifying respirator must be equipped with air-purifying elements which effectively remove the test agent from inspired air. If the respirator wearer is unable to detect penetration of the test agent into the respirator, the respirator wearer has achieved a satisfactory fit with the respirator. One or more of the following procedures shall be used to determine the fit of the respirator in use.
 - ✓ **Irritant Smoke Test.** The irritant smoke test may be used for both air purifying respirators and atmosphere-supplying respirators. Air-purifying respirators shall be equipped with high efficiency particulate air (HEPA) filter(s). The irritant smoke test is as follows:
 - The irritant smoke is produced by air flowing through a commercially available smoke tube.
 - The test must be performed outdoors or in a well-ventilated room. In addition, the respirator wearer can be placed in an enclosure (hood worn over the respirator wearer's head and shoulders).
 - The respirator wearer should keep his eyes closed during the test, even if the respirator offers eye protection.
 - If the respirator wearer detects the penetration of the smoke into the respirator during the test, the wearer should be permitted to re-adjust the seal of the respirator.

- The test operator directs smoke over the respirator, keeping the smoke tube about one foot from the respirator, and watches the reactions of the respirator wearer.
- If the respirator wearer does not detect penetration of smoke into the respirator, the test operator moves the smoke tube closer to the respirator and observes the reactions of the respirator wearer.
- If the respirator wearer does not detect penetration at the closer level, the smoke tube is moved to within six inches of the respirator. If the respirator wearer still has not detected penetration of smoke into the respirator, the smoke may be directed at potential points of leakage in the seal of the respirator.
- If the respirator wearer still does not detect penetration of the smoke into the respirator, the wearer should carry out a series of exercises such as deep breathing, turning head from side to side, nodding head up and down, and talking while smoke is directed at the respirator. The test operator must be careful to prevent the smoke tube from coming too close to the filters (less than 3 inches).
- If the respirator wearer is unable to detect the penetration of smoke into the respirator, the wearer has achieved a satisfactory fit with the respirator.

NOTE: THE RESPIRATOR WEARER WILL REACT INVOLUNTARILY, USUALLY BY COUGHING OR SNEEZING, TO LEAKAGE AROUND OR THROUGH THE RESPIRATOR. BECAUSE THIS IS A QUALITATIVE TEST, THE TESTER IS INTERESTED IN ANY RESPONSE TO THE SMOKE. THE DEGREE OF RESPONSE IS NOT IMPORTANT.

- ✓ **Odorous Vapor Test.** Air-purifying respirators must be equipped with a cartridge or canister which removes the test vapor from the air. An odorous material commonly used in the test is isoamyl acetate. If isoamyl acetate is employed as the test agent, air-purifying respirators must be equipped with an organic vapor canister or cartridge. The odorous vapor test is as follows:
 - The simplest means of carrying out the test is to saturate a piece of fabric or sponge with liquid isoamyl acetate, or to fill a stencil brush with liquid isoamyl acetate and then move the fabric, sponge, or stencil brush around the respirator worn by the respirator wearer. The fabric, sponge, or stencil brush should be passed close to the potential points of leakage in the seal of the respirator while the wearer carries out exercises such as normal breathing, deep breathing, head from side to side, nodding head up and down and talking.

- If the respirator wearer detects the odor of isoamyl acetate vapor during the test, the wearer should be permitted to readjust the seal of the respirator.

- ✓ **Exercises Used During Test Procedures** A respirator wearer should carry out a series of exercises that simulate work movements. The kind of exercises carried out depends on the type of respirator being used. The series of exercises for testing a respirator should include, but not limited to the following:
 - Normal breathing.
 - Deep breathing test. Heavy breathing test to simulate hard work.
 - Head motion test (side to side).
 - Head motion test (up and down).
 - Talk and count test (count to 10).
 - Shout test.

- An employee that fails either the irritant smoke test or the odorous vapor test will not be issued the failing respirator. Other selections may be suitable.
- A written record of the fit test results shall be maintained by the Risk Management Department. (See Appendix B)
- If the physician deems an in-person physical examination is suggested a CONCENTRA Employer-Authorization-and-Info-for-Respiratory-Eval form will be completed. (See Appendix B)
- **All respirators shall be inspected by the user before and after each use.**
- Respirator inspection shall include a check of the tightness of connections and the condition of the facepiece, headbands, valves, connecting tube, and canisters.
- Rubber or elastomer parts shall be inspected for pliability and signs of deterioration. Stretching and manipulating rubber or elastomer parts with a massaging action will keep them pliable and flexible and prevent them from taking a set during storage.

D. EMPLOYEE TRAINING

- Training shall be provided to employees who are required to wear respirators prior to initial use. **Twelve-month refresher training is required, and retraining will be administered as required.** Retraining can include changes in your workplace with different respirator requirements and hazards OR if you cannot remember how to properly use the respirator. Also, retraining will occur if safety violations have occurred.
- Respirator training will be coordinated by the Risk Management Department or their designee. Employee respirator training records will be maintained by the Risk

Management Department and the employee's department (See Appendix C). Training shall include the proper use and care of the respirators and their limitations.

- 1910.134(c)(1)(vii) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations.
- 1910.134(c)(1)(viii) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.
- 1910.134(c)(2) Where respirator use is not required:
 - Lesson plans shall be maintained and updated as required by Safety
 - Review 29 CFR 1910.134(k) under the OSHA.gov website
 - Training will cover the following topics:
 - ✓ The CCSD Respiratory Protection Program
 - ✓ The OSHA Respiratory Protection standard
 - ✓ Respiratory hazards encountered at CCSD and their health effects
 - ✓ Proper selection and use of respirators
 - ✓ Limitations of respirators
 - ✓ Respirator donning and user seal (fit) checks
 - ✓ Fit testing
 - ✓ Maintenance, storage, and inspection
 - ✓ Limitations
 - ✓ cartridge breakdown time

This video has provided you with a brief overview of OSHA's Respiratory Protection Training Requirements.

- ENGLISH <https://youtu.be/QPNNVhz2iaA>
- SPANISH <https://youtu.be/WqOXTKsEk1w>

E. RESPIRATOR CARE AND STORAGE (See Appendix E)

- Respirators should be cleaned and disinfected by the wearer prior to each use.
- All respiratory equipment will be cleaned and disinfected by the user according to the manufacturer's instructions.
- Review 29 CFR 1910.134(h) through 1910.134(h)(3)(ii)(B) under the OSHA.gov website
- The following procedure is recommended for cleaning and disinfecting respirators:
 - ✓ Remove any filters and cartridges
 - The service life of a cartridge depends upon many factors, including environmental conditions, breathing rate, cartridge filtering capacity,

and the amount of contaminants in the air. It is suggested that employers apply a safety factor to the service life estimate to assure that the change schedule is a conservative estimate.

- Create a written change schedule for the cartridges. 29 CFR 1910.134(d)(3)(iii)(B)(2).
- Three valid ways for you to estimate a cartridge's service life:
 - Conduct Experimental Tests (An outside consultant or laboratory)
 - Use the Manufacturer's Recommendation (Chemical and respirator manufacturers may be able to provide an estimate based upon their own expertise and testing data.)
 - Using math model (Wood Math Model Table, Using Math Model Table, The Gerry O. Wood Mathematical Model, The Yoon-Nelson Mathematical Model or Using a Math Model Equation.)
You can calculate others using NIOSH's MultiVapor™ Version 2.2.3 Application.
(<https://www.cdc.gov/niosh/npptl/multivapor/multivapor.html>)

- ✓ Wash facepiece in detergent solution (see following paragraphs). Use a hand brush to facilitate removal of dirt.
- ✓ Rinse completely in clean, warm water.
- ✓ Air-dry in a clean area.
- ✓ Clean other respirator parts as recommended by manufacturers.
- ✓ Inspect valves, head straps, and other parts prior to each use; do not use if parts are damaged, missing, or defective.
- ✓ Insert new filters if necessary. Always discard cartridges used for protection against gases and vapors after each daily use.
- ✓ Place in plastic bag or container for storage after dry.

- Cleaner-disinfecting solutions are available that effectively clean the respirator and contain an anti-bacterial agent.
- Strong cleaning and disinfecting agents can damage respirator parts. Storing respirators at temperatures above 140 degrees F and vigorous mechanical agitation should not be used.
- **No attempt shall be made** to replace components or to make adjustments or repairs beyond the manufacturer's recommendations.
- After inspection and cleaning, respirators are stored to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.
- Respirators are placed in plastic bags or other suitable containers in areas determined by the supervisor. Respirators shall not be permanently stored in such places as vehicles (trunk) or toolboxes.

- Respirators shall be packed or stored so that the facepiece will rest in a normal position.

This video has provided you with a brief overview of OSHA's Maintenance and Care of Respirators.

- ENGLISH <https://youtu.be/CnF05owDxTI>
- SPANISH <https://youtu.be/EgPbpt415TY>

F. WORKPLACE MONITORING

- Evaluation of contaminant concentrations to which a person wearing a respirator may be exposed is an integral part of an effective respiratory protection program.
- All air monitoring and sampling will be supervised and/or performed by the CCSD Environmental Services Department. Environmental services will attach their findings report to the created Famis database workorder. Air sampling data is important in the selection of the proper respirator and should include:
 - ✓ Identification of the contaminant(s) (refer to the Safety Data Sheets (SDS)).
 - ✓ Safety Data Sheets and other manufacturer instructions can provide additional guidance about what PPE workers need to use the chemicals safely.
 - ✓ nature of the hazard
 - ✓ estimated concentration in the breathing zone.
- The data is also helpful in estimating the possible levels of exposure that may have occurred during use of the respirators. The Environmental Services Department will supervise workplace monitoring levels of exposure.
- An air monitoring program should be carried out over at least one cycle of operation. Samples shall be collected at the worker's breathing zone. However, when necessary, general air samples may be collected in the vicinity of the operation. The sampling period will be determined by the sensitivity of the analytical method and work process time.
- Feedback on how a respiratory protection program is functioning is necessary if management is to maintain an effective respiratory protection program. Program improvements cannot be implemented, and deficiencies eliminated unless the program is monitored and evaluated on a continual basis. The following are used in evaluating the effectiveness of respirator programs
 - ✓ **Wearer Acceptance** The effectiveness of a respirator program can be determined by the degree of user acceptance. Numerous factors affect the user's acceptance of respirators. These include comfort, ability to breathe without objectionable effort, adequate visibility, ability to communicate, ability to perform tasks without undue interference and confidence in the facepiece fit. Failure to consider these

factors is likely to reduce cooperation of the wearers in promoting a satisfactory program. How well these problems have been overcome can be determined by observing wearers during normal activities and by soliciting comments.

- ✓ **Examination of Respirators** in Use Respiratory protection is no better than the respirator in use, even though it is worn conscientiously. Periodic inspections shall be conducted by the supervisor to ensure that respirators are properly selected, used, cleaned, and maintained.

G. EMPLOYEES USING RESPIRATORS NOT REQUIRED UNDER THE STANDARD

Employees wearing respirators (such as N95 particulate respirator) on a voluntary basis, when they are not required to by their supervisor or the OSHA standard, shall read and sign Information for Voluntary Respirator Use (See Appendix D).

Remember, voluntary use **is only permitted when your employer has determined that there is no airborne hazard that would require the use of a respirator.**

Before you can voluntarily use a respirator, your employer must ensure that its use does not present a health hazard to you. To do this, your employer must implement certain elements of a written respiratory protection program necessary to ensure that any worker using a respirator voluntarily is medically able to use that respirator. In addition, your employer must ensure that the respirator is properly cleaned, stored, and maintained so that its use does not present a health hazard to you.

However, employers do not have to develop and implement a written respiratory protection program when workers only use filtering facepiece respirators voluntarily.

If you will be voluntarily using a respirator, your employer is also required to provide you with a copy of Appendix D of OSHA's Respiratory Protection Standard or the equivalent State OSHA Agency document. This document contains certain precautions you should take when wearing a respirator voluntarily. In general, Appendix D advises you.

This video has provided you with a brief overview of OSHA's **voluntary use** requirements for respirators.

- ENGLISH <https://youtu.be/a4PjrR3zHEo>
- SPANISH <https://youtu.be/8W2t7pwV52k>

H. PANDEMIC CLOTH FACE COVERINGS

The Center for Disease Control and prevention states cloth face coverings are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the cloth face covering coughs, sneezes, talks, or raises their voice. This is called source control.

Cloth face coverings may not be possible in every situation or for some people. In some situations, wearing a cloth face covering may exacerbate a physical or mental health condition, lead to a medical emergency, or introduce significant safety concerns.

Who should NOT use cloth face coverings:

- children under age 2,
- or anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

CLOTH FACE COVERINGS ARE NOT SURGICAL MASKS OR N95 RESPIRATORS.

This video has provided you with a brief overview of OSHA's the Difference Between Respirators and Surgical Masks.

- ENGLISH <https://youtu.be/ovSLAuY8ib8>
- SPANISH <https://youtu.be/K53pbXueDJw>

Adaptations and alternatives should be considered whenever possible to increase the feasibility of wearing a cloth face covering but, in some instances, it is not possible to wear one. For example,

- ✓ People who are deaf or hard of hearing—or those who care for or interact with a person who is hearing impaired
- ✓ Some people, such as people with intellectual and developmental disabilities, mental health conditions or other sensory sensitivities, may have challenges wearing a cloth face covering. They should consult with their healthcare provider for advice about wearing cloth face coverings.
- ✓ Younger children (e.g., preschool, or early elementary aged) may be unable to wear a cloth face covering properly, particularly for an extended period of time.
- ✓ People should not wear cloth face coverings while engaged in activities that may cause the cloth face covering to become wet.
- ✓ People who are engaged in high intensity activities, like running, may not be able to wear a cloth face covering if it causes difficulty breathing.
- ✓ People who work in a setting where cloth face coverings may increase the risk of heat-related illness or cause safety concerns due to introduction of a hazard (for instance, straps getting caught in machinery)

- ✓ Review Understanding Compliance with OSHA’s Respiratory Protection Standard During the Coronavirus Disease 2019 (COVID-19) Pandemic pdf

<https://www.osha.gov/sites/default/files/respiratory-protection-covid19-compliance.pdf>



The Coronavirus Disease 2019 (COVID-19) pandemic has had an unprecedented impact on the availability of respirators and fit-testing supplies. This document is intended to help employers understand and comply with OSHA’s temporary enforcement guidance for the Respiratory Protection standard (29 CFR § 1910.134).

Background

The COVID-19 pandemic has resulted in a public health emergency that has dramatically increased demand for respirators, particularly N-95 filtering facepiece respirators (FFRs), as well as fit-testing supplies ordinarily used to ensure that respirators fit workers properly and provide the expected level of protection. Shortages (either intentional or unintended) of both FFRs and fit-testing supplies have posed tremendous challenges. In order to allow essential operations to continue, many employers have had to utilize contingency and crisis strategies that are ordinarily not consistent with OSHA’s Respiratory Protection standard. Examples of contingency and crisis strategies include: extended use of disposable FFRs, reuse of non-use and reuse of disposable FFRs, and the use of forage FFRs not approved by the National Institute for Occupational Safety and Health (NIOSH).

It is important for employers to understand that deviations from normal respirator use come with increased risk for workers that, in certain circumstances, may only be allowable during this public health emergency to increase the alternative of no respiratory protection presents a greater danger to workers. In order to ensure adequate protection for workers during the use of contingencies and crisis



strategies, OSHA has issued temporary enforcement guidance to its Compliance Safety and Health Officers (CSHOs). This guidance allows CSHOs to exercise enforcement discretion to issue no-penalty workplace exposures and an employer that is unable to comply with certain provisions of the Respiratory Protection standard because of supply shortages and has thus found it necessary to implement contingencies or crisis strategies for respirator use by workers.

Understanding OSHA’s Temporary Enforcement Guidance

In response to FFR and fit-testing supply shortages during the COVID-19 pandemic, OSHA has issued several respiratory enforcement guidance memoranda allowing CSHOs to exercise enforcement discretion when

considering issuing citations under the Respiratory Protection standard and/or the equivalent respiratory protection provisions of other health standards.

COVID enforcement discretion is applied only when circumstances beyond the employer’s control prevent compliance with certain parts of the Respiratory Protection standard and the employer makes objectively reasonable efforts to obtain and conserve supplies. Employers are also expected to explore options and modify practices to assure the best available protection for workers (e.g., avoid the use of non-compliant respiratory protection when performing high hazard aerosol-generating procedures). Employers are expected to come into full compliance with the Respiratory Protection standard once supply chain issues are resolved (e.g., conduct fit-testing once fit-testing supplies become available). OSHA will revoke all of the temporary enforcement discretions and revert to the normal enforcement of the Respiratory Protection standard once the Agency determines that the additional enforcement discretion is no longer necessary.

Employers Seeking Relief Under Temporary Enforcement Guidance

It is important for employers to understand that these temporary enforcement guidance memoranda do not alter OSHA standards or provisions for such standards, including the Respiratory Protection standard (e.g., annual fit-testing requirements). Rather, they allow for enforcement discretion by CSHOs during the COVID-19 pandemic period only in circumstances where an employer can demonstrate that it made unreasonable but objectively reasonable efforts to obtain and conserve supplies of FFRs and fit-testing supplies as outlined in the memoranda.

Employers should understand that non-compliance still violates the standard. However, these temporary enforcement guidance memoranda provide CSHOs discretion, on a case-by-case basis during the COVID-19 pandemic period only, to refrain from issuing citations to employers for violating certain provisions of the Respiratory Protection standard and/or the equivalent respiratory protection provisions of other health standards, when compliance with these provisions is affected by supply shortages. Each temporary enforcement guidance memorandum has specific criteria that CSHOs will assess during an inspection, for

example, CSHOs will look for and consider documentation and other available information showing that the employer:

- Utilized strategies to prioritize and conserve the use of N95s according to CDC guidance:
 - Considerations for Selection of Stockpiled N95s
 - Beyond the Minimum: Designated Staff Title
 - Strategies for Optimizing the Supply of N95 Respirators
- Maintained a fully compliant Respiratory Protection Program (RPP) in all other regards (i.e., a written program that covers, among other required elements, procedures for medical evaluation of employees, respirator maintenance and canister/employee training)
- Reassessed their engineering and administrative controls, and work practices, and identified and implemented changes to decrease the need for N95s without exposing employees to additional hazards (e.g., considering whether it is possible to temporarily suspend certain procedures, such as high hazard elective medical procedures, or to increase the use of other available protections, such as moving operations outdoors, using job rotation techniques, or improving the use of wet methods or portable local exhaust systems when performing dust-generating tasks)
- Maintained respirator supplies and made objectively reasonable efforts to obtain NIOSH-approved respirators, and, in healthcare settings, prioritized the best respiratory protection options available for use during high hazard aerosol-generating medical procedures
- Explored options to obtain and use other types of respirators (e.g., P-300s, non-disposable elastomeric respirators, and powered air-purifying respirators (PAPRs), as well as forage respirators that are not NIOSH-approved) that offer equivalent or higher protection when N-95s were not available and
- Maintained fit-testing supplies and made objectively reasonable efforts to obtain fit-testing supplies

If an employer can demonstrate objectively reasonable efforts to comply with the Respiratory Protection standard, and/or the equivalent respiratory protection provisions of other health standards, then OSHA may exercise enforcement discretion in accordance with the memoranda during the COVID-19 pandemic. ■

VII. REFERENCES:

- Occupational Safety and Health Administration Standards (OSHA) 29 CFR (Code of Federal Regulations) 1910.134 Respiratory Protection.
- American National Standards Institute (ANSI) Z88.2 - “Practices for Respiratory Protection.”
- American Industrial Hygiene Association (AIHA) “Respiratory Protection: A Manual and Guideline”.
- 42 CFR, Part 84 “Respiratory Protective Devices”.
- CCSD Safety Standards.
- Center for Disease Control and Prevention (CDC)

VIII. LISTING OF APPENDICES, A-G

- APPENDIX A: CONCENTRA OSHA-Respirator-Medical-Evaluation-Questionnaire
- APPENDIX B: RESPIRATOR FIT TEST RECORD & CONCENTRA Employer-Authorization-and-Info-for-Respiratory-Eval
- APPENDIX C: RESPIRATOR TRAINING RECORD
- APPENDIX D: APPENDIX D OF THE RESPIRATORY STANDARD (29 CFR 1910.134)
- APPENDIX E: CHECKLIST FOR RESPIRATOR MAINTENANCE AND CARE
- APPENDIX F: CHECKLIST FOR BREATHING AIR QUALITY AND USE
- APPENDIX G: PERSONNEL IN RESPIRATORY PROTECTION PROGRAM (example only)

- APPENDIX A: Concentra Medical questionnaires for respirator users



Concentra Medical Centers

OSHA Respirator Medical Evaluation Questionnaire (Mandatory)
Cuestionario de evaluación médica del respirador de OSHA (obligatorio)

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. Para el empleador: Las respuestas a las preguntas de la Sección 1 y a la pregunta 9 de la Sección 2 de la Parte A no requieren un examen médico.

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.

Para el empleado: su empleador debe permitirle responder este cuestionario durante las horas normales de trabajo, o en un momento y lugar que sea conveniente para usted. Para mantener su confidencialidad, su empleador o supervisor no debe mirar o revisar sus respuestas, y su empleador debe decirle cómo entregar o enviar este cuestionario al profesional de atención médica que lo revisará.

Part A. Section 1. (Mandatory)
Parte A. Sección 1. (Obligatorio)

The following information must be provided by every employee who has been selected to use any type of respirator (please print). La siguiente información debe ser provista por cada empleado que haya sido seleccionado para usar cualquier tipo de respirador (en letra de imprenta).

Today's date: _____
 Fecha de hoy

Your name: _____ Your age (to nearest year): _____
 Su nombre Su edad (al año más cercano)

Sex: Male Female Your height: ___ ft. ___ in. Your weight: ___ lbs.
 Sexo: Masculino / Femenino Su altura: ___ pies. ___ Su peso: ___ libras.

Your job title: _____
 El título de su trabajo:

A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
 Un número de teléfono donde el profesional de la salud que lo pueda localizar y que revise este cuestionario (incluya el Código de área):

The best time to phone you at this number: _____
 El mejor momento para llamarlo a este número:

Has your employer told you how to contact the health care professional who will review this questionnaire? Yes/Sí No/No
 ¿Le ha dicho su empleador cómo comunicarse con el profesional de la salud que revisará este cuestionario?

Check the type of respirator you will use (you can check more than one category):
 Verifique el tipo de respirador que usará (puede marcar más de una categoría):

_____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 Respirador desechable N, R o P (máscara con filtro, sin tipo de cartucho solamente).

_____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
 Otro tipo (por ejemplo, tipo de máscara de media cara o completa, purificador de aire alimentado, aire suministrado, aparato de respiración autónomo).

Have you worn a respirator? Yes/Sí No/No
 ¿Ha usado un respirador?

If "yes," what type(s): _____
 En caso afirmativo, qué tipo (s)

Part A. Section 2. (Mandatory)
Parte A. Sección 2. (Obligatorio)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator ("yes" or "no").
 Las preguntas 1 a 9 a continuación deben ser respondidas por cada empleado que haya sido seleccionado para usar cualquier tipo de respirador ("sí" o "no").

	Yes/Sí	No
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? <i>¿Fuma tabaco actualmente o ha fumado tabaco en el último mes?</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any of the following conditions? <i>¿Alguna vez ha tenido alguna de las siguientes condiciones?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Seizures <i>Convulsiones</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes (sugar disease) <i>Diabetes (enfermedad del azúcar)</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Allergic reactions that interfere with your breathing <i>Reacciones alérgicas que interfieren con su respiración</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Claustrophobia (fear of closed-in places) <i>Claustrofobia (miedo a lugares cerrados)</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Trouble smelling odors <i>Problemas para oler olores</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any of the following pulmonary or lung problems? <i>¿Alguna vez ha tenido alguno de los siguientes problemas pulmonares o pulmonares?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Asbestosis <i>Asbestosis</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma <i>Asma</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic bronchitis <i>Bronquitis crónica</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Emphysema <i>Emfisema</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia <i>Neumonía</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tuberculosis <i>Tuberculosis</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. Silicosis <i>Silicosis</i>	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumothorax (collapsed lung) <i>Neumotórax (colapso pulmonar)</i>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lung cancer <i>Cáncer de pulmón</i>	<input type="checkbox"/>	<input type="checkbox"/>
j. Broken ribs <i>Costillas rotas</i>	<input type="checkbox"/>	<input type="checkbox"/>
k. Any chest injuries or surgeries <i>Cualquier lesión en el pecho o cirugía</i>	<input type="checkbox"/>	<input type="checkbox"/>
l. Any other lung problem that you've been told about <i>Cualquier otro problema pulmonar que le hayan informado</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently have any of the following symptoms of pulmonary or lung illness? <i>¿Tiene actualmente alguno de los siguientes síntomas de enfermedad pulmonar o pulmonar?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Shortness of breath <i>Falta de aliento</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline <i>Falta de aliento al caminar rápido en terreno llano o subir una ligera pendiente o pendiente</i>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes/Sí	No
c. Shortness of breath when walking with other people at an ordinary pace on level ground <i>Falta de aliento al caminar con otras personas a un ritmo normal en terreno llano</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have to stop for breath when walking at your own pace on level ground <i>Tiene que detenerse para respirar cuando camina a su propio ritmo en terreno llano</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Shortness of breath when washing or dressing yourself <i>Falta de aliento al lavarse o vestirse</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shortness of breath that interferes with your job <i>Falta de aliento que interfiere con su trabajo</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. Coughing that produces phlegm (thick sputum) <i>Tos que produce flema (esputo espeso)</i>	<input type="checkbox"/>	<input type="checkbox"/>
h. Coughing that wakes you early in the morning <i>Tos que lo despierta temprano en la mañana</i>	<input type="checkbox"/>	<input type="checkbox"/>
i. Coughing that occurs mostly when you are lying down <i>Tos que ocurre principalmente cuando está acostado</i>	<input type="checkbox"/>	<input type="checkbox"/>
j. Coughing up blood in the last month <i>Tosiendo sangre en el último mes</i>	<input type="checkbox"/>	<input type="checkbox"/>
k. Wheezing <i>Sibilancias</i>	<input type="checkbox"/>	<input type="checkbox"/>
l. Wheezing that interferes with your job <i>Sibilancias que interfieren con su trabajo</i>	<input type="checkbox"/>	<input type="checkbox"/>
m. Chest pain when you breathe deeply <i>Dolor en el pecho cuando respira profundamente</i>	<input type="checkbox"/>	<input type="checkbox"/>
n. Any other symptoms that you think may be related to lung problems <i>Cualquier otro síntoma que considere que puede estar relacionado con problemas pulmonares</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had any of the following cardiovascular or heart problems? <i>¿Alguna vez ha tenido alguno de los siguientes problemas cardiovasculares o cardíacos?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Heart attack <i>Ataque al corazón</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stroke <i>Accidente cerebrovascular</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Angina <i>Angina</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart failure <i>Insuficiencia cardíaca</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Swelling in your legs or feet (not caused by walking) <i>Hinchazón en sus piernas o pies (no causada por caminar)</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart arrhythmia (heart beating irregularly) <i>Aritmia cardíaca (latidos cardíacos irregulares)</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. High blood pressure <i>Presión arterial alta</i>	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other heart problem that you've been told about? <i>Cualquier otro problema cardíaco que le hayan informado</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any of the following cardiovascular or heart symptoms? <i>¿Alguna vez ha tenido alguno de los siguientes síntomas cardiovasculares o cardíacos?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Frequent pain or tightness in your chest <i>Dolor frecuente u opresión en el pecho</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pain or tightness in your chest during physical activity <i>Dolor u opresión en el pecho durante la actividad física</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain or tightness in your chest that interferes with your job <i>Dolor u opresión en el pecho que interfiere con su trabajo</i>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes/Sí	No
d. In the past two years, have you noticed your heart skipping or missing a beat <i>En los últimos dos años, ¿ha notado que su corazón se salta o pierde el ritmo</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Heartburn or indigestion that is not related to eating <i>Acidez estomacal o indigestión que no está relacionada con la alimentación</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Any other symptoms that you think may be related to heart or circulation problems <i>Cualquier otro síntoma que crea que puede estar relacionado con problemas cardíacos o de circulación</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you currently take medication for any of the following problems? <i>¿Toma actualmente medicamentos para alguno de los siguientes problemas?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Breathing or lung problems <i>Problemas respiratorios o pulmonares</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart trouble <i>Problemas del corazón</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood pressure <i>Presión arterial</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Seizures <i>Convulsiones</i>	<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. ____) <i>Si ha usado un respirador, ¿alguna vez ha tenido alguno de los siguientes problemas? (Si nunca ha usado un respirador, verifique el siguiente espacio y pase a la pregunta 9. ____)</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Eye irritation <i>Irritación ocular</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin allergies or rashes <i>Alergias o erupciones cutáneas</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Anxiety <i>Ansiedad</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. General weakness or fatigue <i>Debilidad general o fatiga</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Any other problem that interferes with your use of a respirator <i>Cualquier otro problema que interfiera con su uso de un respirador.</i>	<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 to this questionnaire? <i>¿Le gustaría hablar con el profesional de la salud que revisará este cuestionario sobre sus respuestas a este?</i>	<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-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

Preguntas 10 a 15 a continuación deben responderse por cada empleado que ha sido seleccionado para usar un respirador de máscara completa o un aparato de respiración autónoma (SCBA). Para los empleados que han sido seleccionados para usar otros tipos de respiradores, responder estas preguntas es voluntario.

	Yes/Sí	No
10. Have you ever lost vision in either eye (temporarily or permanently)? <i>¿Alguna vez perdió la visión en cualquiera de los ojos (temporal o permanentemente)?</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you currently have any of the following vision problems? <i>¿Tiene actualmente alguno de los siguientes problemas de visión?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Wear contact lenses <i>Use lentes de contacto</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear glasses <i>Use anteojos</i>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes/Sí	No
c. Color blind <i>Daltónico</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other eye or vision problem <i>Cualquier otro problema ocular o visual</i>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever had an injury to your ears, including a broken ear drum? <i>¿Alguna vez ha tenido una lesión en los oídos, incluido un tímpano roto?</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you currently have any of the following hearing problems? <i>¿Tiene actualmente alguno de los siguientes problemas de audición?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Difficulty hearing <i>Dificultad para escuchar</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear a hearing aid <i>Use un audífono</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any other hearing or ear problem <i>Cualquier otro problema de audición u oído</i>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever had a back injury <i>Alguna vez ha tenido una lesión en la espalda</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you currently have any of the following musculoskeletal problems? <i>¿Tiene actualmente alguno de los siguientes problemas musculoesqueléticos?</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. Weakness in any of your arms, hands, legs, or feet <i>Debilidad en cualquiera de sus brazos, manos, piernas o pies</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain <i>Dolor de espalda</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty fully moving your arms and legs <i>Dificultad para mover completamente los brazos y las piernas</i>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pain or stiffness when you lean forward or backward at the waist <i>Dolor o rigidez cuando se inclina hacia adelante o hacia atrás en la cintura</i>	<input type="checkbox"/>	<input type="checkbox"/>
e. Difficulty fully moving your head up or down <i>Dificultad para mover completamente la cabeza hacia arriba o hacia abajo</i>	<input type="checkbox"/>	<input type="checkbox"/>
f. Difficulty fully moving your head side to side <i>Dificultad para mover completamente la cabeza de lado a lado</i>	<input type="checkbox"/>	<input type="checkbox"/>
g. Difficulty bending at your knees <i>Dificultad para doblarse de rodillas</i>	<input type="checkbox"/>	<input type="checkbox"/>
h. Difficulty squatting to the ground <i>Dificultad para ponerse en cuclillas en el suelo</i>	<input type="checkbox"/>	<input type="checkbox"/>
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs <i>Subir un tramo de escaleras o una escalera de más de 25 libras</i>	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other muscle or skeletal problem that interferes with using a respirator <i>Cualquier otro problema muscular o esquelético que interfiera con el uso de un respirador</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part B
Parte B

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

Cualquiera de las siguientes preguntas, y otras preguntas que no figuran en la lista, se pueden agregar al cuestionario a discreción del profesional de la salud que revisará el cuestionario.

	Yes/Sí	No
<p>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? <i>En su trabajo actual, ¿está trabajando a grandes altitudes (más de 5,000 pies) o en un lugar que tiene cantidades de oxígeno inferiores a lo normal?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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? <i>Si responde "sí", ¿siente mareos, falta de aliento, golpes en el pecho u otros síntomas cuando trabaja en estas condiciones?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? <i>En el trabajo o en el hogar, ¿alguna vez estuvo expuesto a solventes peligrosos, productos químicos peligrosos en el aire (p. ej., gases, humos o polvo)?, o ha entrado en contacto con productos químicos peligrosos de la piel?</i></p> <p>If "yes," name the chemicals if you know them: <i>En caso afirmativo, nombre los productos químicos si los conoce</i></p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Have you ever worked with any of the materials, or under any of the conditions, listed below? <i>¿Alguna vez ha trabajado con alguno de los materiales, o bajo alguna de las condiciones, que se enumeran a continuación?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Asbestos <i>Asbesto</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Silica (e.g., in sandblasting) <i>Sílice (p. Ej., En arenado)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Tungsten/cobalt (e.g., grinding or welding this material) <i>Tungsteno / cobalto (p. Ej., Rectificado o soldadura de este material)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Beryllium <i>Berilio</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. Aluminum <i>Aluminio</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. Coal (for example, mining) <i>Carbón (por ejemplo, minería)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>g. Iron <i>Hierro</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>h. Tin <i>Estaño</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>i. Dusty environments <i>ambientes polvorientos</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>j. Any other hazardous exposures <i>Cualquier otra exposición peligrosa</i></p> <p>If "yes," describe these exposures: <i>En caso afirmativo, describa estas exposiciones</i></p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes/Sí	No
<p>4. List any second jobs or side businesses you have: <i>Enumere cualquier segundo trabajo o negocio secundario que tenga</i></p> <hr/>		
<p>5. List your previous occupations: <i>Enumere sus ocupaciones anteriores</i></p> <hr/>		
<p>6. List your current and previous hobbies: <i>Enumere sus pasatiempos actuales y anteriores</i></p> <hr/>		
<p>7. Have you been in the military services? <i>¿Ha estado en los servicios militares?</i></p> <p>If "yes," were you exposed to biological or chemical agents (either in training or combat)? <i>En caso afirmativo, ¿estuvo expuesto a agentes biológicos o químicos (ya sea en entrenamiento o combate)?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>8. Have you ever worked on a HAZMAT team? <i>¿Alguna vez ha trabajado en un equipo HAZMAT?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>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)? <i>Aparte de los medicamentos para problemas respiratorios y pulmonares, problemas cardíacos, presión arterial y convulsiones mencionados anteriormente en este cuestionario, ¿está tomando otros medicamentos por algún motivo (incluidos los medicamentos de venta libre)?</i></p> <p>If "yes," name the medications if you know them: <i>En caso afirmativo, nombre los medicamentos si los conoce</i></p> <hr/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>10. Will you be using any of the following items with your respirator(s)? <i>¿Utilizará alguno de los siguientes artículos con su (s) respirador (es)?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. HEPA Filters <i>Filtros HEPA</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Canisters (for example, gas masks) <i>Botes (por ejemplo, máscaras de gas)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Cartridges <i>Cartuchos</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>11. How often are you expected to use the respirator(s) ("yes" or "no" for all answers that apply to you)? <i>¿Con qué frecuencia se espera que use los respiradores ("sí" o "no" para todas las respuestas que se apliquen a usted)?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Escape only (no rescue) <i>Solo escape (sin rescate)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Emergency rescue only <i>Solo rescate de emergencia</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Less than 5 hours per week <i>Menos de 5 horas por semana</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. Less than 2 hours per day <i>Menos de 2 horas por día</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. 2 to 4 hours per day <i>2 a 4 horas por día</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>f. Over 4 hours per day <i>Más de 4 horas por día</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes/Sí	No
<p>12. During the period you are using the respirator(s), is your work effort <i>Durante el periodo en que usa el respirador, es su esfuerzo de trabajo</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>a. Light (less than 200 kcal per hour) <i>Luz (menos de 200 kcal por hora)</i> If "yes," how long does this period last during the average shift: ____ hrs. ____ mins. <i>En caso afirmativo, ¿cuánto dura este periodo durante el turno promedio: ____ horas, ____ mins.</i> 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. <i>Ejemplos de un esfuerzo de trabajo ligero son sentarse mientras escribe, mecanografía, dibuja o realiza trabajos de ensamblaje ligero; o de pie mientras opera una prensa de teletipo (1-3 lbs.) o controla máquinas.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b. Moderate (200 to 350 kcal per hour) <i>Moderado (200 a 350 kcal por hora)</i> If "yes," how long does this period last during the average shift: ____ hrs. ____ mins. <i>En caso afirmativo, ¿cuánto dura este periodo durante el turno promedio: ____ horas, ____ mins.</i> 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. <i>Ejemplos de trabajo moderado son sentarse mientras clava o archiva; conducir un camión o autobús en el tráfico urbano; de pie mientras perfora, clava, realiza trabajos de ensamblaje o transfiere una carga moderada (aproximadamente 35 lbs.) a nivel del tronco; caminar sobre una superficie nivelada de aproximadamente 2 mph o bajar una pendiente de 5 grados aproximadamente 3 mph; o empujando una carretilla con una carga pesada (aproximadamente 100 lbs.) en una superficie nivelada.</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c. Heavy (above 350 kcal per hour) <i>Pesado (más de 350 kcal por hora)</i> If "yes," how long does this period last during the average shift: ____ hrs. ____ mins. <i>En caso afirmativo, ¿cuánto dura este periodo durante el turno promedio: ____ horas, ____ mins.</i> 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.). <i>Ejemplos de trabajo pesado son levantar una carga pesada (alrededor de 50 libras) desde el piso hasta la cintura o el hombro; trabajando en un muelle de carga; palear de pie mientras albañilería o astillas de fundición; caminando por un grado de 8 grados aproximadamente 2 mph; subir escaleras con una carga pesada (aproximadamente 50 libras).</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? <i>¿Utilizará ropa y / o equipo de protección (que no sea el respirador) cuando lo use?</i> If "yes," describe this protective clothing and/or equipment: <i>En caso afirmativo, describa esta ropa y / o equipo de protección</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>14. Will you be working under hot conditions (temperature exceeding 77 deg. F)? <i>¿Trabjará en condiciones de calor (temperatura superior a 77 grados F)?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>15. Will you be working under humid conditions? <i>¿Trabjará en condiciones de humedad?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>16. Describe the work you'll be doing while you're using your respirator(s) <i>Describe el trabajo que estará haciendo mientras usa su respirador</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases) <i>Describe cualquier condición especial o peligrosa que pueda encontrar cuando use su respirador (por ejemplo, espacios confinados, gases potencialmente mortales)</i></p>		

	Yes/ Sí	No
<p>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): <i>Proporcione la siguiente información, si la conoce, para cada sustancia tóxica a la que estará expuesto cuando use sus respiradores:</i></p> <p>Name of the first toxic substance: _____ <i>Nombre de la primera sustancia tóxica</i></p> <p>Estimated maximum exposure level per shift: _____ <i>Nivel máximo de exposición estimado por turno</i></p> <p>Duration of exposure per shift: _____ <i>Duración de la exposición por turno</i></p> <p>Name of the second toxic substance: _____ <i>Nombre de la segunda sustancia tóxica</i></p> <p>Estimated maximum exposure level per shift: _____ <i>Nivel máximo de exposición estimado por turno</i></p> <p>Duration of exposure per shift: _____ <i>Duración de la exposición por turno</i></p> <p>Name of the third toxic substance: _____ <i>Nombre de la tercera sustancia tóxica</i></p> <p>Estimated maximum exposure level per shift: _____ <i>Nivel máximo de exposición estimado por turno</i></p> <p>Duration of exposure per shift: _____ <i>Duración de la exposición por turno</i></p> <p>The name of any other toxic substances that you'll be exposed to while using your respirator: <i>El nombre de cualquier otra sustancia tóxica a la que estará expuesto mientras usa su respirador:</i></p> <p>_____</p>		
<p>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, security) <i>Describa cualquier responsabilidad especial que tendrá al usar su respirador (es) que pueda afectar la seguridad y el bienestar de otros (por ejemplo, rescate, seguridad)</i></p> <p>_____</p>		

- **APPENDIX B: Respirator fit test record**



Appendix B

**CLARK COUNTY SCHOOL DISTRICT
RESPIRATOR FIT TEST RECORD**

QUALITATIVE RESPIRATOR FIT TEST

Employee Name: _____

Department: _____ Supervisor: _____

Date of test: _____

Type of mask: _____ Model: _____ Size: _____

Half-mask () _____ Full-face () _____ Hood () _____

Irritant Smoke Test:

Type and brand of Respirator:	Half-face _____	Full-face _____	PAPR _____	Pass	Fail
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Odorous Vapor Test:

Type and brand of respirator:	Half-mask _____	Full-face _____	PAPR _____	Pass	Fail
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Test conducted by: _____

Re-test Due: _____

- **APPENDIX B:** If the physician deems an in-person physical examination is suggested a CONCENTRA Employer-Authorization-and-Info-for-Respiratory-Eval form will be completed.

EMPLOYER AUTHORIZATION AND INFORMATION FOR RESPIRATORY EVALUATION	
EMPLOYER TO COMPLETE THE FOLLOWING :	Address: _____
Employee Name: _____	Employee SSN: _____
Employer: _____	Employee SSN: _____
Check Type of Respirator(s) To Be Used (Check <input checked="" type="checkbox"/> ALL that apply) <input type="checkbox"/> Air-purifying (non-powered) <input type="checkbox"/> Air-purifying (powered) <input type="checkbox"/> Atmosphere supplying Respirator <input type="checkbox"/> Combination air-line and SCBA <input type="checkbox"/> Continuous-Flow Respirator <input type="checkbox"/> Supplied-Air Respirator <input type="checkbox"/> Open Circuit SCBA <input type="checkbox"/> Closed Circuit SCBA <input type="checkbox"/> Dust Mask <input type="checkbox"/> 1/2 Face with Canisters <input type="checkbox"/> Full Face with Canisters Make _____ Model _____ Cartridge _____	Extent of Usage (Check <input checked="" type="checkbox"/> ALL that apply) <input type="checkbox"/> On a daily basis _____ Total Hours <input type="checkbox"/> Occasionally - but not more than twice a week _____ Total Hours <input type="checkbox"/> Rarely - or for Emergency situations only _____ Total Hours Expected Physical Effort Required (Check <input checked="" type="checkbox"/> ALL that apply) <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy Exposure to Hazardous Materials (Check <input checked="" type="checkbox"/> ALL that apply) <input type="checkbox"/> Arsenic <input type="checkbox"/> Benzene <input type="checkbox"/> Coke Oven <input type="checkbox"/> Cotton Seed / Dust <input type="checkbox"/> Cadmium <input type="checkbox"/> Formaldehyde <input type="checkbox"/> Methylene Chloride <input type="checkbox"/> Lead <input type="checkbox"/> Tactlas <input type="checkbox"/> Chromium Other(s): _____
Special Work Conditions (Check <input checked="" type="checkbox"/> ALL That Apply When Wearing Respirator) <input type="checkbox"/> High Places <input type="checkbox"/> Enclosed Places <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Temperature Extremes <input type="checkbox"/> Mostly Cold <input type="checkbox"/> Mostly Hot <input type="checkbox"/> Other: _____	Questionnaire will be: <input type="checkbox"/> HAND CARRIED <input type="checkbox"/> MAILED <input type="checkbox"/> OTHER EVALUATION AUTHORIZATION BY: _____ <small>Signature of Employer Representative</small>
DO NOT WRITE BELOW THIS LINE	DO NOT WRITE BELOW THIS LINE

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYER)

PHYSICIAN WILL COMPLETE THE FOLLOWING

This report may contain confidential medical information and is intended for the designated employer contact only. The Americans with Disabilities Act (ADA) imposes very strict limitations on the use of information obtained during physical examination of qualified individuals with disabilities. All information must be collected and maintained on separate forms, in separate files, and must be treated as a confidential medical record, with the following exceptions:

- Supervisors and managers may be informed about necessary restrictions on the work or duties of an employee and necessary accommodations.
- First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

Based upon my findings, I have determined that this individual: **(Check ALL that apply)**

Employee must schedule a medical examination with _____ prior to respirator approval and usage.

Class I - No Restrictions on Respirator Use

Class II - Some Specific Use Restrictions To be used for Emergency Response or Escape Only Other: _____

Class III - Respirator Use is NOT PERMITTED

Further Testing / Evaluation is Required: 2

Fit Test Required Fit Test Performed Satisfactorily

Fit Test Performed Unsatisfactorily Fit Test NOT Performed at: _____

Special prescription eyewear needed to accommodate respirator. Special prescription eyewear needed to accommodate respirator

Facial hair needs to be shaved to assure tight seal on certain face masks.

Physician or other Licensed Healthcare Professional _____

Employee must seek further medical evaluation by a private physician who must submit a report to _____ of his/her findings to _____

(Check ALL that apply)

The above individual **HAS** been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

The above individual **HAS NOT** been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees would be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.

In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Physician's Signature _____	Physician's Name (Printed) _____
Physician's License Number (Optional in Most States) _____	Date of Exam: _____ Expires On: _____

- **APPENDIX C: Respirator training record**



Appendix C

**CLARK COUNTY SCHOOL DISTRICT
RESPIRATOR TRAINING RECORD**

I, (Please print your name) _____ certify that I
have been trained in the use of:

- Half-Mask Air Purifying Respirator
- Full-Face Air Purifying Respirator
- PAPR (Powered Air Purifying Respirator)
- Supplied Air

This training included the inspection procedures, fitting, wearing maintenance, and limitations of the above respirator(s). I further certify that I have heard the explanation of the unit(s) as described above and understand the instructions relevant to the respirators issue, wear maintenance, and the limitations of this/these piece(s) of respiratory equipment.

Trainee's Printed Name _____

Trainee's Signature _____

Trainee's Department Location and Number _____

Trainer's Printed Name _____

Trainer's Signature _____

Date _____

- **APPENDIX D:** Appendix D of the respiratory standard (29 CFR 1910.134)
VOLUNTARY USE FORM



Appendix D

**CLARK COUNTY SCHOOL DISTRICT
APPENDIX D OF THE RESPIRATOR STANDARD**

INSERTS TAKEN FROM THE OSHA GENERAL INDUSTRY REGULATION 29 CFR 1910.134

Information for employees using respirators when not required under the standard (mandatory) 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, You should do the following:

1. Read and adhere to 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.

Employee Name: _____ Date: _____

Employee's Department _____

Instructor: _____ Date: _____

You may choose to use a dust mask. Masks do not have NIOSH approval. (Note added by CCSD.) See page 18 in the CCSD Respiratory Protection Program about employees using respirators not required under the standard.

- **APPENDIX E:** Checklist for respirator maintenance and care



Appendix E

CHECKLIST FOR RESPIRATOR MAINTENANCE AND CARE

Check to make sure that your facility has met the following requirements:

Cleaning and Disinfecting

- Respirators provided are clean, sanitary, and in good working condition.
- Respirators are cleaned and disinfected using the procedures specified in page 15 & 17.

As often as necessary when issued for the exclusive use of one employee.

- Before being worn by different individuals.
- After each use, for emergency use respirators.
- After each use, for respirators used for fit testing and training.

Storage (See pages 15 & 17)

- Respirators are stored to protect them from damage from the elements.
- Emergency respirators are stored:
 - To be accessible to the work area.
 - In compartments marked as such.
 - In accordance with manufacturer's recommendations.

Inspections (See page 16)

- Routine-use respirators are inspected before each use and during cleaning.
- SCBAs and emergency respirators are inspected monthly and checked for proper function before and after each use. Dates of inspection are documented.
- Emergency escape-only respirators are inspected before being carried into the workplace for use.

- **APPENDIX F:** Checklist for breathing air quality and use



Appendix F

CHECKLIST FOR BREATHING AIR QUALITY AND USE

Check all that apply at your facility:

General

- Compressed breathing air meets the requirements for Grade D breathing air.
- Compressed oxygen is not used in respirators that have previously used compressed air.
- Breathing air couplings are incompatible with outlets for other gas systems.
- Breathing gas containers are marked with appropriate NIOSH certification.

Compressors

- Are constructed and situated to prevent contaminated air from getting into the system.
- Are set up to minimize the moisture content.
- Are equipped with in-line, air-purifying, sorbent beds and/or filters that are maintained or replaced following manufacturer's instructions.
- Are tagged with information of the most recent date change of the filter and an authorized signature.
- Carbon monoxide does not exceed 10 ppm in the breathing air from compressors that are not oil-lubricated.
- High-temperature and carbon monoxide alarms are used on oil-lubricated compressors, or the air is monitored frequently to ensure that carbon monoxide does not exceed 10 ppm if only a high-temperature alarm is used.

- **APPENDIX G: Personnel in respiratory protection program (example only)**



Appendix G

Personnel in Respiratory Protection Program (example only)

NAME	DEPARTMENT	JOB DESCRIPTION / WORK PROCEDURE	RESPIRATOR TYPE
John Doe	Operations	Pesticide Application	½ Face APR
Jane Doe	Environmental Services	Lead Abatement	1. ½ Face APR 2. Full Face APR 3. PAPP
Ben Smith	Special Projects	Insulation Installation	1. ½ Face APR 2. Full Face APR 3. Supplied Air Respirator
Charles Smith	Environmental Services	Asbestos Management	1. PAPP
Joe Jones	Maintenance Carpenter	Sanding Wooden Table	N95 – Dust Particulate Respirator (voluntary use)
Rob White	Operations	Cutting Grass	Disposable Dust Mask

Examples only.