



**South Central**  
COLLEGE

**South Central College**  
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## **Respiratory Protection Plan**

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## **Purpose**

This plan ensures that South Central College employees/students are protected from airborne particulate or chemical hazards during their work. Engineering controls such as ventilation and substitution of less toxic materials are preferred protection methods and are used. However, for some tasks respiratory protection is necessary to protect employees/students. To ensure that employees/students who wear respiratory protection are safe from airborne particulate and chemical hazards, South Central College will do the following:

1. Evaluate respiratory hazards to ensure employees/students have appropriate respiratory protection.
2. Ensure that employees/students are medically able to wear respiratory protection
3. Fit-Test employees/students with the appropriate respiratory protection
4. Train employees/students to use and maintain their respiratory protection
5. Evaluate this program periodically to ensure that it is effective

This plan is intended to comply with OSHA regulation 29 CFR 1910.134.

## **Scope**

This plan applies to all employees/students who are required to wear respiratory protection during their work/training. Employees participate in the respiratory protection plan at no cost; the cost for medical evaluations, fit testing and respiratory protection will be paid by South Central College.

## **Responsibilities**

### **Security & Safety Director/Maintenance Supervisors**

1. Identify the work areas, processes or tasks that require employees/students to wear respiratory protection and evaluate the hazards
2. Assist in selection of appropriate respiratory protection for employees/students
3. Ensure that employees/students use respiratory protection in accordance with NIOSH certifications
4. Ensure that employees/students receive respiratory protection training
5. Ensure that employees/students store and maintain respiratory protection properly
6. Manage respiratory fit-testing
7. Maintain training records
8. Evaluate the respiratory protection plan
9. Update the respiratory protection plan as necessary

### **Vice President of Finance and Operations**

1. Inform contractors at South Central College of the respiratory plan as appropriate
2. Assist in identifying the work areas, processes or tasks that require employees to wear respiratory protection and evaluate the hazards.

### **Human Resources**

1. Ensure employees follow medical surveillance requirements of the respiratory plan
2. Maintain and manage records of medical surveillance for employees

### **Supervisors/Instructors**

Supervisors/instructors will ensure that the respiratory protection plan is implemented in their work areas as required. Supervisors/instructors must understand the requirements of this plan and ensure that the employees/students under their charge understand the requirements. Supervisors/instructors have the following responsibilities:

1. Ensure that employees/students under their supervision have received appropriate training, fit-testing, and medical evaluations
2. Ensure that appropriate respiratory protection and accessories are available
3. Know the tasks that require respiratory protection
4. Enforce the proper use of respiratory protection
5. Ensure that respiratory protection is cleaned, maintained, and stored as required by this plan
6. Monitor work areas to identify respiratory hazards
7. Work with the program administrators to address respiratory hazards and other plan concerns

### Employees/Students

Employees/students must wear their respiratory protection in the manner in which they were trained and do the following:

1. Care and maintain their respiratory protection as instructed and store them in a clean and sanitary location
2. Inform their supervisor/instructor if the respiratory protection no longer fits and request a new one that fits properly
3. Inform their supervisor/instructor about respiratory hazards or other concerns they have regarding the respiratory protection plan

### Hazard Evaluations

The maintenance supervisors in conjunction with the Security & Safety Director working as plan administrators will assist in selecting respiratory protection based on the hazards to which workers are exposed and in accordance with Minnesota OSHA requirements. Plan administrators will conduct hazard evaluations as appropriate for each work process or area where airborne contaminants may be present. The evaluation must include the following:

1. Identification and development of a list of hazardous substances used in the workplace by department or work process
2. Review of work processes to determine where potential exposures to these hazardous substances may occur. This review will be conducted by surveying the workplace, reviewing process records, and talking to employees and supervisors
3. Hazard evaluations should also include exposure monitoring to quantify potential hazardous exposures

The plan administrators must revise and update the hazard assessment any time there are changes in the workplace that may affect exposure. Employees/students who feel that respiratory protection is necessary must contact their supervisor/instructor. The plan administrators will evaluate the hazard and inform the employee/student(s) about the evaluation results. If respiratory protection is necessary all elements of this plan will apply and this plan will be updated.

### NIOSH Certifications

All respiratory protection must be certified by the National Institute for Occupational Safety and Health (NIOSH) and used according to the terms of that certification. All filters, cartridges, and canisters must be labeled with the appropriate NIOSH approved label; the label must not be removed or defaced.

### **Medical Evaluations**

Employees/students who are required to wear respiratory protection or who choose to wear respiratory protection must have a confidential medical evaluation to ensure that their safety and health is not at risk. Employees/students are not permitted to wear respiratory protection until a physician has determined that they are medically able to do so. Any employee/student refusing a medical evaluation will not be permitted to work in areas that require respiratory protection. A licensed physician or selected medical provider will conduct medical evaluations.

1. The medical evaluation will be conducted with the questionnaire attached with this plan as dictated by 29 CFR 1910.134. Human Resources will provide a copy of this questionnaire to each employee/student who requires a medical evaluation as needed.
2. South Central College will attempt to assist employees/students who are unable to read the questionnaire. When this is not possible, an employee/student will be sent directly to the physician for medical evaluation.
3. Employees will be permitted to attend to their medical evaluation during their regular work schedule.
4. Follow up medical exams will be granted to employees and requested of students as required by 29 CFR 1910.134.
5. All employees/students will/should have the opportunity to speak to the physician about their medical evaluation.
6. Human Resources will provide the licensed physician with the following information as appropriate.
  - A copy of this respiratory protection program, a copy of 29 CFR 1910.134, and a list of hazardous substances by work area
  - The employees/students proposed respiratory protection type
  - The length of time the employee/student is required to wear the respiratory protection
  - The employee's/student's expected physical workload (light, moderate, or heavy) -- potential temperature and humidity extremes of the work area, and a description of protective clothing the employee/student must wear
7. Any employee required to wear a positive-pressure air-purifying respirator for medical reasons will be provided with a powered air-purifying respirator.
8. Additional medical evaluations will be provided/required under the following circumstances:
  - The employee/student reports signs or symptoms related to his or her ability to use respiratory protection, such as shortness of breath, dizziness, chest pains, or wheezing
  - The supervisor/instructor informs the plan administrators that the employee/student needs to be re-evaluated
  - Information from this plan, including observations made during fit testing and plan evaluation, indicates a need for re-evaluation
  - A change occurs in workplace conditions that may result in an increased physiological burden on the employee/student
9. Information from medical examinations and questionnaires is confidential and can be shared only between the employee/student and the physician

### **Fit Testing**

Fit testing is required for employees/students who wear the following types of respirators: Filtering face piece negative pressure, half face negative pressure and full face negative pressure. Employees/students who are allowed to voluntarily wear respirators must also be fit tested.

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

Fit testing will be conducted with one of the acceptable methods shown in the table below:

<b>Acceptable fit-test methods for typical respirator facepieces</b>		
<b><u>Respirator/facepiece</u></b>	<b><u>Qualitative fit-test</u></b>	<b><u>Quantitative fit-test</u></b>
Filtering face piece respirators (Dust Mask)	YES	NO
Half-face negative pressure air-purifying respirator	YES	YES
Full-face negative-pressure air-purifying respirator used in atmospheres up to 10 times the PEL	YES	YES
Powered air-purifying respirators (PAPRS)	YES	YES

### **Respirator Use**

#### **General Use**

Employees/students will use their respiratory protection as required by this plan and in accordance with the training they receive. Respiratory protection will not be used in a manner for which NIOSH or the manufacturer does not certify them.

Employees/students must conduct user seal checks each time they wear their respiratory protection. Employees/students must use either the positive or negative pressure check (dependent upon which test works best for them) specified in 29CFR 1910.134.

Employees/students will be permitted to leave their work areas to clean their respiratory protection as appropriate, to change filters or cartridges, replace parts, or to inspect respiratory protection if it stops functioning. Employees/students should notify their supervisor/instructor of this type of situation.

Employees/students are not permitted to wear tight-fitting respiratory protection if they have conditions such as facial scars, facial hair, or missing dentures that prevent them from achieving a good seal. Facial hair must not contact the sealing surfaces or interfere with the valve function. Employees/students are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

#### **Voluntary Use**

Employees/students who choose to voluntarily wear respiratory protection will receive a copy of 29 CFR 1910.134 on voluntary use, which explains the requirements for voluntary use of respiratory protection. Any employee/student who voluntarily wears a respiratory protection is subject to the medical evaluation, fit testing, cleaning, maintenance, and storage elements of this plan and must be provided with the information specified in this section of the plan.

The plan administrators will authorize voluntary use of respiratory protection as requested by all other employees/students on a case by case basis, depending on workplace conditions and medical evaluation results.

### **Respiratory Protection Malfunction**

Respiratory protection that is defective or that has defective parts must be removed from service immediately. An employee/student who discovers a defect in respiratory protection must inform their supervisor/instructor who will take the equipment out of service pending repair or replacement. The plan administrators can be consulted on whether to take the respiratory protection out of service, fix the respiratory protection, or dispose of it as deemed appropriate.

Employees/students must discontinue use and inform their supervisor/instructor that the respiratory protection is not working correctly. The supervisor/instructor must ensure that the employee/student respiratory protection is repaired or receives another piece of respiratory protection.

### **Cleaning, Maintenance, Change Schedules and Storage**

Respiratory protection must be regularly cleaned and disinfected at the respiratory protection cleaning station. Respiratory protection must be cleaned as often as necessary to keep them sanitary. Filtering face piece respiratory protection must be disposed of after each use.

The following procedure must be used for cleaning and disinfecting respiratory protection as appropriate:

1. Disassemble respirator. Remove filters, canisters, or cartridges.
2. Wash the facepiece and parts in warm water with a mild detergent. Do not use organic solvents.
3. Rinse completely, in clean warm water.
4. Wipe the respirator with disinfectant wipes.
5. Air dry the respirator in a clean area.
6. Reassemble the respirator, inspect it, and replace defective parts.
7. Put the respirator in a clean, dry, plastic bag or other air-tight container.
8. Filtering face piece respiratory protection must be discarded after use.

The instructors/supervisors will ensure an adequate supply of appropriate cleaning and disinfectant materials at the cleaning station. Employees/students should contact their supervisor/instructor when cleaning supplies are low.

### **Maintenance**

Respiratory protection must be properly maintained to ensure proper working condition. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts must be replaced. No components will be replaced or repairs made except those recommended by the manufacturer.

### **Respirator Inspection Checklist**

1. Examine the facepiece for:
  - a. Dirt
  - b. Cracks, tears, holes, or deformed shape from improper storage
  - c. Inflexibility of rubber or silicone
  - d. Cracked or badly scratched lenses (full face)
  - e. Cracked or broken air-purifying element holder(s)
  - f. Badly worn threads or missing gaskets
2. Examine harness straps for:
  - a. Breaks
  - b. Loss of elasticity
  - c. Broken or malfunctioning buckles and attachments
3. Examine the inhalation and exhalation valve for:
  - a. Blockage
  - b. Foreign material, such as dust, hair, and detergent residue
  - c. Cracks or tears in the valve material
  - d. Improper insertion of the valve body
  - e. Cracks or breaks in the valve body
  - f. Missing or defective valve cover
  - g. Improper installation of the valve itself
4. Examine the air-purifying element for:
  - a. Correct cartridge
  - b. Loose connections, missing or worn gaskets and cross threading
  - c. Expiration date on cartridges

Employees/students are permitted to leave their work to maintain their respirators in a designated safe area under the following circumstances.

1. To wash their own faces and the respirators' facepieces to prevent eye or skin irritation
2. To replace filters, cartridges, or canisters
3. When they detect vapor or gas breakthrough or leakage in the facepiece or detect other damage to the respirator or its components

### Change Schedules

Air-purifying particulate filters, cartridges, or filtering face pieces must be replaced when breathing resistance increases, the cartridge surface is contaminated, or when the filter is damaged. No filter, cartridge, or canister shall be used when its end-of-service-life indicators (ESLI) show it is out of date. Gases and vapors, odor and irritation are not considered adequate warning signals.

### Respirator Storage

Respirators must be stored in a clean, dry area in accordance with the manufacturer's recommendations. Employees/students must clean and inspect their air-purifying respirators in accordance with the provisions of this plan and store them properly.

The instructors/supervisors will store unused respirators and respirator components in their original manufacturers packaging in the shipping and receiving areas as appropriate.

### Training

The plan administrators will ensure training is provided for respiratory protection users and supervisors/instructors. Employees/students must be trained before using respiratory protection devices. Supervisors/instructors must be trained before using a respirator or supervising employees/students who wear respirators. Training will cover the following topics:

1. This respiratory protection plan
2. The OSHA respiratory protection standard 29 CFR 1910.134
3. Respiratory hazards and their health effects
4. Selection and use of respirators
5. How to don and doff respiratory protection and perform user seal checks
6. Fit testing
7. Emergency procedures
8. Maintenance and storage
9. Medical signs and symptoms that limit the use of respirators

Employees/students must be retrained annually and whenever they change jobs or use a different respirator. Employees/students must demonstrate their comprehension through hands on exercises and a written acknowledgment/test. The plan administrators and/or instructors/supervisors will document the training, including the type, model, and size of respirator for which each employee/student has been trained and fit tested.

### Program Evaluation

The plan administrators will conduct periodic evaluations of the workplace to ensure that the provisions of this plan are implemented. Evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring, and a records review. Problems discovered during evaluations must be documented, and addressed by the plan administrators.

### Documentation and Recordkeeping

A written copy of this program and 29 CFR 1910.134 is kept at:

<http://southcentral.edu/Security/campus-security.html>

Copies of fit-test records are also maintained with Instructors/supervisors and/or Human Resources. Medical questionnaires and the physician's documented findings are confidential and will remain with your designated health provider. Human Resources and/or instructors/supervisors will keep only the physician's written recommendations for each employee/student to wear a respiratory protection.

**Appendix D to 29 CFR 1910.134 – Information for employees using respirators when not required under the standard (mandatory)**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

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:

Your employer must allow you to answer this questionnaire during normal working hours or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: \_\_\_\_\_

2. Your name: \_\_\_\_\_

3. Your age (to nearest year): \_\_\_\_\_

4. Sex (circle one): Male/Female

5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

6. Your weight: \_\_\_\_\_ lbs.

7. Your job title: \_\_\_\_\_

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_

9. The best time to phone you at this number: \_\_\_\_\_

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-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

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

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

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you *ever had* any of the following conditions?
  - a. Seizures: 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
  - d. 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: Yes/No

8. Have you ever used a respirator? Yes/No

If No, go directly to the next question.

If Yes, have you *ever had* any of the following problems?

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-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

a. Wear contact lenses: Yes/No

b. Wear glasses: Yes/No

c. Color blind: Yes/No

d. Any other eye or vision problem: Yes/No

12. Have you *ever had* an injury to your ears, including a broken ear drum: 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 and/or returning to a standing position: 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):

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18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

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