



**RESPIRATORY PROTECTION PROGRAM**

PROVIDED BY THE  
RISK MANAGEMENT DEPARTMENT  
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# CCSD RESPIRATORY PROTECTION PROGRAM

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## 1.0 **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.

## 2.0 **SCOPE AND APPLICATION**

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.

## 3.0 **DEFINITIONS**

**ACGIH** - American Conference of Governmental Industrial Hygienists.

**AIHA** – American Industrial Hygiene Association.

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

**AUDITOR** – The individual that is responsible for periodic audits of all/part of the Respiratory Protection Program.

**CEILING VALUE** – Airborne concentration of a contaminant that shall not be exceeded during any part of the workday.

**CERTIFIED** – Used synonymously with approved.

**CFR** – Code of Federal Regulations

**FIT CHECK** – A positive or negative pressure check for proper respirator seal.

**FIT FACTOR** - A quantitative measure of the fit of a particular respirator to a particular individual.

**FIT TEST** – A procedure to determine an individual's ability to obtain a good face fit with a particular respirator. A fit test is required by OSHA regulation.

**HAZARDOUS ATMOSPHERE** - An atmosphere that contains contaminant(s) in excess of the exposure limit or one that is oxygen deficient.

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

**IDLH** – Immediately dangerous to life and health.

**ISOAMYL ACETATE** – A common qualitative fit test agent. Individuals smell a banana-like odor if a respirator fits them poorly.

**MSHA** – Mine Safety and Health Administration Act.

**NIOSH** – National Institute for Occupational Safety and Health.

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

**PERMISSIBLE EXPOSURE LIMIT (PEL)** – Level for airborne exposures established by OSHA.

**QUALITATIVE FIT TEST** – A fit test that relies on the respirator wearer's ability to sense a test agent by taste, smell or irritation.

**SHORT-TERM EXPOSURE LIMIT (STEL)** – The 15-minute time-weighted average exposure that shall not be exceeded at any time during the workday.

#### 4.0 **RESPONSIBILITIES**

4.1 **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.

4.2 **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.

4.3 **INDUSTRIAL HYGIENE COORDINATOR** is responsible for the appropriate selection of respirators when requested.

4.4 **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 Director of Risk Management.

4.5 **SITE ADMINISTRATOR** is the responsible person at each facility assigned to implement the program and assure its effectiveness. The site administrator shall prepare 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 forwarded to the OPR and updated as required. A sample form is included in Appendix G.

4.6 **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 and Industrial Hygiene Coordinator as needed.

4.6.1 The hazard assessment will include:

4.6.1.1 Identification and review of hazardous substances used by the department or section;

4.6.1.2 Review of work processes to determine where potential exposures to these hazardous substances may occur.

4.6.2 Supervisors are responsible for ensuring their employees who are required to use respiratory protection receive medical (screening/evaluation) approval, training, and fit testing. See section 6.0

4.6.3 Supervisors shall promptly report any medical or physical problems arising from the use of respiratory protective equipment experienced by their employees to their site administrator and the OPR.

4.6.4 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

4.7 **EMPLOYEES** are responsible for proper use and cleaning of respiratory protective equipment as specified by their training. See Section 6.0 & Appendix E

4.7.1 Learn and adhere to all CCSD Respiratory Protection Program guidelines.

4.7.2 Wearing only those respirators for which they have been fit tested and assigned.

- 4.7.3 Conducting a visual inspection of respiratory protective equipment for defects each time the equipment is used.
- 4.7.4 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.
- 4.7.5 Reporting any malfunction of the respirator to their supervisor and/or Safety and Environmental Services.
- 4.7.6 Properly storing and protecting respiratory protective equipment from damage and abuse.
- 4.7.7 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.
- 4.7.8 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.
- 4.7.9 Wearing appropriate eye protection and/or face shield with half-face piece respirators when required by the type of work performed.

## **5.0 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 in order to ensure the safety of all employees.

## **6.0 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

### **6.1 MEDICAL EVALUATION SCREENING AND PHYSICAL EXAM REQUIREMENTS**

- 6.1.1 The Risk Management Department has established a Medical Surveillance 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.
- 6.1.2 The Medical Surveillance Program requires that the potential respirator user complete Clark County School District and the OSHA Respirator Medical

Evaluation Questionnaires. (See **Appendix A**). The Clark County School District Questionnaire should be sent to the OPR (Risk Management Department). A physician or other qualified health care professional will review the OSHA medical questionnaire.

- 6.1.3 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.
- 6.1.4 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).
- 6.1.5 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:
  - 6.1.5.1 Emphysema
  - 6.1.5.2 Chronic obstructive pulmonary disease
  - 6.1.5.3 Bronchial asthma
  - 6.1.5.4 Pneumoconiosis
  - 6.1.5.5 Evidence of reduced pulmonary function
  - 6.1.5.6 Coronary artery disease or cerebral blood vessel disease
  - 6.1.5.7 Severe or progressive hypertension
  - 6.1.5.8 Epilepsy, grand mal or petit mal
  - 6.1.5.9 Anemia
  - 6.1.5.10 Diabetes, insipidus or mellitus
  - 6.1.5.11 Punctured eardrum
  - 6.1.5.12 Communication of sinus through upper jaw to oral cavity
  - 6.1.5.13 Breathing difficulty when wearing a respirator
  - 6.1.5.14 Claustrophobia or anxiety when wearing a respirator
  - 6.1.5.15 Other conditions as set forth in regulatory requirements or deemed necessary by the physician or other qualified healthcare professional.

## 6.2 **SELECTION AND USE OF RESPIRATORS:**

- 6.2.1.1 Industrial Hygiene Coordinators will select respirators to be used based on the job hazard assessment in accordance with all OSHA standards. The Safety and Environmental Services will conduct exposure monitoring when necessary, to qualify potentially hazardous exposures.
- 6.2.2 **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.

- 6.2.2.1 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.
- 6.2.2.2 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.

### 6.3 RESPIRATOR FIT TESTING

- 6.3.1 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:
  - 6.3.1.1 Initial fit testing shall be conducted by Safety and Environmental Services, 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.
  - 6.3.1.2 While wearing the respirator, the employee shall be exposed to an irritant smoke, odorous vapor or other suitable test agent during the fit test.
- 6.3.2 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.
  - 6.3.2.1 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:
    - 6.3.2.1.1 The irritant smoke is produced by air flowing through a commercially available smoke tube.
    - 6.3.2.1.2 The test must be preformed 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).

- 6.3.2.1.3 The respirator wearer should keep his eyes closed during the test, even if the respirator offers eye protection.
- 6.3.2.1.4 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.
- 6.3.2.1.5 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.
- 6.3.2.1.6 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.
- 6.3.2.1.7 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.
- 6.3.2.1.8 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).
- 6.3.2.1.9 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.**

6.3.2.2 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:

- 6.3.2.2.1 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, turning



head from side to side, nodding head up and down and talking.

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

6.3.2.3 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:

6.3.2.3.1 Normal breathing.

6.3.2.3.2 Deep breathing test. Heavy breathing test to simulate hard work.

6.3.2.3.3 Head motion test (side to side).

6.3.2.3.4 Head motion test (up and down).

6.3.2.3.5 Talk and count test (count to 10).

6.3.2.3.6 Shout test.

6.3.3 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.

6.3.4 A written record of the fit test results shall be maintained by the Risk Management Department. **(See Appendix B)**

6.3.5 All respirators shall be inspected by the user before and after each use.

6.3.6 Respirator inspection shall include a check of the tightness of connections and the condition of the facepiece, headbands, valves, connecting tube, and canisters.

6.3.7 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.

#### 6.4 EMPLOYEE TRAINING

6.4.1 Training shall be provided to employees who are required to wear respirators prior to initial use. Retraining will be administered as required. 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.

6.4.2 Lesson plans shall be maintained and updated as required by Safety and Environmental Services.

6.4.3 Training will cover the following topics:

6.4.3.1 The CCSD Respiratory Protection Program

6.4.3.2 The OSHA Respiratory Protection standard

6.4.3.3 Respiratory hazards encountered at CCSD and their health effects

6.4.3.4 Proper selection and use of respirators

6.4.3.5 Limitations of respirators

6.4.3.6 Respirator donning and user seal (fit) checks

6.4.3.7 Fit testing

6.4.3.8 Maintenance, storage, and inspection

6.4.3.9 Limitations

6.4.3.10 cartridge breakdown time

6.5 **RESPIRATOR CARE AND STORAGE (See Appendix E)**

- 6.5.1 Respirators should be cleaned and disinfected by the wearer prior to each use.
- 6.5.2 All respiratory equipment will be cleaned and disinfected by the user according to the manufacturer's instructions.
- 6.5.3 The following procedure is recommended for cleaning and disinfecting respirators:
  - 6.5.3.1 Remove any filters and cartridges
  - 6.5.3.2 Wash facepiece in detergent solution (see following paragraphs). Use a hand brush to facilitate removal of dirt.
  - 6.5.3.3 Rinse completely in clean, warm water.
  - 6.5.3.4 Air-dry in a clean area.
  - 6.5.3.5 Clean other respirator parts as recommended by manufacturers.
  - 6.5.3.6 Inspect valves, head straps, and other parts prior to each use; do not use if parts are damaged, missing or defective.
  - 6.5.3.7 Insert new filters if necessary. Always discard cartridges used for protection against gases and vapors after each daily use.
  - 6.5.3.8 Place in plastic bag or container for storage after dry.
- 6.5.4 Cleaner-disinfecting solutions are available that effectively clean the respirator and contain an anti-bacterial agent.
- 6.5.5 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.
- 6.5.6 No attempt shall be made to replace components or to make adjustments or repairs beyond the manufacturer's recommendations.
- 6.5.7 After inspection and cleaning, respirators are stored to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.
- 6.5.8 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 tool boxes.
- 6.5.9 Respirators shall be packed or stored so that the facepiece will rest in a normal position.

6.6 **WORKPLACE MONITORING**

- 6.6.1 Evaluation of contaminant concentrations to which a person wearing a respirator may be exposed is an integral part of an effective respiratory protection program.
- 6.6.2 All monitoring and sampling will be supervised and/or performed by the Environmental Services Department. Air sampling data is important in the selection of the proper respirator and should include:
  - 6.6.2.1 Identification of the contaminant(s) (refer to the Material Safety Data Sheets);
  - 6.6.2.2 nature of the hazard; and
  - 6.6.2.3 estimated concentration in the breathing zone.
- 6.6.3 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.
- 6.6.4 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.

6.6.5 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.

6.6.5.1 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.

6.6.5.2 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.

#### 6.7 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).

#### 7.0 REFERENCES:

- 7.1 Occupational Safety and Health Administration Standards (OSHA) 29 CFR (Code of Federal Regulations) 1910.134 Respiratory Protection.
- 7.2 American National Standards Institute (ANSI) Z88.2 - "Practices for Respiratory Protection."
- 7.3 American Industrial Hygiene Association (AIHA) "Respiratory Protection: A Manual and Guideline".
- 7.4 42 CFR, Part 84 "Respiratory Protective Devices".
- 7.5 CCSD Safety Standards.



## Appendix A

### CLARK COUNTY SCHOOL DISTRICT MEDICAL QUESTIONNAIRE FOR RESPIRATOR USERS

Please examine and complete this questionnaire. The information supplied will help you and the program administrator determine your level of use of the respiratory equipment.

NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

DATE \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HAVE YOU EVER WORN A RESPIRATOR BEFORE? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, describe any apparent difficulties noted with respirator use: \_\_\_\_\_

		YES*	NO
1. Lung disease	1.	_____	_____
2. Persistent cough	2.	_____	_____
3. Heart trouble	3.	_____	_____
4. Shortness of breath	4.	_____	_____
5. History of fainting or seizures	5.	_____	_____
6. High blood pressure	6.	_____	_____
7. Diabetes	7.	_____	_____
8. Fear of tight or enclosed places	8.	_____	_____
9. Sensation of smothering	9.	_____	_____
10. Heat exhaustion or heat stroke	10.	_____	_____
11. Ruptured ear drum	11.	_____	_____
12. Defective vision	12.	_____	_____
13. Defective hearing	13.	_____	_____
14. Contact lenses or glasses	14.	_____	_____
15. Are you taking any medication	15.	_____	_____
16. Other conditions that might interfere with respirator use or result in limited work ability.	16.	_____	_____

\*Please explain any YES answers.  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 PRINTED NAME

## Appendix A

### OSHA Respirator Medical Evaluation Questionnaire (Mandatory) 29 CFR 1910.134 Appendix C

#### To the employer:

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

#### To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

### Part A

Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check any/all types of respirators you will use:
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you ever worn a respirator (circle one): Yes/No

If "yes," what type(s)? \_\_\_\_\_  
\_\_\_\_\_

**Section 2. (Mandatory)** Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No
  
2. Have you **ever had** any of the following conditions?
  - a. Seizures (fits): Yes/No
  - b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No
  
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: Yes/No
  - b. Asthma: Yes/No
  - c. Chronic bronchitis: Yes/No
  - d. Emphysema: Yes/No
  - e. Pneumonia: Yes/No
  - f. Tuberculosis: Yes/No
  - g. Silicosis: Yes/No
  - h. Pneumothorax (collapsed lung): Yes/No
  - i. Lung cancer: Yes/No
  - j. Broken ribs: Yes/No
  - k. Any chest injuries or surgeries: Yes/No
  - l. Any other medical conditions not listed above: Yes/No
  
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
  - a. Shortness of breath: Yes/No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No
  - h. Coughing that wakes you early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms we should be aware of: Yes/No

5. Have you ever had any of the following cardiovascular (heart) problems?
- a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. Any other conditions not listed above: Yes/No
6. Have you ever had any of the following cardiovascular (heart) symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/ No
  - f. Any other symptoms/conditions not listed above: Yes/No
7. Do you currently take medication for any of the following?
- a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures (fits): Yes/No
8. If you've ever used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like a consultation with the health care professional who will review your questionnaire?  
Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is strictly voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)? Yes/No

11. Do you currently have any of the following vision concerns?
  - a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
  
12. Have you ever had an injury to your ears, including a broken ear drum? Yes/No
  
13. Do you currently have any of the following hearing concerns?
  - a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No
  
14. Have you ever had a back injury? Yes/No
  
15. Do you **currently** have any of the following musculoskeletal problems?
  - a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty moving your arms and legs: Yes/No
  - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulty moving your head up or down: Yes/No
  - f. Difficulty moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
  - j. Any other musculoskeletal problem that interferes with using a respirator: Yes/No

## Part B

Any of the following questions, (and other questions deemed necessary), may be added to this questionnaire, at the discretion of the health care professional.

In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen? Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest or other symptoms when working under these conditions? Yes/No

1. At work or at home, have you ever been exposed or had skin contact, to hazardous solvents or airborne chemicals (e.g., gases, fumes or dust). If "yes," name the chemicals: \_\_\_\_\_

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2. Have you ever been exposed to any of the materials listed below:
- a. Asbestos: Yes/No
  - b. Silica (e.g. in sandblasting): Yes/No
  - c. Tungsten/cobalt (e.g. grinding or welding this material): Yes/No
  - d. Beryllium: Yes/No
  - e. Aluminum: Yes/No
  - f. Coal (e.g. mining): Yes/No
  - g. Iron: Yes/No
  - h. Tin: Yes/No
  - i. Dusty environments: Yes/No
  - j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. List any second job or side businesses you may have: \_\_\_\_\_  
\_\_\_\_\_

4. List your previous occupations: \_\_\_\_\_  
\_\_\_\_\_

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

6. Have you been in the military service? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

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

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

If "yes," name the medications: \_\_\_\_\_

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

- a. HEPA Filters: Yes/No
- b. Canisters (e.g. gas masks): Yes/No
- c. Cartridges: Yes/No

10. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours per week: Yes/No
- d. Less than 2 hours per day: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

11. During the period you are using the respirator(s), is your work effort:

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

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

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

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

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

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

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

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

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

12. Will you be wearing protective clothing and/or equipment (other than the respirator) when using your respirator: Yes/No

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

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16. 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):

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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:

Table with 4 columns: Type and brand of Respirator, Half-face, Full-face, PAPR, Pass, Fail. Contains 3 rows of test results.

Odorous Vapor Test:

Table with 4 columns: Type and brand of respirator, Half-mask, Full-face, PAPR, Pass, Fail. Contains 3 rows of test results.

Test conducted by: \_\_\_\_\_

Re-test Due: \_\_\_\_\_



## 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

### 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 section 6.7.



## 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 Section 6.5.
- 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 Section 6.5)

- 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 Section 6.4)

- 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

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)

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. PAPR
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. PAPR
Joe Jones	Maintenance Carpenter	Sanding Wooden Table	N95 – Dust Particulate Respirator (voluntary use)
Rob White	Operations	Cutting Grass	Disposable Dust Mask

Examples only.