# Respirator Protection Program for Firefighters

**Template Program**

The following Respirator Protection Program template is provided by the Massachusetts Department of Labor Standards to assist municipal, county, and state agencies prevent work-related injury. The template is developed to comply with the OSHA regulations on Respirators, 29 CFR 1910.134, and Interior Structural Firefighting, 29 CFR 1910.166.

**QUESTIONS AND ANSWERS**

**Is a written program mandatory?** Yes. A written Respirator Protection Program is required when workers perform tasks that require them to wear a respirator. (29 CFR 1910.134(c))

**Am I required to use the DLS template?** No. Keep the SOG format that is familiar to your department. You can use this template to check required contents.

**How to use this template program:** The template contains some fill-in-the-blank areas where you should add details specific to your department/agency. You may also decide to add additional information such as NFPA recommendations, which are stricter than the minimum OSHA requirements. You should:

* Review the sample template.
* Remove the annotated notes, which are included in the template so that users can confirm mandatory requirements.
* Confirm that your department is able to implement each component of the program.
* Complete the fill-in-the-blank sections.
* Sign and date the program.
* Communicate and train individuals on the program.

Monitor operations in the field to confirm that individuals understand and are able to conduct the requirements provided in the program. The Massachusetts Department of Labor Standards has resources for public sector employers to reduce work-related injuries and illnesses. Visit us at [www.mass.gov/dols/wshp](http://www.mass.gov/dols/wshp).

**  
Respirator Protection Program for Fire Departments**

**Table of Contents**

1.0 Purpose ..........................................................................................................................3

2.0 Scope ………………. ...........................................................................................................3

3.0 Responsibilities .............................................................................................................3

4.0 Respirator Selection.......................................................................................................5

5.0 Respirator Use ...............................................................................................................6

6.0 Air Quality for SCBA ………………………………………………………………………………………..……..…6

7.0 Cleaning, Inspection, Maintenance, Storage, Air Quality .............................................7

8.0 Fit Test ..........................................................................................................................8

9.0 Medical Evaluation........................................................................................................9

10.0 Training .......................................................................................................................11

11.0 Documentation and Record keeping ...........................................................................12

12.0 Program Evaluation ....................................................................................................13

Appendix A Cleaning Instructions (*insert manufacturer instructions*)

Appendix B Respirator Selection based on Fire Department Tasks *(guidance)*

Appendix C Protection Factors of Respirators and Air Test Evaluation *(guidance)*

Appendix D SCBA Inspection Form (*employer may develop its own form or use manufacturer form)*

Appendix E Fit Test Form (*insert department form)*

Appendix F Medical Questionnaire (*insert OSHA form)*

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**Respirator Protection Program for Fire Departments**

**Template**

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| **1.0 PURPOSE**  This Respirator Protection Program presents the procedures and requirements that must be met to ensure that individuals required to use a respirator for their job duties are provided with safe, effective respiratory protection. | *Section 1.0: Informational* |
| **2.0 SCOPE**  This written program applies to all fire fighters and EMS personnel  who perform tasks that require the use of a respirator. | *Section 2.0: Informational* |
| **3.0 RESPONSIBILITIES**  **3.1 The Fire Chief** is responsible for the implementation of this Program, including allocation of adequate resources to ensure adherence to all applicable regulations.  **3.2 The SCBA/PPE Coordinator** is the Coordinator of the Respiratory Protection Program and has responsibility to:   * Maintain and oversee the Respirator Protection Program. * Schedule employees for the required respirator-medical evaluations, fit testing, and training. * Maintain fit test records for the duration of employee employment. * Maintain documentation that employee has completed a medical evaluation for authorization to use a respirator. * Maintain training records. * Maintain inspection records for respirators * Maintain records that Grade D air is provided to SCBA cylinders * Conduct an annual evaluation of the program.   1. **Incident Commanders have the responsibility for:** * Identifying and communicating respirator requirements according  to tasks performed at each specific response scene.   1. **Safety Officer has the responsibility to:** * Evaluate scene conditions during emergency response to identify potential IDLH conditions that require SCBA use. * Conduct atmospheric monitoring of the work areas where respiratory protection is required. For example, where carbon monoxide, cyanide, and other potential contaminants expected. * Communicate atmospheric conditions and respirator recommendations with Incident Commander.   **3.5 Shift Commanders (Captains) have responsibility to:**   * Ensure that respirators designated by the Incident Commander or Safety Officer for use at a particular response are worn by employees. * Ensure employees attend the required respirator-medical evaluations, fit testing, and training. * Ensure that respirators are cleaned after each use and stored properly. * Ensure respirator equipment is inspected according to department schedule. * Monitor employee competency for respirator use, SCBA cylinder refilling, and respirator cleaning and inspection. * Ensure that only approved wearers are issued respiratory protection equipment.   **3.6 Firefighters have the responsibility to:**   * Use the approved size and style respirator determined by the Incident Commander or Safety Officer for each response. * Attend and participate in required medical evaluations, fit testing, and training. * Inspect respirators. * Clean and properly store respirators after each use * Perform a face piece fit check for adequate seal each time a respirator is donned (Appendix B, Section 4.0). * If they have facial hair, ensure that their facial hair does not that interfere with facepiece seals or inhalation/exhalation valves. | *Section 3.0: Informational*  *The written program does not require that specific responsibilities are listed.*  *Edit the template to reflect the job titles that are used in your department.*  *A department that omits section 3.0 will be in compliance with 29 CFR 1910.134 (c).*  *If a department does not have a designated Safety Officer, these duties should be assigned to corresponding personnel in the department.* |

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| **4.0 RESPIRATOR SELECTION**   * 1. **Respirator Selection**      1. Respirators shall be worn when person is exposed to   air contaminants above the OSHA permissible exposure limit.   * + 1. Interior structural firefighting should be assumed to be immediately dangerous to life and health (IDLH) until a determination is made that IDLH conditions do not exist.     2. Self-Contained Breathing Apparatus (SCBA) must be used when: * Oxygen deficiency (less than 19.5% oxygen) exists. * Toxic products of combustion may be present. * The atmosphere is immediately dangerous to life and health (IDLH), suspected of being IDLH, or unknown. * Air contaminants are present in concentrations above the OSHA permissible exposure limit, and no other effective respirator for that contaminant is available for those concentrations.   See Appendix A for respirator selection guideline according  to specific tasks. | *4.1.1 Mandatory*  *29 CFR 1910.134(d)(1)-(2)*  *4.1.2 Mandatory*  *29 CFR 156(f)(1)*  *4.1.3 Mandatory*  *29 CFR 1910.134 (d)(1)-(2)*  *29 CFR 1910.156(f)(1)(ii)*  *Informational*  *Appendix A is provided as a decision guide.* |

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| **5.0 PROCEDURES FOR PROPER RESPIRATOR USE**  **5.1 Respirators:** shall be used in accordance with its NIOSH  certification and manufacturer instruction.  **5.2** **Facial Hair**: Persons required to use a respirator shall not have facial hair that interferes with the facepiece seal or inhalation/exhalation valves. This rule stays in effect even if the person passes a fit test with facial hair.  **5.3** **Eyeglasses**: Persons who require corrective eyeglasses should not wear the eyeglasses with a full-face respirator, since the eyeglass frame can interfere with the face-to-facepiece seal. Obtain an eyeglass insert provided by the respirator manufacturer. The employee is responsible for paying for the eye examination to determine lens correction and frame size. The employer is responsible for paying for the eyeglass insert.  **5.4** **Seal Check**: Conduct a user seal check each time a respirator is put on. Persons using a respirator may not have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good facepiece seal. Individuals are not permitted to wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.  **5.5** **SCBA Cylinder Air Management**: SCBA cylinders must have a minimum service life rating of 30 minutes. Leave the area when the cylinder end-of-service life alarm is activated. The alarm must activate when the apparatus is reduced to within 20-25% of its rated service time. | *5.1 Mandatory*  *29 CFR 1910.134(d)(1)(iii)*  *5.2 Mandatory*  *29 CFR 1910.134(g)(1)(i)*  *5.3 Mandatory*  *29 CFR 1910.134(g)(1)(ii)*  *5.4 Mandatory*  *29 CFR 1910.134(g)(1)(iii)*  *5.5 Mandatory 29 CFR 1910.134 (f)(1)(v)*  *29 CFR 1910.134 (f)(1)(vi)*  *Template may be edited to reflect rating and alarm setting at the department, as long as alarm activated before 20-25% of rated service life.* |
| **6.0 BREATHING AIR QUALITY FOR SCBA CYLINDERS**  **6.1** Breathing air in SCBA cylinder must meet at least the requirements for Grade D breathing air described in  ANSI/ Compressed Gas Association G-7.1 – 1989, Commodity Specification for Air.  **6.2**  When air cylinders are purchased through a third party a certification that the air in the cylinders meets the specifications of Grade D breathing air will be kept on file.  **6.3** When using air from a compressor, the following conditions must be met:   * Oil compressors must have either a Carbon Monoxide sensor, a heat sensor, or both. * Compressor intake must be located in a clean air environment. * Suitable in-line air-purifying filters must be installed.   **6.4** SCBA air cylinders shall be filled by personnel trained to use the compressor equipment.  **6.5** SCBA air cylinders must be stored in a fully charged state and shall be recharged when pressure falls to 90% of manufacturer’s recommended pressure level.  **6.6** Couplings used to fill breathing air cylinders must be  incompatible with couplings for other compressed gas  cylinders.  **6.7** SCBA cylinders are required to be hydrostatically tested  every 5 years. | *6.1 Mandatory*  *29 CFR 1910.134(i)(1)(ii)*  *6.2 Mandatory  29 CFR 1910.134(i)(4)(ii)*  *6.3 Mandatory*  *29 CFR 1910.134(i)(5)*  *Edit template to reflect the type of compressor used.*  *6.4 Mandatory*  *29 CFR 1910.134(k)(v)*  *6.5 Mandatory*  *29 CFR 1910.134(h)(3)(iii)*  *6.6 Mandatory*  *29 CFR 1910.134(i)(8)*  *6.7 Mandatory*  *29 CFR 1910.134(i)(4)(i)* |
| **7.0** **CLEANING,** **INSPECTION, MAINTENANCE AND STORAGE**   * 1. **Cleaning**       1. Follow the manufacturer’s owner’s manual for cleaning, and maintenance.      2. All SCBAs and reusable respirators are to be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.      3. Respirators issued to more than one individual shall be cleaned and disinfected before being worn by a different individual.   2. **Inspection**      1. Inspect respirators during cleaning and before placing the respirator back in storage.      2. Conduct monthly inspection of SCBAs.      3. Follow manufacturer’s owner’s manual for inspection instructions and checklists. Inspect components such as facepiece, valves, faceshield, straps, hose, regulators, harnesses, cylinder condition and alarms.      4. Inspect that SCBA regulator and warning devices function properly.   **7.3 Defective Respirators**  7.3.1 Respirators that are defective or have defective  parts shall be taken out of service immediately.  **7.4 Maintenance**  7.4.1 Maintain and service respirators according to  manufacturer instructions.  7.4.2 Repairs to regulators, alarms, and reducing and  admission valves shall be conducted only by the  manufacturer or a technician trained by the  manufacturer.  **7.5 Storage**  7.5.1 Store respirators in a manner that prevents  deformation of the face seal, other damage, or  contamination. | *7.1.1 Informational*  *7.1.2 Mandatory*  *29 CFR 910.134(h)(1)*  *7.1.3 Mandatory*  *29 CFR 1910.134(h)(1)(ii) Delete from template if respirators are assigned to specific persons*  *7.2.1 Mandatory*  *29 CFR 1910.134(h)(3)*  *7.2.2 Mandatory*  *29 CFR 1910.134(h)(3)(ii) 7.2.3 Information*  *7.2.4 Mandatory*  *29 CFR 1910.134(h)(3)(ii)*  *7.3.1 Mandatory*  *29 CFR 1910.134(h)(4)*  *7.4.1 Mandatory*  *29 CFR 1910.134(h)(4)*  *7.4.2 Mandatory*  *29 CFR 1910.134(h)(4)(iii)*  *7.5.1 Mandatory*  *29 CFR 1910.134(h)(2)* |

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| **8.0 RESPIRATOR FIT TEST**  **8.1 Purpose:**  8.1.1 The purpose of the respirator fit test is to ensure that contaminants do not leak into the facepiece and to identify the correct size facepiece for each individual (make, model and size).  8.1.2 Fit testing may be performed by Fire Department personnel, regional Fire Department personnel, or an outside vendor.  8.1.3 The Fit Test evaluates facepiece leakage. The Fit Test is NOT a medical authorization to use a respirator.  **8.2 Scope:** Each individual required to use a respirator must be fit tested on each manufacturer make/model that the individual will wear. This includes:   * SCBA; * Air purifying respirators   **8.3** **Frequency:** The Fit Test must be conducted with the same manufacturer, model, and size that the person uses. Conduct the Fit Test and must be conducted:   * Prior to the first time using the manufacturer/model and size of the respirator. * Annually. * When there are changes in the individual’s physical condition that could affect the face seal (e.g., weight, dentures, facial scarring, etc.).   **8.4 Type of Fit Test**   * Fit tests can be qualitative of quantitative. * A Qualitative Fit Test requires the user to report leakage of a test agent into the facepiece. * A Quantitative Fit Test uses an instrument to measure the presence of a test agent outside and inside the facepiece, and give a numerical result.   **8.5 Documentation**   * The Fire Department shall maintain records of individual Fit Tests. | *8.1.1 Information*  *8.1.2 Information*  *8.1.3 Information*  *8.2 Mandatory 29 CFR 1910.134(f)(1)*  *Edit template to reflect types of respirators used.*  *8.3 Mandatory*  *29 CFR 1910.134(f)(2)*  *8.4 Information*  *29 CFR 1910.134(f)(1)*  *8.5 Mandatory*  *29 CFR 1910.134(m)(2)* |

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| **9.0 MEDICAL EVALUATION FOR AUTHORIZATION TO USE A  RESPIRATOR**  **9.1 Purpose:** The Medical Evaluation for Authorization to Use a Respirator ensures that the individual is physiologically able to  wear a respirator.  **9.2 Scope:** Each individual *hired after February 1, 2019* required to use a respirator must complete a medical evaluation for authorization to use the respirator.  **9.3 Frequency**  The individual must have documentation that they are medically authorized to use a respirator before performing any tasks that  require the use of a respirator.  9.3.1 **New Hire:** New Hires, *hired after February 1, 2019* shall complete a medical evaluation for respirator use.  9.3.2 **Re-evaluation of Current Employees:** Those currently  employed shall be subject to a re-evaluation using the  medical evaluation questionnaire when the following  conditions occur, as listed in the OSHA Respirator  Standard 29 CFR 1910.134 (e)(7).   1. Employee reports signs or symptoms that are related to ability to wear a respirator; 2. A healthcare provider or Fire Department Officer informs the Fire Chief that an individual needs to be reevaluated; 3. Information from the respirator program, including observations made during fit testing, indicate the need for a reevaluation; 4. A change occurs in work conditions (i.e. physical work effort, protective clothing, temperature) that may result in substantial increase in the physiological burden placed on an individual while wearing a respirator.   **9.4 Contents of Medical Evaluation for Authorization to Use a   Respirator**  9.4.1 **Medical Questionnaire**. Complete the OSHA Respirator questionnaire before an individual is assigned to wear a respirator. The specific contents of the questionnaire are mandatory, as provided in the OSHA respirator standard  29 CFR 1910.134 Appendix C. A licensed healthcare  provider is authorized to replicate the questionnaire.  The questionnaire is confidential. The occupational health provider provides the questionnaire directly to the  individual, and the answers are not shared with the employer.  9.4.2 The medical questionnaire must be reviewed by a licensed healthcare professional. This includes MD, PA, NP, or RN,  but does not include emergency medical technicians or paramedics.  9.4.3 Based on evaluation of the questionnaire, the healthcare provider may authorize an individual for respirator use, or  may refer the individual for pulmonary function testing.  9.4.4 **Pulmonary Function Tests (spirometry).** A healthcare  provider may request diagnostic tests, including a  pulmonary function test, to make a determination for  respirator use.  **9.5** **Documentation**  9.5.1 The licensed healthcare professional will provide a statement to the individual’s department that the  individual is or is not, authorized to use a respirator. The documentation should include the date of the evaluation, individual’s name, physician’s name and contact information.  9.5.2 The documentation should not include any personal  medical information, questionnaire answers or  pulmonary function test results. | *9.1 Information*  *29 CFR 1910.134(e)(1)*  *9.2 Mandatory*  *29 CFR 1910.134(e)*  *Template edited December 2018 to include the effective date*  *9.3.1 Mandatory*  *29 CFR 1910.134(e)(1)*  *9.3.2 Mandatory*  *29 CFR 1910.134(e)(7)*  *9.4.1: Mandatory*  *29 CFR 1910.134(e)(2)*  *9.4.2 Information*  *29 CFR 1910.134(e)(2)*  *9.4.3 Information*  *29 CFR 1910.134(e)(3)*  *9.4.4 Mandatory*  *29 CFR 1910.134(e)(3)*  *9.5.1: Mandatory*  *29 CFR 1910.134(e)(6)(i)*  *29 CFR 1910.134(m)(1)*  *9.5.2 Information* |

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| **10.0 TRAINING**  **10.1** **Scope:** Training is required for all individuals who are  required to use respirators in their job function.  **10.2** **Frequency**: Training must be provided before an individual first wears a respirator, and annually after that.  **10.3** **Effectiveness**: Training is performance-based. On an annual basis, the individual must be able to demonstrate knowledge of contents listed in Section 10.4 below.  **10.4** **Content of SCBA training**.   * Instruction in type of respiratory hazards encountered * Instruction in the use of respirators:   + When use of respirators is required   + Inspection procedures prior to use   + Seal check and adjusting for comfort   + Wearing of respirator   + Components of respirators * Types of respirators used at the workplace, capabilities, and limitations * How to respond to respirator malfunctions * SCBA Air Management, and cylinder alarm procedures * SCBA cylinder filling * Fit test * Cleaning, maintenance and storage * How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators | *10.1 Mandatory*  *29 CFR 1910.134(k)*  *10.2: Mandatory*  *29 CFR 1910.134(k)*  *10.3 Information*  *10.4: Mandatory*  *29 CFR 1910.134(k)(3)*  *Each fire department may determine method of training, including performance based training or skill demonstration. Document dates that knowledge was assessed.* |
| **11.0 RECORDKEEPING**  The following records will be maintained:   * 1. **Medical evaluation:** letter from healthcare   professional that each individual is medically  cleared to wear a respirator. (for Firefighter/EMS hired after February 1, 2019).   * 1. **Fit test record** (initial and annual)   2. **Training record** (initial and annual)   3. Air cylinder purchases, certification of air quality.   4. SCBA respirator inspection records (monthly) | *11.1: Mandatory*  *29 CFR 1910.134(m)(1)*  *11.2: Mandatory*  *29 CFR 1910.134(m)(2)*  *11.3: Recommended*  *Written training log is not required in 29 CFR 1910.134.*  *11.4: Mandatory*  *29 CFR 1910.134(i)(4(ii))*  *11.5: Recommended*  *29 CFR 1910.134(h)(3)(iii)* |
| **12.0 12.0 PROGRAM EVALUATION**  The Respirator Program will be reviewed annually by the department. The review should cover the following topics, at minimum:   * Adequacy of the respirator being used; * Incidents in which the respirator has failed to provide adequate protection; and, * Adequacy of training and maintenance on the use of respirator. * Potential changes to and recommendations for the program. | *12.0: Mandatory*  *29 CFR 1910.134(l)* |

# APPENDIX A – SCBA CLEANING AND DISINFECTING INSTRUCTIONS

*Note for Template: The written program is required to include instructions for cleaning and maintaining the respirator. Section 7.1.1 provides information to follow the manufacturer’s owner’s manual for cleaning and maintenance.*

*Insert your manufacturer instructions here for the make/model of your respirator.*

# APPENDIX B - Respirator Selection According to Tasks

*Note for Template: The written respirator program is required to contain procedures for selecting respirators [29 CFR 1910.134 (c)((1)(i)]. These procedures are described in Section 4.0 of this program. This Appendix is recommended to assist personnel assigned to select respirators. Individual Fire Departments may edit this table based on tasks performed.*

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| Task | Condition | Respirator |
| Incipient stage fire | Non-IDLH | SCBA at discretion of ICO |
| Interior structural firefighting, beyond incipient stage | IDLH | SCBA |
| Cutting vent | IDLH | SCBA |
| Ladder support | IDLH and non IDLH | SCBA for IDLH  SCBA at discretion of ICO |
| Pump support | IDLH and Non-IDLH | SCBA for IDLH  None, at discretion of ICO |
| Set hose | Non-IDLH | None |
| Car fire | IDLH | SCBA |
| Dumpster fire | IDLH | SCBA |
| Carbon Monoxide alarm | IDLH | SCBA until air monitoring shows levels below 25 ppm Carbon Monoxide |
| Ammonia refrigeration leak | IDLH | SCBA until air monitoring shows air levels below 15 ppm Ammonia |
| Fuel oil spill with fire | IDLH | SCBA |
| Fuel oil spill without fire | Non-IDLH | SCBA until air monitoring shows air level VOCs < 300 ppm |
| Overhaul | Not IDLH,  but Carcinogens in smoke | SCBA |
| Other tasks, list separately: |  |  |
| EMS with potential exposure to TB or other airborne infection | Not IDLH,  but potential airborne hazard | N95 disposable |
| EMS medical response with potential splash with blood or vomit | Not IDLH,  but potential airborne hazard | N95 disposable |

# APPENDIX C - Protection Factors of Respirators and Air Test Evaluation

###### Note for Template: This Appendix is **optional**. It is informational for personnel assigned to coordinate the respirator program.

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| **Type of Respirator** | **Protection Factor** | **Approved Use**  **(Protection Factor included)** |
| N95 disposable mask | 10 | Nuisance dust; EMS tasks such as  blood; vomit; tuberculosis; influenza |
| Tight-fitting  cartridge respirator  with P100 filter (magenta) | 10 | Nuisance dust; Lead paint dust; silica, asbestos; soot; creosote; |
| Tight-fitting  Cartridge respirator with Olive/Magenta cartridge.  Cartridge label must be combination Olive/Magenta  (NIOSH Approved for OV, CL, HC, SD, HF, HS, CD, FM,AM,MA, P100) | 10 | VOCs from fuels <300 ppm in air:  paint, pesticide, gasoline, diesel  Hydrochloric acid <10 ppm  Hydrogen sulfide <10 ppm  Ammonia <10 ppm  Formaldehyde <10 ppm  Dusts: Lead and other metals; asbestos; soot; creosote;  Odors: sewage; feces; animal urine; pigeon/bat guano  Carbon Monoxide must be <25 ppm (same level as no respirator use at all)  Cyanide must be < 4 ppm (same as no respirator use at all) |
| SCBA | 10,000 | IDLH or Unknown Atmosphere  Firefighting;  Oxygen deficiency;  Carbon Monoxide > 25ppm;  VOC from fuels >300ppm  Ammonia, acids, corrosives.  Confined space with unknown atmosphere |

# APPENDIX D –RESPIRATOR INSPECTION FORM

*Note for Template: This appendix is* ***optional*** *and is provided to assist personnel assigned to coordinate the respirator program. Monthly inspections of SCBA are required to be conducted and required to be documented, but a blank form is not required in the written program.*

*Insert your manufacturer instructions here for the make/model of your respirators.*

# APPENDIX E – FIT TEST FORM

*Note for Template: This appendix is* ***optional*** *and is provided to assist personnel assigned to coordinate the respirator program. A department is required to perform annual fit tests, but the written program is not required to maintain a blank Fit Test Form. A Department should develop its own form.*

*Insert a blank copy of your Department’s Fit Test Form.*

# APPENDIX F – RESPIRATOR MEDICAL QUESTIONNAIRE

*Note for Template: This appendix is* ***optional*** *even though the questionnaire is mandatory. The written program is not required to maintain a blank questionnaire. This Appendix is suggested because it may help personnel assigned to coordinate the written respirator program.*

*Insert a blank copy of the OSHA Respirator Questionnaire.*

**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

**Date:**

**Chart #:**

**Age:\_**

**Sex:**

**SSN:**

**Name:\_**

**ID #**

**Job Title:**

**Employer Name:**

**Department:**

**TO THE EMPLOYER**

Answer to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and answer any questions you may have concerning the questionnaire.

**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.

**TO THE PHYSICIAN OR OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)** Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee needs to be considered for a follow-up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place a particular emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will complete the “PLHCP’s Written Statement” to both the employee and the employer **within 2 days.**

**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.** Your height:\_

**2.** Your weight:

**3.** Your job title:\_

ft. lbs.

in.

**4.** A phone number where you can be reached by the health care professional who will review this questionnaire (include area code):

**5.** The best time to phone you at this number is:\_

am/

pm.

**6.** Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one) Yes No

**7.** 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).

**8.** 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**. Yes No **Do you currently smoke tobacco, or have you smoked tobacco in the last month?**

**2. Have you ever had any of the following conditions?**

Yes No 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

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

Yes No 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. Pheumothorax (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

**4. Do you currently have any of the following symptoms of pulmonary or lung disease?**

Yes No a. Shortness of breath

Yes No b. Shortness of breath when walking 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

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 mostly occurs 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

**5. Have you ever had any of the following cardiovascular or heart problems?**

Yes No 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

Yes No g. High blood pressure

Yes No h. Any other heart problems that you’ve been told about

**6. Have you ever had any of the following cardiovascular or heart symptoms?**

Yes No 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 might be related to heart or circulation problems

**7. Do you currently take medication for any of the following problems?**

Yes No a. Breathing or lung problems

Yes No b. Heart trouble Yes No c. Blood pressure Yes No d. Seizures (fits)

**8. If you’ve used a respirator, have you ever had any of the following problems? (If you’ve never used a respirator, check the following space and go to question 9)**

Yes No 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 interfere with your use of a respirator

**9.** Yes No **Would you like to talk to the health care professional who will review this questionnaire about your answers to this question?**

**Question 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

|  |  |  |
| --- | --- | --- |
| **10.** Ye | s No | **Have you ever lost vision in either eye (temporarily or permanently)** |
| **11.** Ye | s No | **Do you currently have any of the following vision problems?** |
| Yes | No | a. Wear contact lenses |
| Yes | No | b. Wear glasses |
| Yes | No | c. Color blindness |
| Yes | No | d. Any other eye or vision problems |

|  |  |  |
| --- | --- | --- |
| **12.** Ye | s No | **Have you ever had an injury to your ears, including a broken ear drum?** |
| **13.**  Yes  Yes  Yes | No No No | **Do you currently have any of the following hearing problems?**  a. Difficulty hearing  b. Wear a hearing aide  c. Any other hearing or ear problems |
| **14.** Ye | s No | **Have you ever had a back injury?** |
| **15.** Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes | No No No No No No No No No No No | **Do you currently have any of the following musculoskeletal problems?**  a. Weakness in any of your arms, hands, legs, or feet b. Back Pain  c. Difficulty fully moving your arms and legs  d. Pain or stiffness when you lean forward or backward at the waist e. Difficulty fully moving your head up or down  f. Difficulty fully moving your head side to side g. Difficulty bending at your knees  h. Difficulty squatting to the ground  i. Climbing a flight of stairs or a ladder carrying more than 25lbs.  j. Any other muscle or skeletal problem that interferes with using a respirator |

**To the PLHCP**

**Check**  **the ONE that applies**

* + I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.
  + I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.
  + I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.
  + I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

PLHCP Signature Employee Signature

(When Available)

Date

**PART – B (OPTIONAL)**

**PART – B of this OSHA Questionnaire is discretionary. The health care professional who will be reviewing this questionnaire will determine if this part needs to be completed by the employee.**

**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.** Yes No **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 are working under these conditions?

**2.** Yes No **At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (for example: gases, fumes, or solvents)?**

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:**

Yes No Asbestos

Yes No Silica (for example: sandblasting)

Yes No Tungsten/Cobalt (for example: grinding or welding this material) Yes No Beryllium

Yes No Aluminum

Yes No Coal (for example; mining) Yes No Iron

Yes No Tin

Yes No Dusty Environments

Yes No Any other hazardous exposures

If “Yes”, describe these exposures:

**4. List any second jobs or side business you have:**

**5. List your previous occupations:**

**6. List your current and previous hobbies:**

**7. Yes No Have you ever worked on a HAZMAT team?**

**8. Yes No Other than medication 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)**

If “Yes”, name the medications if you know them:\_

**9. Will you be using any of the following items with your respirator:**

|  |  |  |
| --- | --- | --- |
| Yes | No | a. HEPA Filters |
| Yes | No | b. Canisters (for example; gas masks) |
| Yes | No | c. Cartridges |

**10. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)**

|  |  |  |
| --- | --- | --- |
| Yes | No | 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 |

**11. During the period you are using the respirator(s), is your work effort:**

Yes No a. Light (less than 200kcal per hour)

Examples of light work are sitting while writing, drafting, or performing light assembly

Work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

If “Yes”, how long does this period last during the average shift: Yes No b. Moderate (200 to 350 kcal per hour)

\_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 2mp or down a 5 – degree grade about 3mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

If “Yes”, how long does this period last during the average shift: Yes No c. Heavy (above 350 kcal per hour)

hrs

mins.

Examples of heavy work are lifting 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 2mph; climbing stairs with a heavy load (about 50 lbs.)

If “Yes”, how long does this period last during the average shift hrs. mins.

**12.** Yes No **Will you be wearing protective clothing and/or equipment (other than the**

**Respirator) when you’re using your respirator.**

If “Yes”, describe this protective clothing and/or equipment

**13.** Yes No **Will you be working under hot conditions (temperature exceeding 77 deg. F)**

**14.** Yes No **Will you be working under humid conditions?**

**15. Describe the work you’ll be doing while you’re using the respirator(s)**

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

**17. Provide the following information, if you know it, for each substance that you’ll be exposed to when you’re using your respirator:**

Name the first toxic substance:\_

Estimated maximum exposure to shift: Duration of exposure per shift:\_

Name of second toxic substance:\_

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

Name of third toxic substance:

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

Name of any other toxic substances that you’ll be exposed to while using your respirator(s):

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

**Appendix D to Section 1910.134 (Mandatory) Information for Employees Using Respirators**

**When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become 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 represent 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 respirator 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 packaging. It will tell you what the respirator is designated for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designated to filter dust particles will not protect you against gases, fumes, 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.