

**SAMPLE**

**RESPIRATORY PROTECTION PROGRAM**

## **1910.134**

### **Respiratory Protection**

**This sample program is provided only as a guide to assist employers and employees in complying with 29 CFR 1910.134, as well as to provide other helpful information. It is not intended to supersede the requirements of the standard. Employers should review the standard for particular requirements, which are applicable to their individual situation and make adjustments to this program that are specific to their company. Employers will need to add information relevant to their particular facility in order to develop an effective, comprehensive program.**

# OSHA 1910.134

## Respiratory Protection Plan

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# **Respiratory Protection Program**

## **I. POLICY**

It is the policy of Company Name to protect its employees from hazardous atmosphere through a comprehensive program of recognition; evaluation; engineering, administrative and work practice controls; and personal protective equipment, including respirators. Hazard elimination and engineering and work practice controls shall be employed to control employee exposure to within allowable exposure limits as much as possible. Respirators and other personal protective equipment shall be provided to affected employees under this program. The company is committed to full compliance with applicable federal and state regulations pertaining to employee respiratory protection.

## **II. OBJECTIVE**

This document is Company Name's Respiratory Protection Program and is designed to protect employees by establishing accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators. This program also serves to help the company and its employees comply with Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134.

## **III. SCOPE**

This program applies to all Company Name employees who need to wear a respirator to perform assigned duties. Examples of chemicals or operations that pose potential respiratory hazards and involve respirator use are:

- 1.
- 2.
- 3.
- 4.

In addition, any employee who voluntarily wears a respirator when one is not required (i.e., in certain maintenance and coating operations) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and will be provided with necessary training. Employees who voluntarily wear filtering face pieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

All employees and processes that fall under the provisions of this program are listed in Attachment D.

## IV. ASSIGNMENT OF RESPONSIBILITY

### A. Employer

Company Name is responsible for providing respirators to employees when they are necessary for health protection. Company Name will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. Any expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

### B. Program Administrator

The Program Administrator for (Company Name) is (Responsible Person). The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

1. Keeping up with knowledge about respiratory protection and maintaining an awareness of current regulatory requirements and good practices.
2. Identifying work areas, process or tasks that require workers to wear respirators.
3. Evaluating hazards.
4. Selecting respiratory protection options.
5. Monitoring respirator use to ensure that respirators are used in accordance with their specifications.
6. Arranging for and/or conducting training.
7. Ensuring proper storage and maintenance of respiratory protection equipment.
8. Conducting qualitative fit testing with Bitrex.
9. Administering the medical surveillance program.
10. Maintaining records required by the program.
11. Evaluating the program.
12. Updating written program, as needed.

### C. 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:

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

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

#### **D. Employees**

Each employee is responsible for wearing his or her respirator when and where required and in the manner in which they are trained. Employees must also:

1. Use the respiratory protection in accordance with the manufacturer's instructions and the training received.
2. Care for and maintain their respirators as instructed, guard them against damage, and store them in a clean, sanitary location.
3. Immediately report any defects in the respiratory protection equipment and whenever there is a respirator malfunction, immediately evacuate to a safe area and report malfunction.
4. Promptly report to the supervisor any symptoms of illness that may be related to respirator usage or exposure to hazardous atmospheres.
5. Report any health concerns related to respirator use or changes in health status to occupational physician.
6. Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding this program.

### **V. PROGRAM**

#### **A. Hazard Assessment and Respirator Selection**

The Program Administrator will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with the OSHA Respiratory Protection Standard. The Program Administrator will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. A log of identified hazards will be maintained by the Program Administrator (See Sample Hazard Assessments, Attachment A – 1, A – 2, and A – 3. Also see Sample Hazard Evaluation, Attachment C). The hazard evaluations shall 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 hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing the process records, and talking with employees and supervisors.
3. Exposure monitoring to quantify potential hazardous exposures.

The proper type of respirator for the specific hazard involved will be selected in accordance with the manufacturer's instructions (See Attachment D for more additional information on respirators). Selection of the employees and appropriate respiratory protection shall be documented by the Program Administrator (See Attachment E).

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

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, s/he is to contact his/her supervisor or the Program Administrator. The Program Administrator will evaluate the potential hazard, and arrange for outside assessment if necessary. The Program Administrator will then communicate the results of that assessment to the employees. If it is determined that respiratory protection is necessary, all other elements of the respiratory protection program will be in effect for those tasks, and the respiratory program will be updated accordingly.

## **C. Training**

The Program Administrator will provide training to respirator users and their supervisors on the contents of the Company Name Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard. All affected employees and their supervisors will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to supervising employees that must wear respirators.

### **The training course will cover the following topics:**

1. The Company Name Respiratory Protection Program;
2. The OSHA Respiratory Protection Standard (29 CFR 1910.134);
3. Respiratory hazards encountered at Company Name and their health affects;
4. Proper selection and use of respirators;
5. Limitations of respirators;
6. Respirator donning and user seal (fit) checks;
7. Fit testing;

8. Emergency use procedures;
9. Maintenance and storage; and
10. Medical signs and symptoms limiting the effective use of respirators.

Employees will be retrained annually or as needed (e.g., if they change departments or work processes 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.

#### **D. 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 the respirator is in use.

#### **E. Voluntary Respirator Use**

The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of medical evaluations.

The Program Administrator will provide all employees who voluntarily choose to wear the above respirators with a copy of Appendix D of the OSHA Respiratory Protection Standard 1910.134. (Appendix D details the requirements for voluntary use of respirators by employees.) Employees who choose to wear a half face piece APR must comply with the procedures for medical evaluation, respirator use, cleaning, and maintenance and Storage portions of this program.

#### **F. Medical Evaluation**

Employees who are either required to wear respirators, or who choose to wear a half face piece APR voluntarily, must pass a medical exam provided by *Company Name* before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician 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.

A licensed physician at           *(LOCATION OF DOCTOR)*          , where all company medical services are provided, will provide the medical evaluations. Medical evaluation procedures are as follows:

1. The medical evaluation will be conducted using the questionnaire provided in Appendix C of the OSHA Respiratory Protection Standard 1910.134. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations (See Attachment F for a copy of Appendix C of the OSHA Respiratory Protection Standard. Appendix C is the OSHA Respirator Medical Evaluation Questionnaire).
2. To the extent feasible, the company will provide assistance to employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician for medical evaluation.
3. All affected employees will be given a copy of the medical questionnaire to complete, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to complete the questionnaire on company time.
4. Follow-up medical exams will be granted to employees as required by the Standard, and/or as deemed necessary by the evaluating physician.
5. All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
6. The Program Administrator shall provide the evaluating physician with a copy of this Program, a copy of the OSHA Respiratory Protection Standard, the list of hazardous substances by work area, and the following information about each employee requiring evaluation:
  - a. his or her work area or job title;
  - b. proposed respirator type and weight;
  - c. length of time required to wear respirator;
  - d. expected physical work load (light, moderate or heavy);
  - e. potential temperature and humidity extremes; and
  - f. any additional protective clothing required.
7. Positive pressure air purifying respirators will be provided to employees as required by medical necessity.
8. After an employee has received clearance to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- a. The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
- b. The evaluating physician or supervisor informs the Program Administrator that the employee needs to be reevaluated.
- c. Information found during the implementation of this program, including observations made during the fit testing and program evaluation, indicates a need for reevaluation.
- d. A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

A list of *Company Name* employees currently involved in the Respiratory Protection Program is provided in Attachment E of this program.

All examinations and questionnaires are to remain confidential between the employee and the physician. The Program Administrator will only retain the physician's written recommendations regarding each employee's ability to wear a respirator.

### **G. Fit Testing**

Employees who are required to or who voluntarily wear half-face piece APRs will be fit tested:

1. prior to being allowed to wear any respirator with a tight-fitting face piece;
2. annually; or
3. 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.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air purifying respirators will be conducted in the negative pressure mode.

The Program Administrator will conduct fit tests in accordance with Appendix A of the OSHA Respiratory Protection Standard 1910.134.

### **H. General Respirator Use Procedures**

1. Employees will use their respirators under conditions specified in this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.

2. All employees shall conduct user seal checks each time they wear their respirators. Employees shall use either the positive or negative pressure check (depending on which test works best for them) as specified in the OSHA Respiratory Protection Standard.
  - a. **Positive Pressure Test:** This test is performed by closing off the exhalation valve with your hand. Breathe air into the mask. The face fit is satisfactory if some pressure can be built up inside the mask without any air leaking out between the mask and the face of the wearer.
  - b. **Negative Pressure Test:** This test is performed by closing of the inlet openings of the cartridge with the palm of you hand. Some masks may require that the filter holder be removed to seal off the intake valve. Inhale gently so that a vacuum occurs within the face piece. Hold your breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator is fit properly.
3. All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons:
  - a. to clean their respirator if it is impeding their ability to work;
  - b. to change filters or cartridges;
  - c. to replace parts; or
  - d. to inspect respirator if it stops functioning as intended.

Employees should 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 would prevent a proper seal. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between the face and the face piece.
5. Before and after each use of a respirator, an employee or immediate supervisor must make an inspection of tightness or connections and the condition of the face piece, headbands, valves, filter holders and filters. Questionable items must be addressed immediately by the supervisor and/or Program Administrator.

## **I. Air Quality**

For supplied-air respirators, only Grade D breathing air shall be used in the cylinders. The Program Administrator will coordinate deliveries of compressed

air with the company's vendor and will require the vendor to certify that the air in the cylinders meets the specifications of Grade D breathing air.

The Program Administrator will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area.

#### **J. Change Schedules**

Respirator cartridges shall be replaced as determined by the Program Administrator, supervisor(s), and manufacturers' recommendations.

#### **K. Cleaning**

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Atmosphere-supplying and emergency use respirators are to be cleaned and disinfected after each use.

The following procedure is to be used when cleaning and disinfecting reusable respirators:

1. Disassemble respirator, removing any filters, canisters, or cartridges.
2. Wash the face piece and all associated parts (except cartridges and elastic headbands) in an approved cleaner-disinfectant solution in warm water (about 120 degrees Fahrenheit). Do not use organic solvents. Use a hand brush to remove dirt.
3. Rinse completely in clean, warm water.
4. Disinfect all facial contact areas by spraying the respirator with an approved disinfectant.
5. Air dry in a clean area.
6. Reassemble the respirator and replace any defective parts. Insert new filters or cartridges and make sure the seal is tight.
7. Place respirator in a clean, dry plastic bag or other airtight container.

The Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection materials at the cleaning station. If supplies are low, employees should notify their supervisor, who will inform the Program Administrator.

#### **L. Maintenance**

Respirators are to be properly maintained at all times in order to ensure that they function properly and protect employees adequately. 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. Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.

1. All respirators shall be inspected routinely before and after each use.
2. Respirators kept for emergency use shall be inspected after each use, and at least monthly by the Program Administrator to assure that they are in satisfactory working order
3. The Respirator Inspection Checklist (See Attachment G – 1 and G - 2) will be used when inspecting respirators.
4. A record shall be kept of inspection dates and findings for respirators maintained for emergency use.
5. 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. Situations when this is permitted include:
  - a. washing face and respirator face piece to prevent any eye or skin irritation;
  - b. replacing the filter, cartridge or canister;
  - c. detection of vapor or gas breakthrough or leakage in the face piece; or
  - d. detection of any other damage to the respirator or its components.

### **M. Storage**

After inspection, cleaning, and necessary repairs, respirators shall be stored appropriately to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

1. Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. 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 in the designated area. Each employee will have his/her name on the bag and that bag will only be used to store that employee's respirator.
2. Respirators shall be packed or stored so that the face piece and exhalation valve will rest in a near normal position.

3. Respirators shall not be placed in places such as lockers or toolboxes unless they are in carrying cartons.
4. Respirators maintained at stations and work areas for emergency use shall be stored in compartments built specifically for that purpose, be quickly accessible at all times, and be clearly marked.
5. The Program Administrator will store Company Name's supply of respirators and respirator components in their original manufacturer's packaging in the Designated Area.

#### **N. Respirator Malfunctions and Defects**

1. For any malfunction of an ASR (atmosphere-supplying respirator), such as breakthrough, face piece leakage, or improperly working valve, the respirator wearer should inform his/her supervisor that the respirator no longer functions as intended, and go to the designated safe area to maintain the respirator. The supervisor must ensure that the employee either receives the needed parts to repair the respirator or is provided with a new respirator.

All workers wearing atmosphere-supplying respirators will work with a buddy. The Program Administrator shall develop and inform employees of the procedures to be used when a buddy is required to assist a coworker who experiences an ASR malfunction.

2. 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/her supervisor. Supervisors will give all defective respirators to the Program Administrator. The Program Administrator will decide whether to:
  - a. temporarily take the respirator out of service until it can be repaired;
  - b. perform a simple fix on the spot, such as replacing a head strap; or
  - c. dispose of the respirator due to an irreparable problem or defect.

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 a similar make, model, and size. All tagged out respirators will be kept in the Designated Area.

## **O. Emergency Procedures**

In emergency situations where an atmosphere exists in which the wearer of the respirator could be overcome by a toxic or oxygen-deficient atmosphere, the following procedure should be followed. The locations in Company Name where the potential for dangerous atmosphere exists are listed in Attachment H of this document. The locations in the company where the potential for IDLH (Immediately Dangerous to Life and Health) exist are listed in Attachment I of this document. Locations of emergency respirators are also listed in Attachment H.

1. When the alarm sounds, employees in the affected area must immediately don their emergency escape respirator, shut down their process equipment, and exit the work area.
2. All other employees must immediately evacuate the building. Company Name's Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail.
3. Employees who must remain in a dangerous atmosphere must take the following precautions:
  - a. Employees must never enter a dangerous atmosphere without first obtaining the proper protective equipment and permission to enter from the Program Administrator or supervisor.
  - b. Employees must never enter a dangerous atmosphere without at least one additional person present. The additional person must remain in the safe atmosphere.
  - c. Communications (voice, visual or signal line) must be maintained between both individuals or all present.
  - d. Respiratory protection in these instances is for escape purposes only. Company Name employees are not trained as emergency responders, and are not authorized to act in such a manner.

## **P. 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. Items to be considered will include:

1. comfort;
2. ability to breathe without objectionable effort;

3. adequate visibility under all conditions
4. provisions for wearing prescription glasses;
5. ability to perform all tasks without undue interference; and
6. confidence in the face piece fit.

Identified problems will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to (Company Name) management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections.

#### **Q. Documentation and Recordkeeping**

1. A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in the Program Administrator's office and made available to all employees who wish to review it.
2. Copies of training and fit test records shall be maintained by the Program Administrator. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted
3. For employees covered under the Respiratory Protection Program, the Program Administrator shall maintain copies of the physician's written recommendation regarding each employee's ability to wear a respirator. The completed medical questionnaires and evaluating physician's documented findings will remain confidential in the employee's medical records at the location of the evaluating physician's practice.

**ATTACHMENT A - 1**

Sample Hazard Assessment Log

<b>Hazard Assessment Log</b>				
<u>DATE</u>				
Department	Contaminants	Exposure Level (8 hr TWA*)	PEL**	Controls

\* Summarized from Industrial Hygiene report provided by *Responsible Person*.  
\*\* These values were obtained from a survey on average exposures as published in the American Journal of Industrial Hygiene \_\_\_\_\_.

ATTACHMENT A – 2

**Respiratory Protection Hazard  
Assessment and Selection Form**

Agency/Institution: \_\_\_\_\_

Worksite: \_\_\_\_\_

General Description of Job Task: \_\_\_\_\_  
\_\_\_\_\_

Job Classification(s) \_\_\_\_\_

Level of physical exertion required to perform job: \_\_\_\_\_  
\_\_\_\_\_

Respiratory hazard(s) present: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OSHA PEL: \_\_\_\_\_ ACGIH TLV (if applicable): \_\_\_\_\_

Is monitoring data available? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, attach to this form.

Contaminant concentrations present in the workplace:

Contaminant(s): \_\_\_\_\_ Concentration: \_\_\_\_\_

Contaminant(s): \_\_\_\_\_ Concentration: \_\_\_\_\_

Contaminant(s): \_\_\_\_\_ Concentration: \_\_\_\_\_

Does data indicate levels that exceed applicable limits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do data indicate IDLH concentrations? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: Wherever hazardous exposure(s) cannot be identified or reasonably quantified, the atmosphere must be considered IDLH.

Does data indicate oxygen deficiency (less than 19.5%)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the respirator for routine use or emergency use? \_\_\_\_\_

Additional factors (i.e. temperature and humidity levels, etc.): \_\_\_\_\_

Communication requirements: \_\_\_\_\_

Are engineering/ administrative controls feasible? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, describe reasons: \_\_\_\_\_

Type of respirator selected: \_\_\_\_\_ air purifying \_\_\_\_\_ atmosphere supplying

Style of respirator selected: \_\_\_\_\_ tight-fitting \_\_\_\_\_ lose-fitting

Make: \_\_\_\_\_

Model# \_\_\_\_\_

Type of canister or cartridge to be used: \_\_\_\_\_

Cartridge/canister change schedule if applicable \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Work

Phone: \_\_\_\_\_



## ATTACHMENT B

### Sample Record of Respirator Use

<b>Required and Voluntary Respirator Use at (<i>Company Name</i>)</b>	
<b>Type of Respirator</b>	<b>Department/Process</b>
Filtering face piece (dust mask)	Voluntary use for warehouse workers
Half-face piece APR or PAPR with P100 filter	Prep and Assembly Voluntary use for maintenance workers when cleaning spray booth walls or changing spray booth filter
SAR, pressure demand, with auxiliary SCBA	Maintenance - dip coat tank cleaning
Continuous flow SAR with hood	Spray booth operations Prep (cleaning)*
Half-face piece APR with organic vapor cartridge	Voluntary use for Dip Coat Tenders, Spray Booth Operators (gun cleaning), and maintenance workers (loading coating agents into supply systems)
Escape SCBA	Dip Coat, Coatings Storage Area, Spray Booth Cleaning Area

\* until ventilation is installed.

**ATTACHMENT C**

Sample Hazard Evaluation

<b>Process Hazard Evaluation for <u>COMPANY NAME</u> <u>DATE</u></b>	
<b>Process</b>	<b>Noted Hazards</b>
Prep-sanding	Ventilation controls on some sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5 - 7.0 mg/m <sup>3</sup> (8 hour time-weighted-average, or TWA). Half-face piece APRs with P100 filters and goggles are required for employees sanding wood pieces. PAPRs will be available for employees who are unable to wear an APR.
Prep-cleaning	Average methylene chloride exposures measured at 70 ppm based on 8-hour TWA exposure results for workers cleaning and stripping furniture pieces. Ventilation controls are planned, but will not be implemented until designs are completed and a contract has been let for installation of the controls. In the meantime, employees must wear supplied air hoods with continuous airflow, as required by the Methylene Chloride Standard 1910.1052.
Assembly	Ventilation controls on sanders are in place, but employees continue to be exposed to respirable wood dust at 2.5 - 6.0 mg/m <sup>3</sup> (8 hour TWA); half-face piece APRs with P100 filters and goggles are required for employees sanding wood pieces in the assembly department. PAPRs will be available for employees who are unable to wear an APR. The substitution for aqueous-based glues will eliminate exposures to formaldehyde, methylene chloride, and epoxy resins.
Maintenance	Because of potential IDLH conditions, employees cleaning dip coat tanks must wear a pressure demand SAR during the performance of this task.
Cleaning Spray Booth Walls	Employees may voluntarily wear half-face piece APRs with P100 cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, <u>Company Name</u> will provide respirators to workers who are concerned about potential exposures
Loading Coating Agents	Employees may voluntarily wear half-face piece APRs with

into Supply Systems	organic vapor cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, <u>Company Name</u> will provide respirators to workers who are concerned about potential exposures
Changing Booth Filters	Employees may voluntarily wear half-face piece APRs with P100 cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, <u>Company Name</u> will provide respirators to workers who are concerned about potential exposures

**(Include documentation of the sampling data that hazard evaluation is based on.**

## ATTACHMENT D

### Respirator Protection

#### **Types of Respirators:**

Respirators are classified into two main classes according to the type of hazardous environment in which the respirator is to be used and the degree of danger to life and health, which that environment presents.

#### **I. Supplied-Air Respirators:**

This type of respirator supplies uncontaminated breathing air to the user from an external source of air connected by a high-pressure hose to the face piece, hood or helmet. They offer certain advantages over other types of respirators and may be the preferred form of respiratory protection in some applications. Some models are equipped with an air cylinder for emergency escape from an Immediately Dangerous to Life or Health (IDLH) atmosphere. An IDLH atmosphere poses an immediate hazard to life or produces irreversible debilitating effects on health.

Supplied-air respirators are approved for use under the following conditions where the use of air-purifying respirators is precluded:

- In atmospheres where contaminants do not emit a detectable odor or taste or cause irritation at safe concentrations.
- To protect against substances that would generate a high heat reaction with the absorbent in an air-purifying respirator.
- Where chemicals in the atmosphere are absorbed very poorly by the absorbents used in air-purifying respirators, causing very short service life, or where the chemicals are not absorbed at all.
- Where there are two or more contaminants in the atmosphere for which different air-purifying elements are recommended, such as ammonia and benzene, and a combination element is not available.
- When the concentration of a substance is greater than the approved limit for an air-purifying respirator.

#### **Self-Contained Breathing Apparatus (SCBA):**

The Self-Contained Breathing Apparatus (SCBA) is a special type of supplied-air respirator that gives the user an independent air supply from a pressurized tank on the wearer's back. Generally, the air supply lasts for 30 to 60 minutes, but is dependent upon

the wearer's size and the type of work performed. SCBAs are used under the following conditions:

- In oxygen-deficient atmospheres where the oxygen level is below 19.5%.
- In poorly ventilated areas and/or in confined spaces such as tanks, tunnels, or vessels. **Note:** SCBAs are not required if the confined space is well ventilated and the concentration of toxic contaminants is known to be below the upper protection limit recommended for the respirator.
- In atmospheres where the concentration of contaminants is Immediately Dangerous to Life or Health (IDLH).
- In atmospheres where the concentration of toxic contaminants is unknown. Any unknown concentration must be treated as IDLH.
- For firefighting.

## II. Air-Purifying Respirators:

This type of respirator usually consists of a facepiece fitted with appropriate mechanical filters or chemical cartridges or canisters to remove dusts, mists and specific fumes, gases and vapors from the breathing air. The filters and cartridges are color-coded to help the user match the right respirator, filter and/or cartridge to the hazard(s) present in the work area. They are the lightest and the easiest to use type of respiratory protection. The vast majority of work environments fall within their protection limits. Air-purifying respirators include:

- **Powered Air-Purifying Respirators (PAPRs)** have air blowers to pull air through the cartridges and filters. Some PAPRs are available with hoods or other protective headgear for use in specific types of environments. A PAPR equipped with a hood may be used instead of a tight-fitting face piece by wearers with facial hair, scars, or spectacles. PAPRs are available with chemical cartridges or with High Efficiency Particulate Air-Purifying (HEPA) filters.
- **Full-Face piece Air-Purifying Respirators** are equipped with a with chemical cartridges and/or filters and a face shield to protect the wearer's face and eyes from liquid splashes or flying particles. Some devices include a speaking diaphragm for easier communication.
- **Half-Mask Air-Purifying Respirators** cover only the nose and mouth. They often use the same cartridges and filters as full-face piece models. Most manufacturers offer two or three sizes to fit nearly all workers. They usually come with a rubber or silicone face piece and can be worn with prescription or non-prescription glasses or goggles.

- **Mouthpiece Respirators** are for emergency escape from known concentrations of contaminants. They are lightweight and easily worn around the neck or clipped to a belt. Mouthpiece respirators however are not designed for extended or routine use.
- **Disposable Respirators** protect the wearer from low (nuisance) concentrations of fumes, mists and/or dust. Some models include an exhalation channel that exhausts air directly for less hot air and moisture buildup in the mask.

### **Respirator Approval:**

The National Institute for Occupational Safety and Health (NIOSH) is responsible for the testing and certification of respiratory protective devices. If approval is given, the items certified are given a TC number, signifying it has been tested and certified. Respiratory protective devices must bear the TC number to be approved for use.

### **Selection Process:**

#### 1. **Identify the airborne contaminant(s):**

An important source of information on airborne contaminants is the Material Safety Data Sheet (MSDS) for each product. The MSDS identifies the ingredients in each product that have been determined to be a health hazard and the physical and chemical characteristics of the product such as vapor pressure and flash point.

The physical form of the hazard will also help you determine the type of respiratory protection you will need.

**Dusts** are tiny suspended particles resulting from a mechanical process such as grinding.

**Mists** are tiny liquid droplets usually created by spraying operations.

**Fumes** are small particles formed by a condensing gas or vapor such as in welding.

**Vapors** are substances that evaporate from a liquid or solid.

**Gases** are formless fluids that occupy the space in which they are enclosed. Examples include nitrogen and carbon monoxide.

**Smoke** is a mixture of suspended particles and gases which are the result of combustion. Smoke can contain toxic contaminants.

#### 2. **Determine the concentration level of the contaminant:**

Sensitive monitoring instruments will give you a precise reading of the airborne concentration level of the contaminant. If testing indicates that you are exposed to an airborne concentration level at or above the Permissible Exposure Level (PEL) established for that substance, you must use respiratory protection.\* This testing should be done by an industrial hygienist or other qualified staff.

3. **Evaluate the conditions of exposure:**

There are many variables that can affect your choice of respiratory protection. Always keep these factors in mind:

**The nature of the task.** How long will you be exposed to each hazard? Is the work strenuous, which makes breathing more difficult?

**The characteristics of the work area.** Is the work area a confined space and/or poorly ventilated? Will air temperatures be hot or cold? Could more than one contaminant be present?

**The type of work process.** Does the way chemicals are combined, heated or applied create an additional or new health hazard? An example of this could be a paint spraying or welding operation.

4. **Match the hazard, concentration level and the conditions of exposure to the proper type of respirator:**

A wide range of supplied-air and air-purifying respirators are available from various manufactures. Contact your supervisor and/or your agency/institution safety coordinator for help in selecting the proper respirator for your specific work area.

\* **Note:** The OSHA Respiratory Protection Standard (29 CFR 1910.134) requires the employer to prevent occupational diseases caused by breathing contaminated air by the use of engineering control measures such as the enclosure of the operation or the substitution of less toxic materials. When effective engineering controls are not feasible, or while these controls are being instituted, appropriate respirators must be used in accordance with the requirements of the standard.

**ATTACHMENT E**

Sample Record of Respirator Issuance

<p align="center"><i>Company Name</i></p> <p align="center"><b>Personnel in Respiratory Protection Program</b></p> <p align="center"><i>Date</i></p>				
<p align="center"><b>Respiratory protection is required for and has been issued to the following personnel:</b></p>				
<b>Name</b>	<b>Department</b>	<b>Job Description/ Work Procedure</b>	<b>Type of Respirator</b>	<b>Date Issued</b>
		Operator	Half mask APR P100 filter when sanding/ AR continuous flow hood for cleaning	
		Dip tank cleaning	SAR, pressure demand with auxiliary SCBA	
		Spray Booth	SAR, continuous	

## ATTACHMENT F

### APPENDIX C TO 1910.134 OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

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

**To the employee:** 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 (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one):            Yes            No
11. Check 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-face piece 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?

a. Seizures (fits):

Yes        No

b. Diabetes (sugar disease):

Yes        No

c. Allergic reactions that interfere with your breathing:

Yes        No

d. Claustrophobia (fear of closed-in places):

Yes        No

e. Trouble smelling odors:

Yes        No

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

a. Asbestosis:

Yes        No

b. Asthma:

Yes        No

c. Chronic bronchitis:

Yes        No

d. Emphysema:

Yes        No

e. Pneumonia:

Yes        No

f. Tuberculosis:

Yes        No

g. Silicosis:

Yes        No

h. Pneumothorax (collapsed lung):

Yes        No

i. Lung cancer:

Yes        No

- j. Broken ribs:
    - Yes      No
  - k. Any chest injuries or surgeries:
    - Yes      No
  - l. Any other 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
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

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

**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 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)?

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. \_\_\_\_\_ 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.*

b. Moderate (200 to 350 kcal per hour):

Yes      No

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

\_\_\_\_\_ hrs. \_\_\_\_\_ mins.

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

c. Heavy (above 350 kcal per hour):

Yes      No

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

\_\_\_\_\_ hrs. \_\_\_\_\_ mins.

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

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:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and safety and well-being of others (for example, rescue, security):

**ATTACHMENT G - 1**

Respirator Inspection Checklist

<b>Type of Respirator:</b>	<b>Location:</b>
<b>Respirator Issued to:</b>	<b>Type of Hazard:</b>
Face piece	<input type="checkbox"/> Cracks, tears, or holes <input type="checkbox"/> Face mask distortion <input type="checkbox"/> Cracked or loose lenses/face shield
Head straps	<input type="checkbox"/> Breaks or tears <input type="checkbox"/> Broken buckles
Valves:	<input type="checkbox"/> Residue or dirt <input type="checkbox"/> Cracks or tears in valve material
Filters/Cartridges:	<input type="checkbox"/> Approval designation <input type="checkbox"/> Gaskets <input type="checkbox"/> Cracks or dents in housing <input type="checkbox"/> Proper cartridge for hazard
Air Supply Systems	<input type="checkbox"/> Breathing air quality/grade <input type="checkbox"/> Condition of supply hoses <input type="checkbox"/> Hose connections <input type="checkbox"/> Settings on regulators and valves
Rubber/Elastomer Parts	<input type="checkbox"/> Pliability <input type="checkbox"/> Deterioration

Inspected by:	Date:
Action Taken:	

**ATTACHMENT G – 2**  
**SCBA Inspection Checklist**

SCBA Identification Number:

<b>1. Is the Face piece in good condition? <i>Look for these Items:</i></b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
• Excessive dirt			
• Cracks, tears, holes or distortions from improper storage			
• Inflexibility			
• Cracked or badly scratched lenses in full face pieces			
• Incorrectly mounted full face piece lens or broken or missing mounting clips			
<b>2. Are the headstraps or head harness in good condition? <i>Look for these items:</i></b>			
• Breaks in the straps			
• Loss of elasticity			
• Broken or malfunctioning buckles and attachments			
• Excessively worn serrations on the head harness which might permit slippage			
<b>3. Is the exhalation valve in good condition? <i>Look for these items:</i></b>			
• Foreign material under the valve seat			
• Cracks, tears or distortion in the valve material			
• Improper insertion of the valve body in the face piece			
• Cracks, breaks or chips in the valve body, particularly in the sealing surface			
• Missing or defective valve cover			
• Improper installation of the valve in the valve body			
<b>4. Is the breathing tube in good condition? <i>Look for these items:</i></b>			
• Damaged, worn or missing end connectors			
• Missing or loose hose clamps			
• Deterioration of the hose material			
<b>5. Is the high pressure air supply in good condition? <i>Look for these items:</i></b>			
• Air supply lines, hoses, attachments and end fittings worn			
• Valves and air flow regulators inoperable			
• Low pressure alarm inoperable			
• Air cylinder less than full			
• Gauges inoperable			
• Air cylinder damaged			
• Air cylinder hydrostatic test out of date			
<b>6. Is the cylinder harness in good condition? <i>Look for these items:</i></b>			
• Straps or frame showing wear or damage			
• Broken or malfunctioning buckles and attachments			
• Air cylinder attachment devices inoperable			

**If you answered 'no' to any question above, list corrective action taken here:**

Inspected by:	Date:

## ATTACHMENT H

### Sample Emergency Potential Log

The following work areas at Company Name have been identified as having foreseeable emergencies:

Area	Type of Emergency	Location of Emergency Respirator(s)
Spray Booth Cleaning Area	Spill of hazardous waste	Locker #1 in the Spray Booth Area
Dip Coat Area	Malfunction of ventilation system, leak in supply system	Storage cabinet #3 in Dip Coat/Drying Area
Coatings Storage Area	Spill or leak of hazardous substances	Locker #4 in the Coatings Storage Area

\_\_\_\_\_  
**Program Administrator**

\_\_\_\_\_  
**Date**

## ATTACHMENT I

### Sample Immediately Dangerous to Life and Health (IDLH) Assessment Log

**The Program Administrator has identified the following area as presenting the potential for IDLH conditions:**

Process	IDLH Condition	Procedure
Dip Coat Tank Cleaning	Maintenance workers will be periodically required to enter the dip tank to perform scheduled or unscheduled maintenance.	Workers will follow the permit required confined space entry procedures specified in the <u>(Company Name)</u> Confined Space Program. As specified in these procedures, the Program Administrator has determined that workers entering this area shall wear a pressure demand SAR. In addition, an appropriately trained and equipped standby person shall remain outside the dip tank and maintain constant voice and visual communication with the worker. In the event of an emergency requiring the standby person to enter the IDLH environment, the standby person shall immediately notify the Program Administrator and will proceed with rescue operations in accordance with rescue procedures outlined in the <u>(Company Name)</u> Confined Space Program.

\_\_\_\_\_  
**Program Administrator**

\_\_\_\_\_  
**Date**