Respiratory Protection Program

### Company Policy

Company Name is dedicated to the protection of its employees from occupational injuries and illnesses. Company Name is responsible for providing a safe working environment, and the employees have and assume the responsibility of working safely.

The objective of this program is to supplement the safety policy by providing specific standards regarding Respirator Fit Program, and to ensure that each employee is adequately trained and fully aware of safety procedures associated with respirators.

Elimination of injuries and illnesses improves employee morale, improves customer service, improves product quality, and reduces Workers’ Compensation costs. Respirators serve as a tool to increase employee protection, and to reduce jobsite hazards.

Company Name requires that PPE be provided to and utilized by employees in the prevention of occupational injuries and illnesses.

Job Title/Specific Name will conduct routine safety inspections of jobsites to ensure compliance with this program. Job Title/Specific Name has the authority to enforce the PPE program in accordance to any and all Company Name safety rules and applicable OSHA regulations.

Employees are required to comply with the guidelines set forth, and to comply with the instruction of Job Title/Specific Name. In the event an unsafe condition arises in the absence of Job Title/Specific Name, employees shall alert the lead person on the jobsite immediately. Employees shall alert coworkers of any unsafe conditions that arise.

Any Company Name employee who disobeys and/or disregards the guidelines set forth in this program or the company’s safety program shall be subject to disciplinary action.

### Requirements

* Respirators shall be provided by Company Name when necessary to protect the health of the employee.
* Company Name shall provide the respirators that are applicable and suitable for the purpose intended.
* Employees are not allowed to use their own respirators.
* Company Name shall be responsible for the establishment and maintenance of a respiratory protection program that shall include the following:

1. Procedures for selecting respirators for use in the workplace.
2. Medical evaluations of employees required to use respirators.
3. Fit testing procedures for tight-fitting respirators.
4. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations.
5. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators.
6. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators.
7. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations.
8. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.
9. Procedures for regularly evaluating the effectiveness of the program.

**Procedures for selecting respirators for use in the workplace.**

* Company Name shall select and provide an appropriate respirator based on the respiratory hazard(s) employees are exposed and workplace and user factors that affect respirator performance and reliability.
* Company Name shall select a NIOSH-certified respirator. The respirator shall be used in compliance with the conditions of its certification.
* Company Name shall identify and evaluate the respiratory hazard(s) in the workplace. The 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. If Company Name cannot identify or reasonably estimate the employee exposure, then the atmosphere shall be considered as Immediately Dangerous to Life or Health (IDLH).
* Respirators shall be selected from a sufficient number of models and sizes so that the respirator is acceptable to, and correctly fits, the user.

**Medical evaluations of employees required to use respirators.**

* Employees required to use respirators shall receive a medical evaluation and follow-up medical examination if a positive response is given to any question 1 through 8 in Section 2 Part A of the written medical examination form.
* The medical questionnaire Attachment A and medical examination shall be administered confidentially to employees during normal working hours. The questionnaire shall be administered to ensure employees understand its contents.
* A physician or other licensed health care professional (PLHCP) shall administer the medical evaluation and follow-up medical examination.
* Employees shall be given the opportunity to discuss the questionnaire and medical examination results with the PLHCP.
* The following information shall be provided to the PLHCP before a recommendation concerning an employee's ability to use a respirator:

1. The type and weight of the respirator to be used by the employee.
2. The duration and frequency of respirator use (including use for rescue and escape).
3. The expected physical work effort.
4. Additional protective clothing and equipment to be worn.
5. Temperature and humidity extremes that may be encountered.
6. Any supplemental information provided previously to the PLHCP regarding an employee need not be provided again if the information and the PLHCP have not changed.

* Company Name shall provide the PLHCP with a copy of the written respiratory protection program and a copy of OSHA 29CFR1926.103 Respiratory Protection.

Note: If Company Name replaces the PLHCP the new PLHCP shall be given this same information directly or transferred from the former PLHCP to the new PLHCP.

* In determining the employee's ability to use a respirator, Company Name shall:

1. Obtain a written recommendation regarding the employee's ability to use the respirator from the PLHCP. The recommendation shall provide only the following information:
2. Any limitations on respirator use for the employee, whether related to the medical condition of the employee, or relating to the workplace conditions.
3. The need, if any, for follow-up medical evaluations; and
4. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

* Additional medical evaluations shall be provided by Company Name under the following requirements:

1. An employee reports medical signs or symptoms that are related to respirator use;
2. A PLHCP, supervisor, or the respirator program administrator informs Company Name that an employee needs to be reevaluated;
3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
4. A change occurs in workplace conditions that substantially increases the physiological burden placed on an employee.

**Fit testing procedures for tight-fitting respirators.**

* Company Name shall ensure that an employee using a tight-fitting facepiece respirator is fit tested under the following requirements:

1. Prior to initial use of the respirator;
2. Whenever a different respirator facepiece (size, style, model or make) is used;
3. At least annually thereafter; and
4. Whenever Company Name, PLHCP, supervisor, or program administrator makes visual observations of changes in an employee’s physical condition that might affect respirator fit.

* When an employee notifies Company Name, PLHCP, supervisor, or program administrator that a respirator fit is unacceptable, the employee shall be given the opportunity to select a different respirator. The employee must then be retested.

Note: This can only be done if the employee has passed either a qualitative or quantitative fit test.

* Fit Testing shall comply with OSHA requirements for qualitative and quantitative fit testing programs.
* In the event modifications are made to an employee’s respirator facepiece for fit testing, the modifications shall be removed, and the facepiece restored to NIOSH-approved configuration, before that facepiece can be used in the workplace.

**Procedures for proper use of respirators.**

* Company Name does not permit respirators with tight-fitting facepieces to be worn by employees who have:

1. Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or
2. Any condition that interferes with the face-to-facepiece seal or valve function.

* Company Name shall ensure that corrective glasses, goggles or other personal protective equipment worn by an employee does not interfere with facepiece seal.
* Company Name requires employees to perform a user seal check each time they put on the respirator using procedures recommended by the respirator manufacturer.

**Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators.**

* Company Name shall provide employees with respirators that are clean, sanitary, and in good working order.
* Respirators shall be cleaned and disinfected daily to maintain sanitary condition.
* Respirators for emergency use shall be cleaned and disinfected after each use.
* Respirators shared by employees shall be cleaned after the use of each employee.
* Respirators used for fit testing and training shall be cleaned after each use.
* Respirators shall be stored to protect them from damage, contamination, ,dust, sunlight, extreme temperatures, excessive moisture, and damaging temperatures.
* Respirators shall be stored in accessible work areas.
* Respirators shall be stored in compartments or in covers that clearly mark the users name and if used for emergency situations.
* Respirators shall be inspected before each use and during cleaning.
* Respirators used in emergency situations shall be inspected monthly to ensure good working order.
* Respirator inspection shall include respirator function, tightness of connections, and condition of parts, including cartridges and valves.

**Training of employees:**

* Employee shall receive training in the following areas:

1. Why respirators are necessary.
2. How improper fit, usage, or maintenance can compromise the protective benefits of the respirator.
3. What the limitations and capabilities of the respirator are.
4. How to correctly use respirators in emergency situations, including respirator malfunction situations.
5. How to put on, check seals, use, and take of respirators.
6. Procedures for maintenance and storage of respirators.
7. How to recognize medical conditions that might affect respirator use.

* Training shall be conducted in a manner that is understandable to the employee.
* Training shall be conducted prior to respirator use.
* Training shall be administered on an annual basis, and when the following situations occur:

1. Changes in workplace or type of respirator render previous training obsolete.
2. Inadequacies in the employee’s knowledge or use of the respirator indicate the employee has not retained their training.
3. Any situation that requires retraining to ensure safe respirator use.

**Procedures for regularly evaluating the effectiveness of the program.**

* Company Name shall consult employees who use respirators on the effectiveness of the Respirator Fit program in regards to respirator fit, respirator maintenance, and exposure hazards.

**Recordkeeping.**

* Medical evaluations shall be kept on file in accordance with OSHA 29 CFR 1910.1020.
* Company Name shall maintain records on respirator fit tests. The following information shall be included:

1. Name and identification of employee.
2. Type of fit performed.
3. Make, model, style, and size of respirator tested.
4. Date of test.
5. Pass/Fail results, or fit factor and strip chart results.

* Records shall be maintained until the next fit test is administered.

### Conclusion

All employees of Company Name are required to comply with the rules set forth in this written program. This program is intended to provide the maximum protection for employees of Company Name.

## Attachment A

# Medical Questionnaire for Employee Respirator Use

To the employee:

Can you read (circle one): Yes/No

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
2. Check the type of respirator you will use (you can check more than one category):  
   a. \_\_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non- cartridge type only).  
   b. \_\_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

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

Part A. Section 2. (Mandatory) Questions 1 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?

1. Seizures (fits): Yes/No
2. Diabetes (sugar disease): Yes/No
3. Allergic reactions that interfere with your breathing: Yes/No
4. Claustrophobia (fear of closed-in places): Yes/No
5. Trouble smelling odors: Yes/No

3. Have you ever had any of the following pulmonary or lung problems?

1. Asbestosis: Yes/No
2. Asthma: Yes/No
3. Chronic bronchitis: Yes/No
4. Emphysema: Yes/No
5. Pneumonia: Yes/No
6. Tuberculosis: Yes/No
7. Silicosis: Yes/No
8. Pneumothorax (collapsed lung): Yes/No
9. Lung cancer: Yes/No
10. Broken ribs: Yes/No
11. Any chest injuries or surgeries: Yes/No
12. Any other lung problem that you've been told about: Yes/No

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

1. Shortness of breath: Yes/No
2. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
3. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
4. Have to stop for breath when walking at your own pace on level ground: Yes/No
5. Shortness of breath when washing or dressing yourself: Yes/No
6. Shortness of breath that interferes with your job: Yes/No
7. Coughing that produces phlegm (thick sputum): Yes/No
8. Coughing that wakes you early in the morning: Yes/No
9. Coughing that occurs mostly when you are lying down: Yes/No
10. Coughing up blood in the last month: Yes/No
11. Wheezing: Yes/No
12. Wheezing that interferes with your job: Yes/No
13. Chest pain when you breathe deeply: Yes/No
14. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?

1. Heart attack: Yes/No
2. Stroke: Yes/No
3. Angina: Yes/No
4. Heart failure: Yes/No
5. Swelling in your legs or feet (not caused by walking): Yes/No
6. Heart arrhythmia (heart beating irregularly): Yes/No
7. High blood pressure: Yes/No
8. Any other heart problem that you've been told about: Yes/No

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

1. Frequent pain or tightness in your chest: Yes/No
2. Pain or tightness in your chest during physical activity: Yes/No
3. Pain or tightness in your chest that interferes with your job: Yes/No
4. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
5. Heartburn or indigestion that is not related to eating: Yes/ No
6. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?

1. Breathing or lung problems: Yes/No
2. Heart trouble: Yes/No
3. Blood pressure: Yes/No
4. Seizures (fits): Yes/No

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.)

1. Eye irritation: Yes/No
2. Skin allergies or rashes: Yes/No
3. Anxiety: Yes/No
4. General weakness or fatigue: Yes/No
5. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this

questionnaire about your answers to this 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 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 problems?

1. Wear contact lenses: Yes/No
2. Wear glasses: Yes/No
3. Color blind: Yes/No
4. 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 problems?

1. Difficulty hearing: Yes/No
2. Wear a hearing aid: Yes/No
3. 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?

1. Weakness in any of your arms, hands, legs, or feet: Yes/No
2. Back pain: Yes/No
3. Difficulty fully moving your arms and legs: Yes/No
4. Pain or stiffness when you lean forward or backward at the waist: Yes/No
5. Difficulty fully moving your head up or down: Yes/No
6. Difficulty fully moving your head side to side: Yes/No
7. Difficulty bending at your knees: Yes/No
8. Difficulty squatting to the ground: Yes/No
9. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
10. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part 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.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place

that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest,

or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous

airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact

with hazardous chemicals: Yes/No

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

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

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

1. Asbestos: Yes/No
2. Silica (e.g., in sandblasting): Yes/No
3. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
4. Beryllium: Yes/No
5. Aluminum: Yes/No
6. Coal (for example, mining): Yes/No
7. Iron: Yes/No
8. Tin: Yes/No
9. Dusty environments: Yes/No
10. Any other hazardous exposures: Yes/No

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

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

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

6. List your current and previous hobbies:

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

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

If "yes," were you exposed to biological or chemical agents (either in training or

combat): Yes/No

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

9. Other than medications for breathing and lung problems, heart trouble, blood pressure,

and seizures mentioned earlier in this questionnaire, are you taking any other

medications for any reason (including over-the-counter medications): Yes/No

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

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

1. HEPA Filters: Yes/No
2. Canisters (for example, gas masks): Yes/No
3. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all

answers that apply to you)?:

1. Escape only (no rescue): Yes/No
2. Emergency rescue only: Yes/No
3. Less than 5 hours per week: Yes/No
4. Less than 2 hours per day: Yes/No
5. 2 to 4 hours per day: Yes/No
6. Over 4 hours per day: Yes/No

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

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

If "yes," how long does this period last during the average

shift:\_\_\_\_\_\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_\_\_\_\_mins.

Examples of a light work effort are sitting while writing, typing, drafting, or

performing light assembly work; or standing while operating a drill press (1-3 lbs.) or

controlling machines.

1. 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 t

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.

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

If "yes," how long does this period last during the average

shift:\_\_\_\_\_\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_\_\_\_\_mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your

waist or shoulder; working on a loading dock; shoveling; standing while bricklaying

or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with

a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator)

when you're using your respirator: Yes/No

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

14. Will you be working under hot conditions (temperature exceeding 77°F?):

Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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17. 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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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):

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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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):