


| | | |
|---|--|---|
|  <p style="text-align: center;">Massachusetts Department of Correction STANDARD OPERATING PROCEDURE</p> | Effective Date 10/14/2025 | Responsible Division Deputy Commissioner, Administration |
| | Annual Review Date 10/14/2025 | |
| Policy Name STANDARD OPERATING PROCEDURE (SOP) TO 103 DOC 740, MAINTENANCE AND SANITATION STANDARDS RESPIRATORY PROTECTION PROGRAM | M.G.L. Reference: M.G.L. c. 124, § 1 (c) and (q). Executive Order 350; 780 CMR 110; 248 CMR 3.05; 527 CMR 12.00; OSHA 29 CFR 1910.134. | |
| | DOC Policy Reference: Click here to enter text. | |
| | ACA/PREA Standards: Click here to enter text. | |
| Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Applicability: Staff |
| Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Location: Department Central Policy File Each Institution's Policy File |
| <p>PURPOSE: The standard operating procedure (SOP) is to establish that the Department of Correction (Department) Respiratory Protection Program will ensure the protection of each employee from respiratory hazards through proper selection and use of respirators.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Deputy Commissioner, Administration Director of Resource Management Department Industrial Safety Health Inspector Superintendents</p> <p>CANCELLATION: 103 DOC 740 cancels all previous Department policy statements, bulletins, directives, orders, notices, rules, and regulations regarding the Respiratory Protection Program in correctional institutions which are inconsistent with this policy.</p> <p>SEVERABILITY CLAUSE: If any part of 103 DOC 740 is, for any reason, held to be in excess of the authority of the Commissioner, such decision shall not affect any other part of this policy.</p> | | |

TABLE OF CONTENTS

| | | |
|------|--|---|
| I. | Purpose | 3 |
| II. | Scope and Application | 3 |
| III. | Staff Responsibilities | 3 |
| IV. | Respirator Protection Program Requirements | 4 |

ATTACHMENTS

| | | |
|---------------|-------------------------------|----|
| Attachment #1 | Voluntary Use of Respirator | 11 |
| Attachment #2 | Hazard Evaluation | 12 |
| Attachment #3 | OSHA Respirator Questionnaire | 14 |
| Attachment #4 | Respirator Log Form | 20 |

I. PURPOSE

The Department Respiratory Protection Program will ensure the protection of each employee from respiratory hazards through proper selection and use of respirators. Respirators are to be used only where engineering control of respiratory hazards is not feasible, while engineering controls are being installed, or in emergencies. This Program is in accordance with the requirements of OSHA 29 CFR 1910.134.

The guidelines in this policy are designed to help reduce staff exposure to occupational dusts, fumes, mists, radionuclides, gases, vapors, and biohazards. The primary objective is to prevent undue exposure to these contaminants and ensure staff are placed in a safe working environment.

II. SCOPE AND APPLICATION

This Program applies to all employees who are required to wear respirators during normal work operations and during some non-routine or emergency operations. The requirements for voluntary use of respirators are described in Attachment #1 of this SOP.

The Department will provide all employees who wear respirators with the proper training, and all required respiratory equipment at no cost.

| DOC Required and Voluntary Respirator Use | |
|--|---|
| Type of Respirator | Department/Process |
| Filtering face piece (dust mask) | Voluntary use for Industrial Instructors/Maintenance Institutional Operations |
| Half-face Piece Air Purifying Respirator (APR) or Power Air Purifying Respirator (PAPR) with P100 filter | Hazard Evaluation (See Attachment #2) |
| I-Evac Hoods | Use for Evacuation Purposes Only |

III. STAFF RESPONSIBILITIES

- A. The Policy Development and Compliance Unit (PDCU) Safety and Health Inspectors shall be responsible for the implementation of the Department's Respiratory Protection Program.
1. Identifying institution hazards and appropriate respirators.
 2. Providing written instructions on the use of each respirator, including maintenance, testing, inspection, parts/repair, donning/doffing, storage requirements, engineering controls, respiratory hazards if not used properly, and emergency protocols.
 3. Selecting the appropriate type or class of respirator that will provide adequate protection for each containment, present or anticipated.
 4. Ensuring initial and annual training for all staff utilizing respirators.
 5. Monitoring compliance of the Respiratory Protection Program by conducting quarterly inspections.

6. Inspecting and documenting all Power Air Purifying Respirators (PAPR) on a quarterly basis.
 7. Assisting the institution Director of Facility Maintenance in scheduling a medical evaluation questionnaire for staff. (See Section IV (C) below)
 8. Ensuring all records pertaining to the Respiratory Protection Program are maintained in the Director of Facility Maintenance's office.
- B. The Institution's Director of Facility Maintenance or Superintendent's designee is responsible for the administration of the Respiratory Protection Program by coordinating with the PDCU Safety & Health Inspectors and shall be responsible for who must wear respirators to ensure compliance with the requirements of this policy.
- C. The Respirator User Shall:
1. Use the provided respiratory protection in accordance with the instructions and training received.
 2. Document, via incident report, any respirator equipment malfunctions.
 3. Report any change in their medical status to the Director of Facility Maintenance or Superintendent's designee that may impact their ability to wear a respirator safely.

IV. RESPIRATOR PROTECTION PROGRAM REQUIREMENTS

A. National Institute for Occupational Safety and Health (NIOSH) Certification

All respirators must be certified by NIOSH and shall be used in accordance with the terms of that certification. 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.

B. Voluntary Respirator Use

All staff will be authorized for voluntary use of respiratory protective equipment as requested.

The Director of Facility Maintenance or Superintendent's designee will provide all employees who voluntarily choose to wear the above respirators with a copy of Appendix D of the OSHA Respiratory Protection Standard. (Appendix D details the requirements for voluntary use of respirators by employees.) Employees who choose to wear a half-face piece APR or PAPR must comply with the Medical Evaluation, Cleaning, Maintenance and Storage portions of this program.

C. Medical Evaluation/Questionnaire

Staff who are either required to wear respirators, or who choose to wear a half-face piece APR/PAPR voluntarily, must pass a medical evaluation questionnaire (Attachment #3) provided by Quadrant Health Strategies 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.

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. (Attachment #3)
2. To the extent feasible, the Department will help employees who are unable to read the questionnaire.
3. The institution's Director of Facility Maintenance or Superintendent's designee will provide all affected employees with a copy of the medical evaluation questionnaire to complete.
4. Follow-up medical exams will be granted to employees as required by the OSHA 1910.134 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 PDCU Health and Safety Inspectors 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 an evaluation under OSHA 1910.134(g)(2)(i):
 - a. Job title
 - b. Proposed respirator type and weight.
 - c. The maximum expected length of time required to wear respirator.
 - d. The maximum expected physical workload.
 - e. The maximum potential temperature and humidity extremes.
 - f. Any additional protective clothing required.
7. After an employee has received clearance to wear their respirator, additional medical evaluations will be provided in accordance with OSHA 1910.134(e)(7) 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. Information found during the implementation of this Program, including observations made during the fit testing (if applicable) and Program evaluation, indicates a need for reevaluation.
 - c. A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and the physician. Only the PDCU Health and Safety Inspectors will retain the physician's written recommendations regarding each employee's ability to wear a respirator and will notify the applicable institution/division where the employee is assigned.

D. Fit Testing (If applicable)

1. The following respirators are **NOT** subject to fit testing:
 - a. Powered Air Purifying Respirators (PAPR) with loose-fitting hoods are not subject to fit testing. The hood is fitted per the manufacturer's instructions.
 - b. Dust masks are based on manufacturer's instructions.
 - c. iEvac Hoods are not subject to fit testing.
2. If applicable, employees who are required to or who voluntarily wear tight fitted respirators will be fit tested by the PDCU Health and Safety Inspector:
 - a. Prior to being allowed to wear any respirator with a tight-fitting face piece, annually;
or
 - b. 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.).
3. Employees will be fit tested with the make, model, and size of respirator that they will wear.

E. General Respirator Use Procedures

1. Employees will use their respirators under conditions specified in this Program, or when otherwise required by the Director of Facility Maintenance or Superintendent's designee, in accordance with OSHA regulations, and in accordance with the training they receive on the use of each 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. PAPRs will be used in situations where adequate protection with an air purifying respirator is appropriate. Units will be equipped with a loose-fitting hood or helmet.

PAPRs shall not be used for emergency response situations in which an oxygen deficiency or Immediate Danger to Life and Health (IDLH) atmosphere may be encountered.
3. All employees shall be permitted to leave the work area 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.
 - d. To inspect respirator if it stops functioning as intended.
4. The staff members will inspect their issued respirator before and after each use. Questionable items must be addressed immediately by the supervisor and/or Director of Facility Maintenance or Superintendent's designee.

F. Cleaning

1. Respirators are to be regularly cleaned and disinfected by the user before and after each use at the designated respirator cleaning station.

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

- a. Disassemble respirator, removing any filters, canisters, or cartridges.
 - b. 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.
 - c. Rinse completely in clean, warm water.
 - d. Disinfect all facial contact areas by spraying the respirator with an approved disinfectant.
 - e. Air dry in a clean area.
 - f. Reassemble the respirator and replace any defective parts. Insert new filters or cartridges and make sure the seal is tight.
 - g. Place the respirator in a clean, dry plastic bag or other airtight container in accordance with the manufacturer's storage recommendations.
2. The institution Director of Facility Maintenance or Superintendent's designee will ensure an adequate supply of cleaning and disinfection materials is available at the cleaning station.

G. Maintenance

Respirator maintenance involves a thorough visual inspection for cleanliness and defects. PDCU Health and Safety Inspectors will conduct these inspections on a quarterly basis. Any worn or deteriorated parts should be reported to the Director of Facility Maintenance or Superintendent's designee so that they can be replaced prior to use. Any repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by the manufacturer.

1. A record shall be kept of inspection dates and findings for respirators maintained for emergency use.
2. 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.

H. Storage

After inspecting and cleaning, the 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. Every respirator will be stored in the original storage bag supplied by the manufacturer in a designated area of the institution.
2. Respirators shall be transported in their original storage bag supplied by the manufacturer.
3. iEvac Hoods maintained at stations and work areas for emergency use shall be stored in compartments built specifically for that purpose.
4. Any extra supplies of respirator cartridges and respirator components will be stored in their original manufacturer's packaging in a designated area of the institution.

I. Respirator Malfunctions and Defects

Respirators that are defective or have defective parts shall be taken out of service immediately. The Director of Facility Maintenance or Superintendent's designee, in coordination with the PDCU Health and Safety Inspector, will decide whether to:

1. Temporarily take the respirator out of service until it can be repaired.
2. Perform a simple fix on the spot, such as replacing a head strap; or
3. Dispose of the respirator due to an irreparable problem or defect.

J. Emergency Procedures

In emergency situations where an atmosphere exists in which the user of the respirator could be overcome by a toxic or oxygen-deficient atmosphere, the following procedure should be followed:

1. When the alarm sounds (e.g., Oxygen Sensor, Gas Sensor, Respirator Alarm) employees in the affected area shall immediately exit the work area.
2. All other employees must follow the institution's Evacuation plan and immediately evacuate to the nearest exit path.

K. Training

1. The PDCU Health and Safety Inspector will provide training to respirator users for all Department institutions on the contents of the Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard, 1910.134. Staff will be trained prior to utilizing a respirator in their institutions.

The training course will cover the following topics:

- a. The Department Respiratory Protection Program.
 - b. The OSHA Respiratory Protection Standard, 1910.134.
 - c. Respiratory hazards encountered at DOC institutions and health effects.
 - d. Proper selection and use of respirators.
 - e. Limitations of respirators.
 - f. Respirator donning and user seal (fit) checks.
 - g. Fit testing (If applicable).
 - h. Emergency use procedures.
 - i. Maintenance and storage.
 - j. Medical signs and symptoms limiting the effective use of respirators.
2. Staff will be retrained annually and/or as needed. Staff must demonstrate their understanding of the topics covered in the training through hands-on exercises and a knowledge-based review. Respirator training will be documented by the PDCU Health and Safety Inspector(s).

L. Evaluation

The PDCU Health and Safety Inspectors 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 staff and their supervisors, site inspections, air monitoring and a review of records.

M. Documentation and Recordkeeping

1. A written copy of this Program and the OSHA Respiratory Protection Standard shall be kept in the Director of Facility Maintenance or Superintendent's designee's office and made available to all staff who wish to review it.
2. Copies of training, respirator clearance, and fit test records shall be maintained by the PDCU Health and Safety Inspector(s). These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted if applicable.
3. A Respirator Log, Attachment #4 containing the date, reason for use, time in/time out, and the name of the respirator user shall be filled out before use of respirator.
4. The completed medical evaluation 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. The only information that will be provided by the physician to the PDCU Health and Safety Inspector(s) is the "clearance"/approval (or disapproval letter) for the employee to wear a respirator.

Voluntary Use of Respirator

OSHA 29 CFR 1910.134(c)(2)(i)

An employer may provide respirators at the request of employees or permit employees to use their own respirators if the employer determines that such respirator use will not in itself create a hazard. If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in Appendix D to this section ("Information for Employees Using Respirators When Not Required Under the Standard"); and

OSHA 29 CFR 1910.134(c)(2)(ii)

In addition, the employer must establish and implement those elements of a written Respiratory Protection Program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user.

Exception: Employers are not required to include in a written Respiratory Protection Program those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

Hazard Evaluation

| Process Hazard Evaluation for Department of Correction | |
|--|---|
| Process | Noted Hazards |
| 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 ³ (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 ³ (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, DOC will provide respirators to workers who are concerned about potential exposures |
| Loading Coating Agents into Supply Systems | Employees may voluntarily wear half-face piece APRs with organic vapor cartridges. Although exposure monitoring has shown that exposures are kept within PELs during this procedure, DOC 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, DOC will provide respirators to workers who are concerned about potential exposures |
| Silica Exposure | Measures including controlling dust levels below the PEL of 50 micrograms of silica per cubic meter of air in an 8-hour time weighted average. |

| | |
|-----------------------|---|
| Wood Working Exposure | Administrative or engineering controls must first be determined and implemented whenever feasible. When such controls are not feasible to achieve full compliance, protective equipment or any other protective measures shall be used to keep the exposure of employees to air contaminants within the limits prescribed in this section. Any equipment and/or technical measures used for this purpose must be approved for each particular use by a competent industrial hygienist or other technically qualified person. Whenever respirators are used, their use shall comply with 1910.134. |
| Sheetrock Exposure | OSHA regulations have restricted silica dust permissible exposure limits (PELs) to 50 micrograms per cubic feet of air. When sanding drywall, workers generate a substantial amount of airborne silica dust. |
| Demolition work | Administrative or engineering controls must first be determined and implemented whenever feasible. When such controls are not feasible to achieve full compliance, protective equipment or any other protective measures shall be used to keep the exposure of employees to air contaminants within the limits prescribed in this section. Any equipment and/or technical measures used for this purpose must be approved for each particular use by a competent industrial hygienist or other technically qualified person. Whenever respirators are used, their use shall comply with 1910.134. |

Quadrant Health Strategies Medical Evaluation Questionnaire (OSHA Appendix C)

Instructions:

Once employees complete the attached questionnaire, it can be mailed or faxed to Quadrant Health Strategies at the address and number:

Attention: Sarah Wonson
500 Cummings Center
Suite 4350
Beverly, MA 01915
Fax: 978-532-0616

Please be sure to write “Department of Corrections” as the employer on Page 1 of the questionnaire. A letter will be received notifying the Department if the employee(s) is medically cleared, or if a respiratory clearance exam/PFT is required.



OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

Instructions to Medical Provider: Review and initial each page then sign and date the last page.

Appendix C to Sec. 1910.134:

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.

Employer Name: _____

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): _____



OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

Name: _____

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. If you smoked in the past, please list packs per day and number of years: ppd _____; years _____ | | |
| 3. 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 |
| 4. 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. Cilicosis: | 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 |
| 5. 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 |
| 6. 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 |



Name: _____

- | | | |
|---|-----|----|
| 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 |

7. 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 |

8. 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 |

9. 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 |

10. 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.

11. Have you ***ever lost*** vision in either eye (temporarily or permanently):

Yes No

12. 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 |

13. Have you ***ever had*** an injury to your ears, including a broken ear drum:

Yes No



Name: _____

14. 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 |

15. Have you **ever had** a back injury: Yes No

16. 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 |



Name: _____

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 <i>per week</i> : | Yes | No |
| d. Less than 2 hours <i>per day</i> : | 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.



Name: _____

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 well-being of others (for example, rescue, and security):

Reviewed by: _____

Signature of Medical Provider

Name of Medical Provider

Date of Review: _____

Respirator Log

[illegible]