



Respiratory Protection Program

Prepared for:

Date adopted:



UnitedHeartland.com
1-800-258-2667

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected, and its operations are compliant with any law, rule or regulation.

United Heartland is the marketing name for United Wisconsin Insurance Company, a member of AF Group. All policies are underwritten by a licensed insurer subsidiary of AF Group.

CONTENTS

PROGRAM OVERVIEW.....	2
I. INTRODUCTION.....	2
II. OBJECTIVE	2
III. SCOPE.....	2
IV. PROGRAM ADMINISTRATION	2
V. MEDICAL EXAMINATIONS	3
VI. SURVEILLANCE OF WORK AREA CONDITIONS & EMPLOYEE EXPOSURES	3
VII. SELECTION.....	4
VIII. VOLUNTARY USE OF RESPIRATORS.....	4
IX. RESPIRATOR FITTING.....	4
X. CHANGING CARTRIDGES, CANISTERS & MECHANICAL FILTERS.....	5
XI. INSPECTION.....	5
XII. CLEANING.....	5
XIII. STORAGE AND DISINFECTING	6
XIV. DISCARDING	6
XV. INSTRUCTIONS FOR USE OF SPECIFIC RESPIRATORY DEVICES.....	6
XVI. INSPECTION & EVALUATION	7
XVII. EMPLOYEE TRAINING	8
APPENDICES	9
Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)	9
Appendix B-2 to § 1910.134: Respirator Cleaning Procedures (Mandatory)	10
Appendix C to § 1910.134: Negative Pressure Respirator Fit Testing & Medical History Questionnaire.....	11
Appendix D to § 1910.134: Mandatory Information for Employees Using Respirators When not Required Under OSHA Standard.....	14

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

PROGRAM OVERVIEW

I. Introduction

As part of the Organization's overall safety and health program, a respiratory protection program has been established. The Respiratory Protection Program is designed to comply with the Occupational Safety and Health Administration's (OSHA) rule 29 CFR 1910.134.

II. Objective

The purpose of this operating procedure is to ensure protection of employees from respiratory hazards through proper training, selection and use of respirators. Respiratory hazards may consist of dusts, mists, fumes, gases, vapors, fogs, smokes or sprays.

III. Scope

Respirators are to be used only when engineering control of respiratory hazards is not feasible, when engineering controls are being installed or in emergencies. Reducing the hazard through engineering controls is the best measure to take in protecting our employees. Engineering controls may consist of general or local ventilation, substitution of a less hazardous chemical, enclosure or confinement of the operation, etc.

IV. Program Administration

A. Program Administrator

A dedicated program administrator should be assigned. This person is responsible for all facets of this program and has full authority to make necessary decisions to ensure the safety of employees and success of this program.

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 are:

1. Ensuring their employees have received appropriate training, fit testing and annual medical evaluation.
2. Ensuring the availability of appropriate respirators and accessories.
3. Being aware of the tasks requiring the use of respiratory protection.
4. Enforcing the proper use of respiratory protection when necessary.
5. Ensuring the respirators are properly cleaned, maintained and stored.
6. Ensuring the 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 the program.

C. Employees

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

1. Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
2. Inform their supervisor if the respirator no longer fits well, and request a new one that fits properly.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

3. 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 or suggestions that they have regarding the respirator program.

There will be regular inspections and evaluations to determine the continued effectiveness of the program. Supervisors will conduct frequent random inspections to assure respirators are properly selected, used, cleaned and maintained.

V. Medical Examinations

Employees must not be assigned to tasks requiring the use of respirators until it has been determined that they are physically able to perform the work and use the respiratory equipment.

A. Initial Examination

New employees or employees who transfer to jobs requiring the use of a respirator will complete the questionnaire (Appendix C) and be scheduled for a respirator examination.

B. Additional Examinations

At a minimum, the employer shall provide additional medical evaluations if:

1. An employee reports medical signs or symptoms that are related to ability to use a respirator;
2. The health care provider, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;
3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on an employee.

VI. Surveillance of Work Area Conditions & Employee Exposures

Many factors such as changes in an operation or process, implementation of engineering controls, temperature and movement can affect the concentration of substances, which originally required the use of respirators.

An assessment of hazardous materials used at the Organization has been made based upon engineering data, SDS's and chemical supplier information to determine if respiratory protection is needed.

The Organization recognizes the need for measurements of the contaminant concentration whenever changes are made or detected. This helps to determine the continued necessity of the respiratory protection equipment or the need for additional protection. This is accomplished through various industrial hygiene surveys and continuous monitoring systems.

Records of the monitoring are kept by the Program Administrator. These records are filed by employee in accordance with OSHA 1910.1020 and will be kept for the duration of employment plus 30 years.

Some facilities have continuous monitors with alarms signaling the Control Center. These are typically in chlorine storage rooms and colored lights at the location indicate an alarm condition. The Program Administrator shall ascertain employees understand what the flashing lights mean at each location.

VII. Selection

Respirators will be selected on the basis of hazards to which employees are exposed. All selections for the type of respirator will be made by the Program Administrator. Employees will have a selection of different sizes of the required type chosen for their work. Only NIOSH-certified respirators will be selected and used.

Respirators have been selected for particular tasks and hazards. If by chance an employee encounters a new breathing hazard, they should immediately back away and ask for assistance.

VIII. Voluntary Use of Respirators

At times employees may want to wear a disposable dust mask for comfort purposes or for nuisance levels of dusts. This is acceptable provided the employee receives a copy of 1910.134 Appendix D, and the employees are not exposed to hazardous levels of contaminants.

Voluntary use of a filtering face piece respirator does not require medical evaluation. The supervisor needs only to ensure that the dust masks are not dirty or contaminated, and that their use does not interfere with the employee's ability to work safely.

IX. Respirator Fitting

A. Face Seal

Tight-fitting face piece respirators shall not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, side burns, long moustaches, dentures, facial scars or temple bars on glasses protruding under the face piece. Therefore, employees required to wear tight-fitting respirators are prohibited from having facial hair that comes between the sealing surface of the face piece and the face or that interferes with the valve function.

Safety glasses and other PPE shall not interfere with the sealing surface between the face and the respirator. Additional styles of glasses are available from your supervisor. Refer to Appendix B-1 (attached) for individuals who use a tight-fitting respirator to perform a user-seal check.

B. Pressure Check

The user of a tight-fitting respirator shall perform a positive or negative seal check prior to entering the work area where the respirator is required.

1. Positive Pressure Check

Close off the exhalation valve and exhale gently into the face piece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the face piece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the user to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

2. Negative Pressure Check

Close off the opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the face piece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges can not be effectively covered with the palm of the hand. The test can be performed by covering the opening of the cartridge with a nitrile glove. If the face piece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

C. Fit Test

An employee must be fit tested for each negative or positive pressure tight-fitting respirator they use before they are required to wear it. The fit testing must be completed with the same brand, model and size the employee will wear for protection. Employees shall be fit tested for each respirator they wear annually.

Additional fit tests shall be conducted when there are changes in the employee's physical condition. Such conditions might be facial scarring, dental changes, cosmetic surgery or an obvious change in body weight. Fit testing will be conducted using qualitative methods outlined in OSHA 1910.134 Appendix A, which can be found at the following link:

http://osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9780

X. Changing Cartridges, Canisters & Mechanical Filters

Employees issued their own respirator will change the cartridge or filter whenever one of the following conditions exists:

- A. Resistance to breathing is noted.
- B. If vapors are detected.(This applies to specialty cartridges only, for example, organic vapor).
- C. The cartridge/canister has passed the expiration date.
- D. The cartridge/canister is damaged or becomes wet.
- E. The end of service indicator indicates the near end of useful life of cartridge/canister. During use employees shall look at the end of service life indicator frequently to determine when a new canister is needed.
- F. Employees using a respirator not permanently assigned to them shall discard the cartridges/canister or filter after each use when they disassemble the respirator to cleanse and disinfect it.

XI. Inspection

All respiratory protective equipment must be inspected before and after each use to assure it is in good working condition. Respiratory devices stored in cabinets for emergency use must be inspected monthly by area personnel.

Inspection of all respirators will include (as applicable):

- A check of the condition of face piece and headbands.
- A check of the condition of valves.
- A check of the condition of connecting tubes.
- A check of cartridges, canisters and/or cylinders.

Respiratory devices stored in cabinets for emergency use will be inspected monthly by personnel in the department using the respirators. A record of inspections and shall be kept by the same department.

Mechanical servicing of respiratory equipment may only be done by trained personnel. Untrained personnel must never attempt to repair or modify respiratory equipment.

XII. Cleaning

Respirators must be cleansed and disinfected as frequently as necessary to insure that proper protection is provided to the wearer.

- If worn regularly by one person, the equipment must be cleansed, and stored in a plastic bag in a dry place out of direct sunlight.

- Equipment used by multiple persons will be cleansed and disinfected after each use.

The following procedure will be used for cleansing and disinfecting respirators:

- A. Remove any filter, cartridges, canisters or cylinders.
- B. Remove any hoses, pressure demand valve assemblies or other components. Inspect valves, head straps, and other parts, and replace with new parts if defective.
- C. Wash face piece and breathing tube in cleanser disinfectant.
- D. Rinse completely in clean water.
- E. Cleanse other respiratory parts as needed.
- F. Air dry in a clean area.
- G. Assemble the respirator.
- H. Place in plastic bag for storage.
- I. For SCBAs, replace the cylinder.
- J. For air purifying respirators wait until the next use before installing new filters, cartridges, or canisters. Keep the cartridges or canisters in their original sealed packaging for as long as possible.

XIII.Storage and Disinfecting

Respiratory protective equipment must be stored to protect it from dust, sunlight, heat, extreme cold, excessive moisture and damaging chemicals.

Respirators must be placed in a re-sealable plastic bag or other plastic container. Materials must not be stacked on top of the respirator; this is to prevent the rubber and/or plastic from taking a permanent distorted "set". We have attached Appendix B-2, Respirator Cleaning Procedures, for your reference.

XIV. Discarding

Respiratory equipment that is found defective shall be repaired or discarded. Disposable dust masks shall be discarded each day.

XV. Instructions for Use of Specific Respiratory Devices

Appendix "A" lists the chemicals requiring respirator usage and the proper respirator for each use above exposure guidelines, including the correct cartridge.

The following guidelines are generic to the type of respiratory protection. You must always follow the manufacturer's instructions for the specific device you are using.

A. Single Use Disposable Masks

1. General - Single Use Dust/Mists respirators are considered respirators and all facets of this program apply to their use. Single Use Dust/Mists respirators are for protection against nuisance dusts only. They should be disposed of when the user is through using it or at the end of each day.
2. Preparation for Use - The disposable mask type respirator is for protection against particulates, dusts and mists where there is sufficient oxygen present to sustain life. The contaminated atmosphere is drawn through the mask when the wearer inhales. The filtering action of the mask makes the air safe and breathable.

B. Half Mask: Dust/Mist/Vapor Respirators

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

1. General - The contaminated atmosphere is drawn through the cartridge when the wearer inhales, and by the action of the cartridge's contents is made into safe breathable air. Do not use in oxygen deficient environments.
 2. Preparation for Use
 - a. Remove the respirator and cartridges from the plastic storage bag. Check to see that the gasket is in the cartridge holder before screwing in the cartridges. Insert the pre-filter (if one is used) into the retainer and snap or screw the retainer in place.
 - b. Pull out headband straps so the straps are loose. Insert the chin well into the face piece, and connect lower straps behind the neck. To obtain a firm and comfortable fit, adjust the headband as follows:
 - i. Have straps flat against the head.
 - ii. Tighten lower side straps (both sides simultaneously).
 - iii. Tighten upper side straps (both sides simultaneously).
 - iv. Repeat steps (2) and (3) above, if necessary.
 - v. The respirator needs to be snug but not overly tight to obtain a good seal.
 - c. To check the tightness, conduct positive and negative pressure fit checks.
 3. Inspection
 - a. Each mask shall be inspected prior to use. Employees shall inspect the valves, cartridge sealing gasket and the face sealing area on the mask.
 - b. Following each use, the mask should be cleaned and placed in its storage bag for ready use in the future.
- C. Self-Contained Breathing Apparatus
1. General – Only trained and authorized employees may wear an SCBA. SCBA's are on site primarily for use by the hazardous materials response team.
 2. Preparation for Use
 - a. Remove the respirator unit from the storage container.
 - b. Pull out headband straps so the straps are loose. Insert the chin well into the face piece, and pull headbands back over the head. To obtain a firm and comfortable fit, adjust the headband as follows:
 - i. Have straps flat against the head.
 - ii. Tighten lower side straps (both sides simultaneously).
 - iii. Tighten upper side straps (both sides simultaneously).
 - iv. Repeat steps (2) and (3) above.
 - v. Tighten top or front strap (for full face respirators).
 - c. To check the tightness, conduct positive and negative pressure fit tests.

XVI. Inspection & Evaluation

Members of the management staff will on random occasions inspect respirators issued to employees. Management will, on an annual basis meet with a team of respirator users to determine the overall effectiveness of this program.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

XVII. Employee Training

Each employee must receive training initially and annually in the proper selection, use and care of respiratory equipment that he/she may be required to use. Employees will be trained in the proper use and limitations of each respirator.

Training shall include the following:

- A. Instruction in nature of the hazard at the facility, and a discussion of what may happen if respiratory protective equipment is not used. The discussion will include information pertaining to the signs and symptom of overexposure and what to do if employees are overexposed to a particular chemical agent.
- B. How to properly select the respirator to protect against that hazard to which the employee may be exposed.
- C. A discussion of each device with regards to capabilities and limitations, inspections, and instruction in respirator use. Each employee must understand the limitations of the various types used at the organization. Employees must also have a understanding of the inspection procedures prior to respirator use. This will include being able to recognize worn or deteriorated parts, how to take the unit apart to inspect, frequency of inspections, exhalation/inhalation inspections, etc.
- D. Actual handling and putting on of the device.
- E. Fit testing using Bitrex, irritant smoke, or other suitable test chemical. All employees must be able to perform fit checks on their own respirators such as a positive fit check or a negative fit check. All employees shall be fit before being allowed to wear a respirator
- F. Provisions of this Respirator Program - Cleansing, maintenance and storage of each respirator device. After each day or session, each employee shall clean and store respirators correctly.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

APPENDICES

Appendix B-1 to § 1910.134: User Seal Check Procedures (Mandatory)

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturer's recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

I. Facepiece Positive and/or Negative Pressure Checks

- A. **Positive Pressure Check.** Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.
- B. **Negative Pressure Check.** Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

II. Manufacturer's Recommended User Seal Check Procedures

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

**Appendix B-2 to § 1910.134:
Respirator Cleaning Procedures (Mandatory)**

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B- 2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

Procedures for Cleaning Respirators

- A. Remove filters, cartridges or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure- demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.
- D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
 - 1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,
 - 2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,
 - 3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
- E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- F. Components should be hand-dried with a clean lint-free cloth or air-dried.
- G. Reassemble facepiece, replacing filters, cartridges and canisters where necessary.
- H. Test the respirator to ensure that all components work properly.

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

Appendix C to § 1910.134:

Negative Pressure Respirator Fit Testing & Medical History Questionnaire

Employee Name _____ S.S. # _____
 Respirator I.D. # and size of respirator selected _____
 Document Date _____ Date of Inspection _____
 Date and name of person performing last qualitative fit test. _____
 Comments _____

Positive Pressure Test	Negative Pressure Test	Noted Deficiencies	Employee Initials

Medical/Occupational History Questionnaire

Employee Name _____ Date _____
 Birth Date _____ Age _____ Sex _____ Height _____ Weight _____
 Employer _____
 Plant/Dept. _____
 Job Title/Description _____
 Dates at this Job Title _____ to _____

Medical History

- List all hospitalizations and surgeries: _____

- List current medicines (including nonprescription drugs): _____

- Allergies (drugs, food, chemicals): _____

- Are you currently under a physician's care? ☐ Yes ☐ No

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

5. Have you ever been told that you have asthma, hay fever or sinusitis? ☐ Yes ☐ No
6. Have you ever been told that you have emphysema, bronchitis or any other respiratory problems? ☐ Yes ☐ No
7. Have you ever been told that you had cancer? ☐ Yes ☐ No
8. Have you ever been told that you had high blood pressure? ☐ Yes ☐ No
9. Have you ever had a heart attack or heart trouble? ☐ Yes ☐ No
10. Do you ever have any shortness of breath? ☐ Yes ☐ No
- a. If yes, do you have to rest after climbing several flights of stairs? ☐ Yes ☐ No
- b. If yes, if you walk on the level with people your own age, do you walk slower than they do? ☐ Yes ☐ No
- c. If yes, if you walk slower than a normal pace, do you have to limit the distance you walk? ☐ Yes ☐ No
- d. If yes, do you have to stop and rest while bathing or dressing? ☐ Yes ☐ No
11. Do you cough as much as three months out of the year? ☐ Yes ☐ No
- a. If yes, have you had this cough for more than two years? ☐ Yes ☐ No
- b. If yes, do you ever cough anything up from the chest? ☐ Yes ☐ No
12. Do you ever have a feeling of smothering, unable to take a deep breath, or tightness in your chest? ☐ Yes ☐ No
- a. If yes, do you notice this on any particular day of the week? ☐ Yes ☐ No
- b. If yes, what day of the week? _____
- c. If yes, do you notice this occurs at any particular place? ☐ Yes ☐ No
- d. If yes, do you notice that this is worse after you have returned to work after being off for several days? ☐ Yes ☐ No
13. Have you ever noticed any wheezing in your chest? ☐ Yes ☐ No
- a. If yes, is this only with colds or other infections? ☐ Yes ☐ No
- b. Is this caused by exposure to any kind of dust or other material? ☐ Yes ☐ No
- c. If yes, what kind? _____
14. Have you noticed any burning, tearing or redness of your eyes when you are at work? ☐ Yes ☐ No
- If so, explain circumstances: _____
15. Have you noticed any sore or burning throat or itchy or burning nose when you are at work? ☐ Yes ☐ No
- If so, explain circumstances: _____
16. Have you noticed any stuffiness or dryness of your nose? ☐ Yes ☐ No
17. Do you ever have swelling of the eyelids or face? ☐ Yes ☐ No
18. Do you have frequent headaches that are not relieved by aspirin or Tylenol? ☐ Yes ☐ No
19. Do you tend to have trouble concentrating or remembering? ☐ Yes ☐ No
20. Do you ever feel dizzy, light-headed, excessively drowsy, or like you have been drugged? ☐ Yes ☐ No
21. Does your vision ever become blurred? ☐ Yes ☐ No
22. Have you ever had chronic weakness or fatigue? ☐ Yes ☐ No
23. Do you ever have itching, dryness, or peeling and scaling of the hands? ☐ Yes ☐ No

Family/Social History

24. Mother: Age: _____ Medical History _____

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

25. Father: Age: _____ Medical History: _____
26. Brothers: How many _____ Medical History: _____
27. Sisters: How many _____ Medical History: _____
28. Other: _____
29. Married _____ Single _____ Widowed _____ Children _____
30. Cigarettes? ☐ Yes ☐ No
a. Packs a day: _____
b. How many years? _____
31. Alcohol: How much? _____
32. Coffee? ☐ Yes ☐ No
a. Cups a day: _____
b. Decaf? _____
33. Other recreational drugs? _____
34. Do you wear contact lenses? ☐ Yes ☐ No
35. Do you exercise regularly? ☐ Yes ☐ No
If yes, explain: _____
36. Do you have any hobbies or side jobs that require you to be exposed to hazardous compounds, (such as furniture stripping, pottery, woodworking, ceramics, sandblasting, insulation, auto repair or body work)? _____
37. Other jobs held with this employer (include title/description, dates assigned, chemicals or fumes exposed to): _____
38. Any type of skin rash? ☐ Yes ☐ No
39. Do any chemicals, fumes, or smoke make you:
a. Cough? ☐ Yes ☐ No
b. Wheeze? ☐ Yes ☐ No
c. Become short of breath? ☐ Yes ☐ No
d. If yes, explain: _____
40. Shift you normally work: _____ to _____
41. In other jobs, have you ever been exposed:
a. Wood dust? (Type _____) ☐ Yes ☐ No
b. Nickel? ☐ Yes ☐ No
c. Chromium (stainless steel)? ☐ Yes ☐ No
d. Silica (foundry, sand blasting)? ☐ Yes ☐ No
e. Asbestos? ☐ Yes ☐ No
f. Organic solvents? (i.e. trichloroethane) ☐ Yes ☐ No
g. Formaldehyde? ☐ Yes ☐ No
h. Coal Dust? ☐ Yes ☐ No
i. Ammonia? ☐ Yes ☐ No
j. Welding Fumes? ☐ Yes ☐ No

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

Appendix D to § 1910.134:

Mandatory Information for Employees Using Respirators When not Required Under OSHA 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 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 and smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Caution:

Certain individuals have existing respiratory ailments, such as asthma, bronchitis, cardiovascular or heart conditions, or others, which may preclude them from wearing respirators. Under this *voluntary* use provision, employees using respirators *voluntarily* must be aware of, and take responsibility for, their own health conditions and any existing conditions which may preclude them from using respirators safely.

Employee Affirmation:

My signature below indicates I have received a copy of this Appendix "D" statement and I understand the information provided to me. I am choosing to use a respirator *voluntarily* for my own comfort even though there are *no* mandatory requirements for respirator use by my employer. I also understand that no specific training for the use of respirators, other than presentation of this statement, is required when a respirator is used *voluntarily*.

Employee Printed Name

Employee Signature

Date

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

Apéndice D Para la § 1910.134 (Mandatorio):**Información Para los Empleados Que Usan los Respiradores Cuando No lo Exige el Reglamento o Norma**

Los respiradores son uno de los medios de protección adecuados contra los distintos productos químicos cuando se han seleccionado y utilizado adecuadamente. Se fomenta el uso del respirador para el bienestar y protección del empleado, aun cuando la concentración de los productos químicos estén por debajo de los valores límites de exposición establecidos. Sin embargo, el respirado puede causarle daño si no se mantiene limpio o se usa incorrectamente. Algunas veces los empleados usan los respiradores para evitar ser expuestos a los diferentes productos químicos, aunque estos no excedan los valores límites establecidos por los reglamentos de la Administración de Seguridad y Salud Ocupacional (OSHA). Si su patrono provee los respiradores para uso voluntario, o si usted provee su propio respirador, necesita tomar ciertas precauciones para que se asegure que no corre riesgos cuando use el respirado.

Usted debe hacer lo siguiente:

1. Lea y caso a las instrucciones que provee el fabricante en el uso, mantenimiento, limpieza y cuidado, y las advertencias en cuanto a las limitaciones de los respiradores.
2. Escoja respiradores certificados contra los contaminantes que le interesa. La Institución Nacional para la Seguridad y Salud Ocupacional (NIOSH) del Departamento de Salud y Servicios Humanos de los Estados Unidos de América, son los que certifican los respiradores. Una etiqueta o certificado de exposición debe aparecer en el respirador o en el empaque del respirador. Este debe decirle para qué químicos fue hecho y cuánto le va a proteger.
3. No use su respirador en atmósferas que contienen contaminantes para los cuales no fue diseñado porque no le va a proteger. Por ejemplo, si un respirador es diseñado para filtrar partículas de polvo no le va a proteger contra gases, vapores o partículas sólidas de vapor (mal olor) o humo.
4. No pierda de vista su respirador para que así no use el respirador de otra persona por equivocación.

Precaución:

Ciertos individuos que tienen existentes enfermedades respiratorias tales como: asma, bronquitis, cardiovasculares o condiciones del corazón, u otras, que puedan imposibilitarlos de usar las mascarillas respiratorias. Bajo de esta condición voluntaria de usarlas los empleados que usan las mascarillas respiratorias voluntariamente deben estar al tanto, de tomar una responsabilidad, propia de las condiciones de su salud las cuales pueda impedirles de usar las mascarillas respiratorias de seguridad.

Afirmación del Empleado:

Mi firma que se encuentra en la parte inferior indica que he recibido una copia de este testimonio Apéndice “D” y entiendo la información que se me proporciona. Prefiero usar la máscara de respiración en una forma voluntaria para mi propia ayuda aunque no hay requisitos obligatorios para usar la máscara de respiración por parte del empleador. También entiendo que no hay un entrenamiento específico para usar las mascarillas respiratorias, aparte de la presentación de este testimonio, que requiere que la máscara respiratoria sea usada voluntariamente.

Nombre del Empleado

Firma del Empleado

Fecha

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.