



# RESPIRATORY PROTECTION PROGRAM

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**FLORIDA ATLANTIC UNIVERSITY**  
**RESPIRATORY PROTECTION PROGRAM**

29 CFR 1910.134

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## 1.0 Purpose

This document provides information and guidance necessary to ensure that the respiratory protection program of Florida Atlantic University is consistent with the Occupational Safety and Health Administration (OSHA) standards. This document outlines the minimal acceptable requirements for a respiratory protection program, delineates responsibilities, provides selection criteria in determining respiratory protection needs, and lists currently approved respiratory protective devices used at Florida Atlantic University. This document implements the provisions of Title 29, Code of Federal Regulations (CFR), Section 1910.134, Respiratory Protection.

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at **Florida Atlantic University**; however, engineering controls have not always been feasible for some of our operations, or have not always completely controlled the identified hazards. In these situations, respirators and other protective equipment must be used. Respirators are also needed to protect employees' health during emergencies. In addition, respirators may be used during certain operations that do not require respiratory protection.

## 2.0 Scope and Application

This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance.

*An employee who voluntarily wears a respirator when a respirator is not required is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with certain information specified in this section of the program. Employees who voluntarily wear filtering facepieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.*

Employees participating in the respiratory protection program do so at no cost to themselves. The expense associated with training, medical evaluations and respiratory protection equipment will be borne by the University.

## **3.0 Responsibilities**

### **A. Program Administrator**

The Program Administrator is responsible for administering the respiratory protection program. Duties of the Program Administrator include:

- Identifying work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Selection of respiratory protection options.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Scheduling and/or conducting training.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Conducting fit testing.
- Administering the medical evaluation/surveillance program.
- Maintaining records required by the program.
- Evaluating the program.
- Updating written program, as needed.

FAU's Program Administrator is the Environmental Health and Safety (EH&S) Coordinator for Industrial Hygiene.

### **B. Supervisors**

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate training, fit testing and annual medical evaluation.

- Ensuring the availability of appropriate respirators and accessories.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

### **C. Employees**

Each employee has the responsibility to wear the respirator when and where required and in the manner in which they were trained. Employees must also:

- Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
- Inform their supervisor if the respirator no longer fits well, and request a new one that fits properly.
- Inform their supervisor or the Program Administrator of any respiratory hazards that they feel is not adequately addressed in the workplace and of any other concerns that they have regarding the program.

## **4.0 Program Elements**

### **A. Selection Procedures**

The Program Administrator will assist departments in selecting respirators based on the hazards to which workers are exposed and in accordance with all Occupational Health and Safety standards. The Program Administrator will assist departments in conducting a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include:

1. Identification and development of a list of hazardous substances used in the workplace, by department, or work process.

2. Review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.
3. Exposure monitoring to quantify potential hazardous exposures.

## **B. Updating the Hazard Assessment**

The department with the help of the Program Administrator must revise and update the hazard assessment as needed (i.e., any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a particular activity, he/she is to contact his or her supervisor or the Program Administrator. The department, with the assistance of the Program Administrator will evaluate the potential hazard. The department will then communicate the results of that assessment back to the employees. If it is determined that respiratory protection is necessary, all other elements of this program will be in effect for those tasks and this program will be updated accordingly.

## **C. NIOSH Certification**

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while any of the above is in use.

## **D. Voluntary Respirator Use**

FAU will provide respirators – filtering facepieces, at no charge to employees for voluntary use during certain procedures. As a general policy the University will review each of these requests on a case-by-case basis. The voluntary use of respiratory protection may be approved if it will not jeopardize the health or safety of the worker(s). As outlined in the Scope and Application section of this program, voluntary respirator use is subject to certain requirements of this program.

The Program Administrator shall provide all employees who voluntarily choose to wear respirators (filtering facepieces) with a copy of Appendix D of the standard. (Appendix D details the requirements for voluntary use of respirators by employees.) **Employees choosing to wear a half-face Air-Purifying Respirator (APR) must comply with the**

## **procedures for Medical Evaluation, Respirator Use, Cleaning, Maintenance and Storage.**

The University/Program Administrator will authorize voluntary use of respiratory protective equipment based on specific workplace conditions and the results of the medical evaluations.

### **E. Medical Evaluation**

1. Employees who are either required to wear respirators, or who choose to wear an APR voluntarily, must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician or other licensed health care professional (“PLHCP”) has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.
  
2. A PLHCP at **Concentra, 141 NW 20<sup>th</sup> Street, C9, Boca Raton, FL 33431** will provide the medical evaluations. Medical evaluation procedures are as follows:
  - The medical evaluation will be conducted using the questionnaire provided in [Appendix C](#) of the Respiratory Protection Program. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
  - To the extent feasible, the University will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the physician for medical evaluation.
  - All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the university physician. Alternatively, employees may take the questionnaire to the physician if a medical exam is necessary. Employees will be permitted to fill out the questionnaire on university time.
  - Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the Concentra Clinic physician.
  - All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
  - The Program Administrator will provide the Concentra clinic physician with the

- following: a copy of this program, a copy of the [Respiratory Protection Standard](#) and a list of hazardous substances to which the employee may be exposed. Also, for each employee requiring evaluation; his or her work area or job title, proposed respirator type and weight, length of time required to wear respirator, expected physical work load (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective clothing required (See Appendix D – [Request For Medical Clearance For Respirator Use](#)).
- Any employee required for medical reasons to wear a positive pressure air-purifying respirator would be provided with a powered air-purifying respirator (PAPR).
  - After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
    - \* Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
    - \* The Concentra clinic physician or supervisor informs the Program Administrator that the employee needs to be reevaluated;
    - \* Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation;
    - \* A change occurs in workplace conditions that may result in an increased physiological burden on the employee.
3. All examinations and questionnaires are to remain confidential between the employee and the physician.

## **F. Fit Testing**

1. Fit testing is required for employees wearing tight-fitting respirators. Employees voluntarily wearing half-face APRs may also be fit tested upon request.
2. Employees who are required to wear tight-fitting facepiece respirators will be fit tested:
  - Prior to initial use
  - Annually
  - When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).
  - Whenever an employee switches to a different respirator.



3. Employees will be fit tested with the make, model, and size of respirator that they will actually wear (See [Qualitative Fit Test Record](#)). Employees will be provided with a sufficient number of respirator models and sizes so that they may find an optimal fit. Fit testing of PAPRs is to be conducted in the negative pressure mode.
4. The Program Administrator will conduct fit tests following the OSHA approved Qualitative Fit Test (QLFT) Protocol in 29 CFR 1910.134, Appendix A (B1-5) of the [Respiratory Protection Standard](#).

*Note: If conditions affecting respirator use change, the Program Administrator will evaluate on a case-by-case basis whether Quantitative Fit Test (QNFT) is required.*

#### **G. General Use Procedures**

1. Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. Also, a respirator shall not be used in a manner that is not certified by NIOSH or by the manufacturer.
2. All employees shall conduct user seal checks each time that they wear their respirator. Employees shall use either the positive or negative pressure check (depending on which test works best for them) specified in Appendix B- 1 of the Respiratory Protection Standard.
3. All employees shall be permitted to leave the work area to maintain their respirator. Such activities may include; cleaning their respirator if the respirator is impeding their ability to work, changing filters or cartridges, replacing parts, or to inspecting respirator if it stops functioning as intended. Employees shall notify their supervisor before leaving the area.
4. Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

## H. Respirator Malfunction

1. For any malfunction of an APR (e.g., such as breakthrough, facepiece leakage, or improperly working valve), the respirator wearer shall inform his or her supervisor that the respirator no longer functions as intended, and go to the designated safe area to replace/maintain the respirator. The supervisor must ensure that the employee receives the needed parts to repair the respirator, or is provided with a new respirator.
2. All workers wearing atmosphere-supplying respirators will work with a buddy.

## I. IDLH Procedures

The following procedures shall be followed in any area with a potential for Immediately Dangerous to Life and Health (IDLH) conditions, e.g. a **Permit Required Confined Space** or large hazardous chemical spill.

1. Workers entering this area shall wear a pressure demand Supplied-Air Respirator (SAR).
2. An appropriately trained and equipped standby employee or, when needed, more than one employee shall remain outside the IDLH atmosphere and maintain constant voice and visual communication with the employee.
3. In the event of an emergency requiring the standby person to enter the IDLH environment, the standby person shall immediately notify EH&S and/or a supervisor prior to providing necessary assistance appropriate to the situation.
4. For a Permit Required Confined Space, employees shall also comply with all relevant entry procedures as mandated by Federal and State Regulations and University policies and procedures.

## J. Air Quality

1. Any department using SARs shall maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit.
2. For SARs, only Grade D breathing air shall be used in the cylinders. The vendor is required to certify that the air in the cylinders meet the specifications of Grade D breathing air.
3. Compressed oxygen shall not be used in atmosphere-supplying respirators, including open circuit Self-Contained Breathing Apparatus (SCBA(s)) that have previously used compressed air. This is to prevent possible fires and explosions.

## K. Cleaning

1. Respirators are to be regularly cleaned and disinfected.
2. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary.
3. Atmosphere supplying respirators are to be cleaned and disinfected after each use.
4. The following procedure is to be used when cleaning and disinfecting respirators:
  - Disassemble respirator, removing any filters, canisters, or cartridges.
  - Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
  - Rinse completely in clean warm water.
  - Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.
  - Air-dry in a clean area.
  - Reassemble the respirator and replace any defective parts.
  - Place in a clean, dry plastic bag or other airtight container.

*Note: Departments will ensure an adequate supply of appropriate cleaning and disinfecting materials at the cleaning station. If supplies are low, employees shall contact their supervisor.*

## L. Maintenance and Inspection

1. Each employee issued a respirator shall inspect the respirator prior to each use to ensure that it is in good condition.
2. Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. **The manufacturer will conduct repairs to regulators or alarms of atmosphere-supplying respirators.**
3. The following checklist shall be used when inspecting respirators:  
Facepiece:
  - Cracks, tears, or holes

- Facemask distortion
- Cracked or loose lenses/faceshield

Head straps:

- Breaks or tears
- Broken buckles
- Rigid or worn

Valves:

- Residue or dirt
- Cracks or tears in valve material

Filters/Cartridges:

- Approval designation
- Gaskets
- Cracks or dents in housing
- Proper cartridge for hazard

Air Supply Systems:

- Breathing air quality/grade
- Condition of supply hoses
- Hose connections
- Settings on regulators and valves

4. Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Employees may be permitted to wash their face and respirator facepiece to prevent any eye or skin irritation. Also they may replace the filter, cartridge or canister etc., if they detect vapor or gas breakthrough or leakage in the facepiece or if they detect any other damage to the respirator or its components.

## **M. Change Schedules**

1. Employees wearing APRs or PAPRs with HEPA filters for protection against particulates

shall change the cartridges on their respirators based the manufacturer's recommendations, or when they first begin to experience difficulty breathing (i.e., resistance) while wearing their masks.

2. When an APR is selected for protection against gases and vapors, a system must be in effect that will reliably warn respirator wearers of contaminant breakthrough. **Florida Atlantic University** will use the following systems:

- Respirators equipped with an end of life indicator (ESLI) certified by NIOSH for the contaminant, or
- An established and enforced cartridge/canister change-out schedule that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life.

#### **N. Storage**

1. Respirators must be stored so that they are protected against damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and/or in accordance with the manufacturer's recommendations. The facepiece and exhalation valve must be stored in a manner that will prevent deformation. Each respirator shall be positioned so that it retains its natural configuration. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program and will store their respirator in a plastic bag. Each employee will have his/her name on the bag and that bag will only be used to store that employee's respirator.
2. Departments will store their supply of respirators and respirator components in their original manufacturer's packaging.
3. Respirators intended for emergency use must be kept accessible to the work area, but not in an area that might itself be involved in the emergency because such an area may become contaminated or inaccessible.

## O. Defective Respirators

1. Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his or her supervisor. Supervisors, with the assistance the Program Administrator, will decide whether to:
  - Temporarily take the respirator out of service until it can be repaired.
  - Perform a simple fix on the spot such as replacing a headstrap.
  - Dispose of the respirator due to an irreparable problem or defect.
2. When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of similar make, model, and size. All tagged out respirators will be kept in a storage cabinet inside the Program Administrator's office.

## P. Training

1. The Program Administrator will provide training to respirator users and their supervisors on the contents of FAU Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection standard. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators.
2. The training course will cover the following topics (See [Respirator Training Record](#)):
  - FAU Respiratory Protection Program
  - The OSHA Respiratory Protection standard
  - Respiratory hazards encountered at FAU and their health effects
  - Proper selection and use of respirators
  - Limitations of respirators
  - Respirator donning and user seal (fit) checks, including demonstration and practice
  - Fit testing
  - Change-out schedules
  - Maintenance and storage
  - Medical signs and symptoms limiting the effective use of respirators

3. Employees will be retrained annually or as needed (e.g., if they change departments and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. The Program Administrator will document respirator training and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

## 5.0 Program Evaluation

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records.

The Program Administrator shall conduct an annual evaluation of the program.

## 6.0 Documentation and Recordkeeping

A written copy of this program and the OSHA standard is kept in the Program Administrator's office and at each affected department. This information shall be made available to all employees who wish to review it.

The Program Administrator's will also maintain copies of training and fit test records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The completed medical questionnaire and the physician's documented findings are confidential and will remain at **Concentra**. The University will only retain the physician's written recommendation regarding each employee's ability to wear a respirator.

## 7.0 APPENDIXES

### Appendix A

#### Qualitative Fit Test Record

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

ID No.: \_\_\_\_\_ Date: / /

Type/Brand of Respirator \_\_\_\_\_

\_\_\_\_\_

Model: \_\_\_\_\_

Size: \_\_\_\_\_

Approval Number: \_\_\_\_\_  
(TC-Number)

Test Agent \_\_\_\_\_

Results (circle):      Pass              Fail

Name of Test Conductor: \_\_\_\_\_

Duties Requiring Respirator: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

cc:     Department File  
         Environmental Health & Safety



**Appendix B**

**Respirator Training Record**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_ **SUPERVISOR:** \_\_\_\_\_

This will confirm that, I (undersigned) have received training in the proper selection, use and care of the respirator assigned to me.

The contents of the training I received were: (check items covered)

- \_\_\_\_\_ Description of Respiratory Protection Program
- \_\_\_\_\_ Responsibilities
- \_\_\_\_\_ Respirator Selection Principles
- \_\_\_\_\_ No Facial Hair Allowed (that can interfere with seal)
- \_\_\_\_\_ Hazards of Expected Contaminants
- \_\_\_\_\_ Medical Monitoring Principles
- \_\_\_\_\_ Emergency Procedures
- \_\_\_\_\_ Respirator Donning and Use
- \_\_\_\_\_ Respirator Care and Storage
- \_\_\_\_\_ Cartridge/Filter Change-out Schedule

Further, I understand the importance of this program and agree to abide by its contents.

Trainee: \_\_\_\_\_

Instructor: \_\_\_\_\_

cc: Department File  
Environmental Health & Safety

## Appendix C

### FAU Respirator Medical Evaluation Questionnaire

**Yes**      **No**

#### To the employee:

You must be allowed 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. Your supervisor must tell you how to deliver or send this questionnaire to the physician who will review it.

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

##### Section 1. Personal information

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_  

Last	First	Middle Initial
------	-------	----------------
3. "Z" Number: \_\_\_\_\_
4. Birthdate: \_\_\_\_\_
5. Job title: \_\_\_\_\_
6. Supervisor: \_\_\_\_\_
7. Department: \_\_\_\_\_
8. Campus: \_\_\_\_\_
9. Work phone number: \_\_\_\_\_
10. Sex (check one):     Male     Female
11. Your height: \_\_\_\_\_ ft.    \_\_\_\_\_ in.
12. Your weight: \_\_\_\_\_ lbs.
13. Has your employer told you how to contact the health care professional who will review this questionnaire?  
 (Check one):     Yes     No
14. Check the type of respirator you will use (you can check more than one category):
  - filter mask (non-cartridge type only)
  - half-face
  - full-face
  - power air purifying respirator (PAPR)
  - self-contained breathing apparatus (SCBA)
15. Have you ever used a respirator?  
 (Check one):     Yes     No  
 If "yes," what type(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had any of the following conditions?   |                          |                          |
| a. Seizures (fits)  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Diabetes (sugar disease)   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Allergic reactions that interfere with your breathing  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Claustrophobia (fear of closed-in places)  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trouble smelling odors   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any of the following pulmonary or lung problems?                           |                          |                          |
| f. Asbestosis   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Asthma   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Chronic bronchitis   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Emphysema  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Pneumonia  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Tuberculosis   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Silicosis  | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Pneumothorax (collapsed lung)  | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Lung cancer  | <input type="checkbox"/> | <input type="checkbox"/> |
| o. Broken ribs  | <input type="checkbox"/> | <input type="checkbox"/> |
| p. Any chest injuries or surgeries  | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Any other lung problem that you have been told about   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you currently have any of the following symptoms of pulmonary or lung illness?            |                          |                          |
| a. Shortness of breath  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shortness of breath when walking with other people at an ordinary pace on level ground       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have to stop for breath when walking at your own pace on level ground                        | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Shortness of breath when washing or dressing yourself  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Shortness of breath that interferes with your job  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Coughing that produces phlegm (thick sputum)   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Coughing that wakes you early in the morning   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Coughing that occurs mostly when you are lying down  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Coughing up blood  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Wheezing   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Wheezing that interferes with your job   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Chest pain when you breathe deeply   | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Any other symptoms that you think may be related to lung problems                            | <input type="checkbox"/> | <input type="checkbox"/> |

##### Section 2. Medical information (Mandatory)

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

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| 5. Have you ever had any of the following cardiovascular or heart problems?  |                          |                          |
| a. Heart attack  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stroke  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angina  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Heart failure   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Swelling in your legs or feet (not caused by walking)   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Heart arrhythmia (heart beating irregularly)  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. High blood pressure   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other heart problem that you've been told about   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any of the following cardiovascular or heart symptoms?  |                          |                          |
| a. Frequent pain or tightness in your chest  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or tightness in your chest during physical activity  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pain or tightness in your chest that interferes with your job   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past two years, have you noticed your heart skipping or missing a beat   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heartburn or indigestion that is not related to eating  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any other symptoms that you think may be related to heart or circulation problems   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently take medication for any of the following problems?   |                          |                          |
| a. Breathing or lung problems  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Heart trouble   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Blood pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Seizures (fits)   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Are you taking any other medications for any reason (including over-the-counter medications)?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes," name the medications if you know them: _____   |                          |                          |
| 8. If you have <u>never</u> used a respirator, check the following box and go to question 9.: <input type="checkbox"/>                 |                          |                          |
| If you have used a respirator, have you ever had any of the following problems?  |                          |                          |
| a. Eye irritation  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Skin allergies or rashes  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Anxiety   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. General weakness or fatigue   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any other problem that interferes with your use of a respirator   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

### Part B. Respirator use information

- How often and for how long do you use your respirator? (i.e. # of hours per day/week/month) \_\_\_\_\_
- What type of activities do you perform **while** wearing your respirator? \_\_\_\_\_
- List any additional personal protective equipment (e.g., tyvek, gloves, etc.) worn during respirator use: \_\_\_\_\_
- What are the temperature and humidity extremes (highest & lowest) that may be encountered on your job? \_\_\_\_\_
- Have you ever worked on a HAZMAT team or with hazardous materials? (Check one):  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix D

### Request For Medical Clearance For Respirator Use

Name: \_\_\_\_\_ Z#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Position (Title): \_\_\_\_\_

Supervisor: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

---

Check Type or Types of Respirator(s) to be used:

Pressure-demand respirator

Continuous-flow respirator

Open-circuit SCBA

Closed Circuit SCBA respirator

Supplied-air respirator

Combination airline and SCBA

Air-purifying (nonpowered)

Air-purifying (powered)

Check Level of Work Effort:

Light

Moderate

Heavy

Strenuous

Check Extent of Usage:

On a daily basis

Occasionally-but more than once a week

Rarely-or for emergency situations only

Length of time of anticipated effort in hours: \_\_\_\_\_

Special work considerations (i.e., high places, temperature, hazardous materials, protective clothing, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Safety Representative

\_\_\_\_\_  
Date

---

### PHYSICIAN'S STATEMENT

Class: (check one)

1.  No Restrictions on respirator use

2.  Some specific use restrictions

3.  No respirator use permitted

4.  Other. Please specify: \_\_\_\_\_

Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician / Other Licensed Healthcare Professional

\_\_\_\_\_  
Date

---

CC: Physician's Record File  
Environmental Health & Safety  
Department

## Appendix E

### Respiratory Protection Standard

Contact Environmental Health and Safety for a hard copy of the Respiratory Protection Standard, 29 CFR 1910.134, or visit the following links to the Occupational Safety and Health Administration's web site.

Respiratory Protection Standard (1910.134) [Respiratory Protection. - 1910.134](#)

Information for Employees Using  
Respirators when not required  
Under Standard (1910.134 App D)

[\(Mandatory\) Information for Employees Using Respirators When not  
Required Under Standard. - 1910.134 App D](#)

Note: All Appendixes are mandatory.