RESPIRATORY PROTECTION PROGRAM

The purpose of this Respiratory Protection Program is to ensure the protection of our employees from inhalation of harmful substances. Respirators may be necessary in some situations when effective engineering controls are not feasible. Our following respiratory protection program will cover:

1. Respirator Selection
2. Medical Evaluation
3. Required Training
4. Fit Testing
5. Inspection and Cleaning
6. Maintenance
7. Storage

RESPONSIBILITIES

The **Safety Director** shall be responsible for monitoring the company's respiratory protection program. He shall be responsible for hazard assessments, selecting respiratory protection options, conducting training and fit testing or making arrangements for those services, maintaining records, and evaluating the effectiveness of the program.

Project Managers and Superintendents are responsible for ensuring affected individuals are aware of the specific respirator requirements of their tasks and areas, ensuring employees comply with the respirator program elements, and implementing progressive disciplinary procedures with employees who do not comply with the elements of the program.

Respirator Users are expected to have awareness of respirator requirements of this wrok areas and tasks, to wear respirators as appropriate and maintain the equipment in a clean and working condition, to report any deficiencies to the Safety Director.

RESPIRATOR SELECTION

Respirators shall be provided when necessary to protect employees' health. Respirators shall be applicable and suitable for the atmosphere in which they are intended to be used. In selecting an appropriate respirator for a given work station the following factors will be considered:

A. **Nature of the Hazard**. In order to determine the correct type of respiratory protection, the type and severity of the hazard must be identified. The following items must be taken into consideration in determining hazard potential:

1. Levels of oxygen in the work area. If oxygen deficiency is a potential hazard, one of two types of respirators must be used. One is a pressure demand self-contained breathing apparatus (SCBA); the other is a pressure demand airline respirator with a provision for emergency escape from the work area if there is a problem with the respirator.

2. Physical properties of the hazard, such as particle size, vapor pressure and physical state of the hazardous item.

3. Chemical properties of the hazard, such as reactivity with other chemicals, and by-products of decomposition.

4. Concentration of the hazardous substance and the OSHA Permissible Exposure Limit (PEL).

5. Warning properties of the substance. These properties may be odor, taste, or irritation effects of the substance, which will let the respirator wearer know that he or she is being exposed to the substance.

6. Effects of the substance on the body.

B. **Type and Location of the Operation**. In order to aid in respirator selection, the employees' duties will be identified, the work area characteristics evaluated and any potential abnormal or emergency situations taken into consideration. The respirator that is least disruptive to the task, yet provides adequate protection, will be used.

C. **The Time Respiratory Protection is Required**. When SCBA is used, the amount of air supply must be adequate to meet the needs of the job. In other types of respirators employee comfort will be considered.

D. **Employee Health**. Consideration will be given to whether the employee can physically wear the respirator for the duration of the job in question.

E. **Respirator Protection Capabilities and Limitations**. ANSU Z88.2 will be used as a guide for respirator capabilities, characteristics, and limitations.

MEDICAL EVALUATION

Employees are not allowed to wear respirators unless they are physically able to perform their work while wearing the equipment. An employee's ability to wear a respirator while working is made when the hazard analysis has indicated that respirators will be required or allowed on the job. Every employee of GCS will not necessarily participate in the respirator program. A licensed health care professional from Union Hospital Occupational Medicine, or other identified health provider in the area of the project, determines respiratory protection restrictions, if any based upon the person's physical status. Union Occupational Medicine will provide GCS a written recommendation regarding the employee's ability to wear a respirator. Future evaluations are made when there is a change to workplace conditions increasing an individual's physiological burdens, the user reports medical signs or symptoms, or if there is a recognized need for reevaluation, or if their evaluation on file is over a year old.

FIT TESTING

When an employee is initially given a respirator they will be fit tested by the Safety Director. The fit test shall ensure that there is a good face piece-to-face seal. Employees must pass the fit test before wearing a respirator. In evaluating the proper fitting of a respirator, the following items will be considered:

1. Any facial hair and/or skull caps worn by the employee which may impede the respirator from adequately sealing itself to the wearer's face.

2. The use or absence of glasses or dentures by the employee. Employees who normally wear dentures but do not have them in when using the respirator may adversely affect the face piece-to-face seal.

Employees will be required to fit test the respirator annually and whenever there are changes in the physical condition of the individual that could affect the respirator fit. They will use either the negative or the positive pressure test, depending on the type of respirator being used. Other types of respirator tests, such as quantitative or qualitative testing, will be done in accordance with the manufacturer's recommendations.

RESPIRATOR CLEANING

Respirators assigned to a specific individual will be cleaned and disinfected after each day's use, or more frequently when needed. Cleaning procedures are as follows:

1. Canisters, filters, valves, speaking diaphragms, and straps will be removed from the face piece.

2. The face piece and accessories will be washed and gently scrubbed with a brush in warm, soapy water.

3. All pieces will then be thoroughly rinsed in clean water.

4. The pieces will be allowed to air dry, or will be dried with a cloth that does not leave lint on any of the respirator part surfaces.

5. When dry, the respirator will be reassembled.

INSPECTION AND MAINTENANCE

All respirators shall be checked for the following prior to being used:

1. Disposable Respirators:

   a. Check for holes or other types of damage to the filter.
   b. Check straps for elasticity or deterioration.
   c. Check the metal nose clip for rust or deterioration.

2. Air Purifying Respirators

   a. Check the rubber face piece for pliability, deterioration, cracks, holes, or tears in the rubber.
   b. Check the straps for breaks, tears, broken attachment snaps, loss of elasticity, and proper tightness.
   c. Check the valves, both exhalation and inhalation, for holes, warp age, cracks, and dirt.
   d. Check filters, cartridges, and canisters for dents, corrosion, and expiration dates.

3. Atmosphere Supplying Respirators

   a. Check all four items listed above under Air Purifying Respirators.
   b. Check the hood, helmet, blouse, or suit for cracks, tears, seam integrity, and abrasions. Additionally, check the integrity of the head gear suspension.
   c. Check the face shield for cracks, breaks, abrasions, or distortions that might interfere with vision.
   d. Check the abrasive blasting screen for integrity, condition and fit.
   e. Check the air supply system for quality, kinds or breaks in the supply hose and coupling attachments, and for the proper setting of regulators and valves.
   f. If an air compressor is used to supply breathable oxygen, check the air purifying elements, carbon monoxide and/or high temperature alarm.

4. Self-Contained Breathing Apparatus

   a. Check the face piece and breathing hose for integrity, as described above under Atmosphere Supplying Respirators.
   b. Check the integrity and air/oxygen pressure for the cylinder. Also check the integrity of the regulator, harness assembly and all straps and buckles.

c. Ensure that the regulator and all warning devices are operating properly.

RESPIRATOR USE

- Users who have facial hair or a condition that interferes with the face-to-facepiece seal or valve function cannot wear fitting respirators.
- Personal protective equipment m7ust not interfere with the seal of the face-to-facepiece seal of the user.
- Fit checks must be performed prior to each use of a tight fitting respirator.
- Respirators must be cleaned and disinfected prior to use and between each use.

RESPIRATOR STORAGE

All respirators shall be stored in a convenient, clean, and sanitary location to protect against exposure to dust, harmful chemicals, sunlight, and excessive heat, cold or moisture. They shall be stored in plastic bags capable of being sealed, or cans with tight fitting lids. Respirators will be stored in such a manner as to allow the face piece and exhalation valves to rest in a normal position. Respirators will not be hung from their straps while in storage. Emergency-use respirators will be stored in an accessible location that is clearly marked.

TRAINING

Each employee assigned to work in areas where respirator use is either mandatory or voluntary will receive instruction and training in:

- The elements of the program
- The need for respiratory protection
- Use and limitations of respiratory protection
- User responsibilities
- Medical surveillance
- Maintenance and cleaning of equipment
- Storage of equipment
- Handling emergencies

The training session will be conducted by the competent person. All training sessions will be documented and the documentation will remain of file for a period of at least three years.

EVALUATION OF THE PROGRAM

The Safety Director will evaluate the Respirator Program at least annually including a review of the current worksites, and a discussion with employees participating in the respirator program.

RECORDKEEPING

The Safety Director will maintain records including: medical evaluations, fit testing, and the current respirator program.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

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, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed 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.

APPENDIX A - HAZARD ASSESSMENT AND RESPIRATOR SELECTION

Assessment Performed By: _____
Affected Employees: _____
Task: _____ Date: _____
Location: _____

I. Job Description:
( )Routine ( ) Emergency
Describe work performed and length of time involved: _____
_____

II. Contaminants

Contaminant	Concentration (Measured or Estimated)	Physical State	Exposure Limit	Hazard Ratio	LEL

Exposure Limit: Identify as PEL or TLV (Ceiling and IDLH as applicable)
Hazard Ratio is the quotient of the measured or estimated concentration divided by the appropriate occupational exposure limit. Respiratory protection is required if this value is greater than one and all feasible engineering and work practice controls have been implemented to reduce concentration to as low as possible.

III. Hazard Analysis
Protection Factor Needed: _____
Skin Absorption/Irritation: _____
Eye Irritation: _____
Warning Properties
Odor Threshold: _____
Nose/Throat Irritation: _____
Special Considerations: _____

IV. Respirator Type Required
Minimum Acceptable: _____
Alternative (optional): _____

V. Specific Selections
_____
_____

APPENDIX B - TYPES OF RESPIRATORS

AIR-PURIFYING RESPIRATOR	Air-purifying respirators remove air contaminants as they pass through a canister or cartridge. Removal is by filtering, absorbing, adsorbing, or chemical reaction. This type of respirator is not acceptable in oxygen deficient atmospheres (O_2 < 19.5% by volume). Air-purifying respirators may be chosen for conditions involving particulates or specific identified contaminants.
SUPPLIED-AIR RESPIRATOR	Supplied-air respirators provide breathing air independent of the environment. This type of respirator may be selected for conditions where: • A contaminant does not have sufficient warning properties, or • The concentration of a contaminant is beyond the design of an air-purifying respirator. This type of respirator is acceptable for oxygen deficient atmospheres. Classifications of supplied-air respirators are: Demand: Air is supplied to the user during inhalation (demand) which creates negative pressure in the facepiece. Leakage into the facepiece is possible of there is a poor respirator-to-face seal. Pressure-Demand: A continuous positive pressure is maintained within the facepiece. This positive pressure prevents any leakage into the facepiece. Continuous Flow: A continuous flow of air is maintained through the facepiece. The continuous flow prevents any leakage into the facepiece.

APPENDIX B - TYPES OF RESPIRATORS

SELF-CONTAINED BREATHING APPARATUS (SCBA)	This type of respirator provides independence from a fixed source of air. The classifications for SCBA are the same as supplied-air respirators.

RESPIRATOR PROTECTION FACTORS

TYPE OF RESPIRATOR	PROTECTION FACTOR
Half facepiece, negative pressure, air purifying*	10
Full facepiece, negative pressure, air purifying*	50
Powered air purifying, hood or helmet and visor*	25
Powered air purifying, full facepiece*	100
Airline, demand, full facepiece**	50
Airline, continuous flow or pressure demand, full facepiece**	1000+
Airline, continuous flow, helmet or hood	1000
SCBA, demand open, circuit or negative pressure closed circuit, full facepiece	50
SCBA, demand, open circuit or positive pressure closed circuit, full facepiece**	1000+

ALWAYS FOLLOW THE MANUFACTURER'S INSTRUCTIONS WHEN DETERMINING PROTECTION FACTORS.

NO RESPIRATORS ARE APPROVED FOR ATMOSPHERES WHERE AIRBORNE CONCENTRATIONS MAY EXCEED 25% OF THE LOWER EXPLOSIVE LIMITS.

* These respirators must not be used:
- When the air contaminant concentration exceeds the maximum use limit stated on the NIOSH/MSHA label for the air-purifying element.
- In oxygen-deficient atmospheres.
- In atmospheres immediately dangerous to life or health, except when the respirator is approved for use to escape from such atmospheres.

** These respirators must not be used in atmospheres immediately dangerous to life or health.

*** These respirators must not be used in atmospheres Immediately dangerous to life or health, except when the respirators are equipped with auxiliary self-contained or other positive-pressure modes.

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

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 healthcare professional who reviews this questionnaire (including 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 the type of respirator 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 worn a respirator (circle one): Yes/No
    If "yes," what type(s): _____

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

Section 2 (Mandatory)
Questions 1 through 9 below must be answered by every employee who has been selected to use any 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 spaces): 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 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?
   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 that you think may be related to lung problems: Yes/No

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

5. Have you *ever had* any of the following cardiovascular or 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 heart problem that you've been told about: Yes/No

6. Have you *ever had* any of the following cardiovascular or 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 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?
   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 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 to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

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?
    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 eardrum: Yes/No

13. Do you currently have any of the following hearing problems?
    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 you arms, hands, legs, or feet: Yes/No
    b. Back pain: Yes/No
    c. Difficulty fully moving your arms and legs: Yes/No
    d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
    e. Difficulties fully moving your head up or down: Yes/No
    f. Difficulty fully 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 muscle or skeletal problem that interferes with using a respirator: Yes/No

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

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:
   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 (for example, 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:

4. List any second jobs or side businesses you have:
5. List your previous occupations:

6. List you 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

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

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)?
    a. HEPA Filters: Yes/No
    b. Canisters (for example, gas masks): Yes/No
    c. 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)?:
    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

12. 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. __ min.
       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.
    b. *Moderate* (200 to 350 kcal per hour): Yes/No
       If ''yes,'' how long does this period last during the average shift: __ hrs. __ min.
       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. __ min.
       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:

APPENDIX C - PHYSICAL STATUS QUESTIONNAIRE

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):

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

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:
    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:

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):

APPENDIX D - TRAINING & FIT TESTING RECORD

Name _____
Department _____

I. Respirator Type

( ) 1/2 Face Air Purifying
( ) Full Face PAPR
( ) Full Face SCBA
( ) Full Face Air Purifying
( ) Full Face Supplied Air
( ) Other _____

( ) 3M
( ) North
( ) Other _____
( ) American Optical
( ) Wilson

( ) Small
( ) Medium
( ) Large

II. Training

( ) Video Previewed

III. Qualitative Fit Test

Test:	**Results:**		
Negative Fit Check	Pass ( )	Fail ( )	NA ( )
Positive Fit Check	Pass ( )	Fail ( )	NA ( )
Sensitivity Test:			
Isoamyl Acetate	Pass ( )	Fail ( )	NA ( )
Saccharin #Squeezes: 10( )20( )30( )	Pass ( )	Fail ( )	NA ( )
Fit Test:			
Isoamyl Acetate (Organic Vapor Filter)	Pass ( )	Fail ( )	NA ( )
Saccharin (Particulate Filter)	Pass ( )	Fail ( )	NA ( )

Comments: _____
_____
_____

Fit Test Repeated Before: _____
Test Conductor: _____ Employee Signature: _____

APPENDIX E- RESPIRATOR FIT CHECKS

Each time a respirator is donned, the user performs positive and negative fit checks. Fit checks are not a substitute for fit testing performed by the Safety Office.

NEGATIVE PRESSURE CHECK

This test cannot be performed on all respirators. It can be performed on the facepieces of air-purifying respirators with tight-fitting inlet covers. It can also be performed on SCBA respirators equipped with breathing tubes that can be squeezed at the inlet to prevent passage of air.

To perform the negative pressure check:

1. Close the inlet opening. This is addressed by covering the canister, cartridge or filter with the palm of the hand or squeezing the inlet tube.
2. Inhale gently and hold for at least 10 seconds.

The facepiece should collapse slightly with no detectable inward leakage of air into the facepiece. It can be reasonably assumed that the respirator is properly positioned and the exhalation valve and facepiece are not leaking.

POSITIVE PRESSURE CHECK

This test cannot be performed on all respirators. Respirators with exhalation valves can be tested. To perform the positive pressure check:

1. Close of the exhalation valve or breathing tube with the palm of the hand.
2. Exhale gently.

A properly positioned facepiece will build up a slight positive pressure. There should be no detection of outward leakage between the sealing surface of the facepiece and the face.