



**Northern Illinois
University**

Respiratory Protection Program

Department of Environmental Health and Safety

July 7, 2021

Review and Updates

Date	Reviewed by	Changes Made
Oct. 9, 2012	Mary Schlagel	Annual Review
August 1, 2014	Mary Schlagel	Annual Review
February 24, 2015	Mary Schlagel	To Duties section To Fit Test section To Facemask Seal Protection
July 29, 2015	Mary Schlagel	Clarifying facial hair and fit testing.
July 21, 2016	Mary Schlagel	To Responsibilities section. Clarifying who needs to wear respiratory protection, SCBA inspection and testing.
July 17, 2017	Mary Schlagel	To section on Responsibilities, Respirator Selection Facemask Seal Protection
June 6, 2018	Mary Schlagel	Updates to Responsibilities & Medical Evaluations.
July 16, 2019	Mary Schlagel	Updates to Voluntary Use, Recordkeeping, Applicable Standards. Appendix for training sign in sheet removed.
April 27, 2020	Mary Schlagel	Include NIU policies. Clarifications on voluntary use, EHS & Supervisor responsibilities. SCBAs no longer used at NIU. Added Appendix 5 regarding N95s & facemasks, Appendix 6 regarding program evaluation.
October 21, 2020	Mary Schlagel	Standardization, updates to appendices
July 7, 2021	Mary Schlagel	When to dispose of N95s & respirator cartridges.

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Purpose

Employee exposure to toxic dusts, fumes, mists, vapors and gases cannot always be effectively reduced through engineering or administrative controls. For short duration or infrequent exposure, controls may not be feasible. Respirators should be used where engineering controls are not possible, while engineering controls are being installed or repaired, or in emergencies.

This program establishes written procedures as mandated by the Occupational Safety and Health Act (OSHA) 29 CFR 1926.103 and 29 CFR 1910.134. The program includes information on selection, training and instruction, cleaning and sanitization, inspection and maintenance, medical surveillance and specific application procedures.

Applicable Policies and Regulations

Policies

- NIU Health and Safety Policy
- NIU Facilities Management and Campus Services Safety Policy

Codes and Regulations

- 56 Ill. Admin. Code Part 350 Health and Safety
- OSHA 29 CFR 1910.134 General Industry -- Respiratory Protection, and Appendices
- OSHA 29 CFR 1926.103 Construction – Respiratory Protection
- NIOSH 42 CFR 84 Approval of Respiratory Protective Devices

Scope and Application

The scope of this program applies to those campus operations in which employees therein are required to don respiratory protection to safely carry out their respective job duties. Please note this program does not include requirements for the use of Self-Contained Breathing Apparatus (SCBAs) or Supplied Air Respirators (SARs) since EH&S understands neither of these types of respirators are currently in use on campus as of the issuance of this version of the program. Please also refer to the [Centers for Disease Control \(CDC\) guidelines for safe use of respiratory protection](#) during the COVID-19 pandemic.

Responsibilities

Environmental Health and Safety (EH&S)

- Serve as the designated program administrator by maintaining, reviewing, and updating this program as needed to account for changes in the workplace that may affect respirator use.
- Provide respiratory protection training.

- Conduct employee respirator fit tests.
- Coordinate the medical surveillance program for participating employees in conjunction with a third-party occupational health provider.
- Audit department performance to ensure compliance as needed.
- Serve as a technical resource for the university community.

Department Supervisors, Directors, and Principal Investigators

- Determine the need and use of respiratory protection for staff based upon job function, PPE hazard assessments, job hazard analysis, safety data sheets, negative exposure assessment data or industrial hygiene assessments.
- Provide respirators, respirator maintenance supplies and related accessories at no cost to participating employees.
- Ensure staff are trained, fit-tested and otherwise in compliance with this program.
- Request assistance from EH&S as needed.
- Retain supporting documentation included but not limited to safety data sheets, hazard assessments, fit tests, and training records.
- Address reported unsafe conditions upon receipt of notification.

Employee

- Comply with all requirements outlined in this Program.
- Use equipment properly and maintain respirators in good condition and participate in training and medical surveillance.
- Request copies of medical records from the licensed health care professional (PLHCP) as needed.
- Inform the supervisor of an interest to voluntarily use a filtering facepiece respirator.
- Report unsafe conditions to the supervisor.

Definitions

Air-purifying respirator means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Assigned protection factor (APF) means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by this section.

Atmosphere-supplying respirator means a respirator that supplies the respirator user with

breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

Canister or cartridge means a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

Emergency situation means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator means a respirator intended to be used only for emergency exit.

Filter or air purifying element means a component used in respirators to remove solid or liquid aerosols from the inspired air.

Filtering facepiece (dust mask) means a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Fit factor means a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

Helmet means a rigid respiratory inlet covering that also provides head protection against impact and penetration.

High efficiency particulate air (HEPA) filter means a filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

Hood means a respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

Immediately dangerous to life or health (IDLH) means an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Loose-fitting facepiece means a respiratory inlet covering that is designed to form a partial seal with the face.

Maximum use concentration (MUC) means the maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator, and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short-term exposure limit, or ceiling limit. When no OSHA exposure limit is available for a hazardous substance, an employer must determine an MUC on the basis of relevant available information and informed professional judgment.

Negative pressure respirator (tight fitting) means a respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

Oxygen deficient atmosphere means an atmosphere with an oxygen content below 19.5% by volume.

Physician or other licensed health care professional (PLHCP) means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by paragraph (e) of this section.

Positive pressure respirator means a respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

Powered air-purifying respirator (PAPR) means an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering. Please note EH&S does not have PAPRs in stock available for use. Please contact EH&S during the design and develop stage of a project to determine if a PAPR is needed

Pressure demand respirator means a positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

Qualitative fit test (QLFT) means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT) means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respiratory inlet covering means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

Self-contained breathing apparatus (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Supplied-air respirator (SAR) or airline respirator means an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

This section means this respiratory protection standard.

Tight-fitting facepiece means a respiratory inlet covering that forms a complete seal with the face.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.

Respirator Assessment and Selection

The use and type of respirators are selected based upon completion of a workplace exposure assessment. The assessment may consist of the following:

- Evaluation of potential toxic or irritating contaminant, concentration and condition (e.g. dust, vapor, fume, etc.).
- Results of industrial hygiene sampling if performed.
- Type of work performed, such as but not limited to welding, grinding, sanding, blasting, abrading, cutting, drilling, sawing or other mechanical operations that can affect respirator performance & reliability.
- Nature of chemical or material involved (e.g. corrosive, volatile, particulate, etc.) to which a worker is exposed that affects respirator performance & reliability.
- Limitations of the user and the equipment (e.g. protection factor, health conditions, adequate selection of respirator models and sizes for proper fit).
- Presence of other control measures (e.g. engineering and administrative controls, housekeeping, work practices).
- Percentage atmospheric oxygen in the area to be entered (e.g. oxygen-deficient, normal, or oxygen-enriched atmospheres).
- Review of safety data sheets and product specification data.

NIOSH-approved respirators and associated cartridges are selected and assigned to the employee at no cost.

Routine and Emergency Use

Respirator use is designed to support various routine operations across campus. Emergency use may be limited to support police and public safety operations. Staff are encouraged to avoid any potential IDLH environments and report them to Police and Public Safety by calling **911**.

Voluntary Use

- An employee may voluntarily wear a filtering facepiece respirator. The employee must inform the supervisor so that the supervisor can provide a copy of OSHA 29 CFR 1910.134 Appendix D entitled, “Information for Employees Using Respirators When Not Required Under the Standard” as referenced in Appendix 1. When an employee elects to voluntarily use a filtering facepiece respirator for “nuisance” purposes, the medical evaluation is not required.
- Air-purifying respirators cannot be worn voluntarily. Use of these types of respirators require supervisor approval which requires further review and evaluation of the work environment. If a hazard exists that cannot be otherwise mitigated the employee will be enrolled in the respiratory protection program and assigned a respirator if medically qualified to wear one.

Medical Surveillance

The medical surveillance program is provided at no cost to the employee and ensures whether an employee is medically qualified to use a respirator. This evaluation is intended to prevent injuries and illnesses caused by the physiological burden imposed by respirator use.

Prior to evaluation of the medical questionnaire (see Appendix 2) by a professional licensed health care professional (PLHCP) NIU will supply the PLHCP with the following information so the PLHCP can make the best recommendation concerning an employee's ability to safely use a respirator:

- Job tasks that require donning a respirator as outlined in employee’s job description.
- Type of respirator to be used by the employee.
- Duration and frequency of respirator use.
- Expected physical work effort.
- Additional protective clothing and equipment to be worn.
- Temperature and humidity extremes that may be encountered.

The PLHCP will review the completed medical questionnaire and determine whether the employee is medical qualified to don respiratory protection. The PLHCP may determine that additional tests, consultations, or diagnostic procedures exams and testing are required to make this determination. Other observations that may prompt additional testing and exams may include:

- An employee reports signs or symptoms that are related to the ability to use a respirator safely.
- The employee’s supervisor may have reason to believe that the employee needs to be reevaluated.
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or,
- A change occurs in workplace conditions (e.g., physical work effort, job duties, protective clothing, temperature) that may result in a substantial increase in the

physiological burden placed on an employee.

If the PLHCP finds a permanent medical condition that may place the employee's health at increased risk should a respirator be used, the employee's job duties will be re-evaluated by the supervisor in consultation with Human Resources. If a temporary medical condition may place the employee's health at increased risk while using an APR and the PLHCP's medical evaluation finds that the employee can use a PAPR and one is available, the employee will be provided a PAPR for temporary use.

Once the medical evaluation process is complete, the PLHCP provides the employee and the EH&S Department a written recommendation containing the following information:

- Whether or not the employee is medically qualified to use a respirator.
- Limitations on respirator use related to the employee's medical condition.
- Limitations on workplace conditions in which the respirator will be used.

Fit Testing Procedures

Respirators must fit properly to provide the appropriate degree of protection. If a tight seal is not maintained, contaminated air could be inhaled by the employee. Therefore, employees must be fit tested in accordance with protocols and procedures contained in 29 CFR 1910.134 Appendix A. (See Appendix 3) Current fit testing practices on campus involve qualitative fit testing, which is performed using either irritant smoke, saccharin or Bitrex solutions. Quantitative fit testing may be available if needed.

NIU ensures an employee is fit tested under the following circumstances:

- When assigned job duties that require the use of a respirator.
- Whenever a different respirator facemask (size, style, model, or make) is used.
- At least annually.
- Whenever the employee reports, or the PLHCP, or supervisor, makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight; and
- When the employee, subsequently after passing a fit test notifies their supervisor or PLHCP that the fit of the respirator is unacceptable. As a result, the employee will be retested with a different model of respirator.

Facemask Seal Protection

Respirators shall not be worn by employees who have:

- Facial hair that comes between the sealing surface of the facemask and the face or that interferes with valve function.
- Any condition that interferes with the face-to-facemask seal or valve function.

Facial hair in the seal path of the respirator is enough to deny a respirator be fit tested due to the unpredictability of the rate of hair growth. The respirator that provides a good seal over fine or thin facial hair in the morning may fail to provide that seal only hours later as depicted in Figure 1.

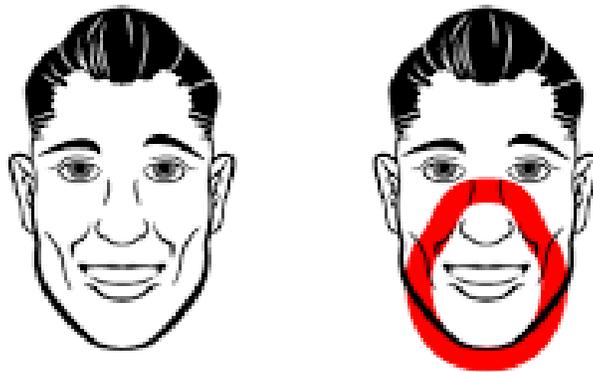
Figure 1. Amount of facial hair that will permit a proper seal



Users must shave the seal area of the face the day prior to using a respirator as depicted in Figure 2. Respirator users are advised to keep shaving materials on hand to ensure they can create a safe seal prior to using a respirator when needed.

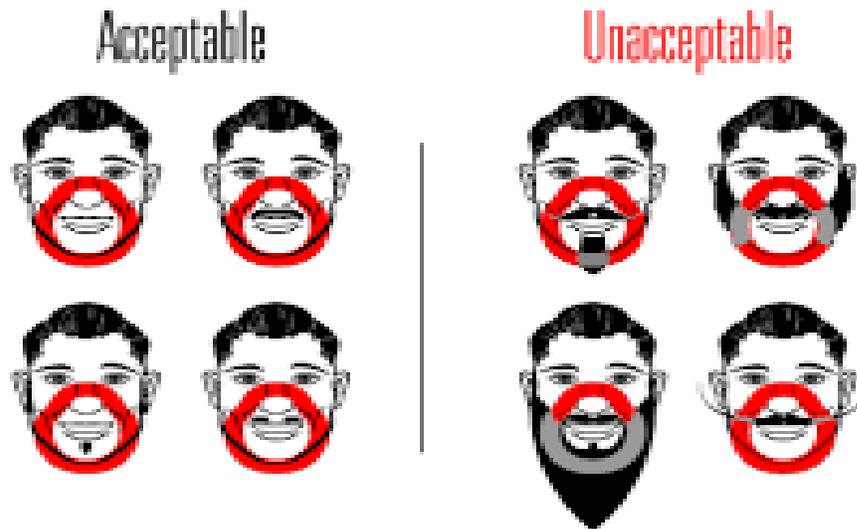
Figure 2. Mask Seal Area

Red Area is the Masking Seal Surface
No hair should be in the Masking Seal Surface Area!



It is acceptable to shave a path in the facial hair to create a tight seal as referenced in Figure 3.

Figure 3. Permissible Facial Hair Patterns



Employers are not required to provide a more protective respirator like a hooded or helmeted PAPR (with a higher protective factor) if workplace conditions do not warrant it.

Make sure use of other types of personal protective equipment (PPE) (i.e. safety glasses, safety goggles, etc.) do not breach the fit and seal of the respirator. For example, don safety glasses or goggles after donning the respirator so earpieces or straps do not lie under respirator straps.

Donning and Doffing Procedures

How to put on (don) a facemask

1. Clean hands with soap and water or hand sanitizer before touching the mask.
2. Remove a mask from the box and make sure there are no obvious tears or hold in either side of mask.
3. The side of the mask with a stiff, bendable edge is the top of the mask. It is meant to mold to the bridge of your nose.
4. The colored side faces outward. The white side touches the face.
5. Follow the instructions below for the type of mask you are using.
 - Facemask with ear loops: Hold the mask by the ear loops. Place a loop around each ear.

- Facemask with bands: Hold the mask in your hand with the nosepiece or top of mask at fingertips, allowing the headbands to hang freely below the hands. Bring the mask to nose level and pull the top strap over your head so it rests over the crown of your head. Pull the bottom strap over your head so it rests at the nape of your neck.
 - Facemask with ties: Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow. This mask is harder to reuse so pay special attention when tying and untying the mask to prevent contamination.
6. Mold or pinch the stiff edge to the shape of your nose. If using a facemask with ties take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
 7. Pull the bottom of the mask over your mouth and chin.
 8. Perform hand hygiene.

How to remove (doff) a facemask

1. Clean hands with soap and water or hand sanitizer before touching the mask.
2. Avoid touching the front of the mask. Consider it contaminated. Only touch the ear loops/ties/band.
 - a. Facemask with ear loops: Hold both ear loops, gently lift and remove the mask.
 - b. Facemask with bands: Lift the bottom strap over your head first then pull the top strap over your head.
 - c. Facemask with ties: Untie the bottom bow first then untie the top bow and pull the mask away from you by the ties as the ties are loosened.
3. Place the mask in the designated bag or in the trash if soiled or damaged.
4. Clean your hands with soap and water or hand sanitizer.

How to don an N95 mask

1. Examine the mask for damage.
2. Cup the mask in your dominant hand, allowing straps to dangle freely.
3. Place mask over nose and mouth by firmly pressing the nose clip on the mask over the nose and tucking the bottom of the mask securely over the chin.
4. Draw the bottom strap over your head and place it at the bottom of the neck. (Do NOT allow the strap to rest on hair pulled into a ponytail, but against the base of the head.
5. Draw the top strap over your head and place it just behind the top of your head.
6. Perform a seal check by breathing in and out forcefully and feeling for air leakage around the mask.

How to doff an N95 mask

NOTE: DO NOT touch the front of the mask. Presume it to be contaminated. The straps however are “clean” and can be touched.

1. Tilt the head forward slightly.
2. Remove the bottom strap first by slowly drawing it over your head.
3. Remove the top strap, being careful not to touch the front of the mask.
4. Place the mask in designated bag or discard if soiled or damaged.

Seal Check Procedures

Employees shall don perform a user seal check each time they put on the respirator as depicted in Appendix 4. Follow manufacturer’s directions or use the procedures in OSHA’s 29 CFR 1910.134 Appendix B-1 (User Seal Check Procedures).

Figure 4. Donning and Seal Check for N95 Respirators

Putting On The Respirator



The sequence shows a person holding the respirator, then cupping it to hold it under their chin, then pulling the top strap over their head, and finally adjusting the bottom strap and the nose clip.

Position the respirator in your hands with the nose piece at your fingertips.

Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.

The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.

Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



The sequence shows a person covering the respirator with both hands, taking a breath in and out, and then adjusting the nose piece and straps if needed.

Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.

Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.

If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.

If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Appropriate surveillance must be maintained of work area conditions and degree of employee exposure or stress. Employees using respirators should leave the work area to attend to any of the following situations:

- To wash their faces and respirator facemasks to prevent eye or skin irritation associated with respirator use.
- If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the mask.
- To service the respirator and replace parts as necessary.

Maintenance and Care Procedures

To ensure continued protection, proper maintenance of respirators and related equipment is essential. Disregarding proper maintenance will result in a defective respirator and unnecessary exposure.

Filters, cartridges, and canisters are labeled and color-coded with a NIOSH approval label. The label should not be removed and must be legible.

Cleaning, Disinfecting and Filter Changes

NIU provides each respirator user with a respirator that is clean, sanitary, and in good working order. Respirators should be cleaned and disinfected after each use and in accordance with manufacturer instructions.

Filtering facepiece respirators such as N95s may be disposed of when soiled, when it becomes difficult to breathe through, at end of shift, or as indicated in COVID-19 protocols. Cartridges outfitted with high efficiency particulate air filters (HEPA) such as P100s should be replaced when soiled or when it becomes difficult to breathe through them. P100 filter cartridges that are contaminated with asbestos must be disposed of with the day's asbestos waste.

Filter cartridges for organic vapor, acid gases, mercury or multi-purpose filter cartridges ('piggy-backs' or Defender-type) should be changed daily and disposed of at end of shift. This is because these types of cartridges absorb continuously, and the user may not be able to detect when they are no longer providing protection.

Storage

Respirators shall be stored so that they are protected against damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Respirators are to be packed or stored carefully to prevent deformation of the facemask and exhalation valve. Elastomeric respirators (APRs and PAPRs) must be stored in a clean plastic bag to ensure that the equipment is protected and not subject to environmental conditions that may cause deterioration.

Inspection

Users are responsible for inspecting their respirators before each use and during cleaning.

Respirator inspections include evaluation of:

- Respirator function, tightness of connections, and the condition of the various parts including the facemask, head straps, valves, associated covers, and gaskets as well as cartridges, canisters or filters.
- Pliability and signs of deterioration.

Repair or Disposal

Only NIOSH-approved parts by the respirator's manufacturer are to be used in repairs. Repairs must be made according to the manufacturer's recommendations and specifications for that type of respirator.

Respirators that fail an inspection or are otherwise found to be defective shall be tagged and removed from service.

Training

Training is provided annually at no cost to the employee and covers:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- Respiratory hazards such as insufficient oxygen, toxic, biological agents, and particulate overload, etc.
- Limitations and capabilities of the respirator.
- How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- How to inspect, put on, remove, use, and check the seals of the respirator.
- Procedures for maintenance and storage of the respirator.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- The general requirements of 29 CFR 1910.134 Respiratory Protection regulation.

Re-training is required when the following situations occur:

- Changes in the workplace or the type of respirator render previous training obsolete.
- Inadequacies in the employee's use and knowledge of the respirator indicate that the employee has not retained the requisite understanding or skill.
- Any other situation arises in which retraining appears necessary to ensure safe respirator use.

Program Evaluation

Program evaluation involves the following:

- Conducting safety audits of operations involving respirator use to ensure that the provisions outlined in this program are being effectively implemented.
- Seeking feedback from respirator users to assess their views on program effectiveness and to identify any opportunities for improvement.

See Appendix 4 for Program Evaluation Outline and Respirator Users Survey.

Appendix 1

Employees Using Respirators When Not Required Under the Standard

[Mandatory Information for Employees Using Respirators When Not Required Under the Standard \(Appendix D to Sec. 1910.134\)](#)

Appendix 2

[Medical Questionnaire from 29 CFR 1910.134 Appendix C](#)

Appendix 3
Qualitative Fit Test Form



Northern Illinois University

Respiratory Protection Qualitative Fit Testing Form

Employee Name: _____ Date: _____

Northern Illinois University Location: DeKalb Fit Test Method:
Irritant Smoke []
Dept: _____ Banana Oil []
Respirator Make: _____ Other _____ Saccharin []

Visual Inspection

Positive Pressure Leak Test: Pass [] Fail [] (Check one)
Negative Pressure Leak Test: Pass [] Fail [] (Check one)
Facial Hair in Seal Path: Pass [] Fail [] (Check one)

Qualitative Fit Test

Move Head From Side-to-side: Pass [] Fail [] (Check one)
Move Head Up-and-Down: Pass [] Fail [] (Check one)
Recite Passage: Pass [] Fail [] (Check one)
Remain Still: Pass [] Fail [] (Check one)
Breathe Deeply: Pass [] Fail [] (Check one)
Breathe Normally: Pass [] Fail [] (Check one)

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

Signatures
Employee: _____

Fit Test By: _____

Appendix 4

Respiratory Protection Program Evaluation and Respirator User Survey

Respiratory Protection Program Evaluation

(Per 29 CFR 1910.134(l) (1).

Evaluate workplace to determine if current written program is effective.

Date and Time:

Observer: _____

Location:

Type of work:

Exposure Hazard:

Observations:

Respirator Users Survey

(Per 29 CFR 1910.134(1) (2))

Date: _____

1. Do you feel you have the right type of respiratory protection based upon the hazards to which you may be exposed?

Yes No (If no, please explain)

2. Does your respirator hinder your ability to perform effectively in the workplace?

Yes No

If yes, please explain

3. Do you have any concerns regarding the proper use of your respirator based upon workplace conditions and potential hazards therein?

Yes No

If yes, please explain

4. Are you aware of how to maintain your respirator and where to go for reference as needed?

Yes No

If no, please explain

5. Do you have any suggestions on how this program can be improved?

Yes No

If yes, please explain

