

# Clearheart Construction Co., Inc.

## Respiratory Protection Program

29 CFR 1910.134, Respiratory Protection

### OVERVIEW

The best respiratory protection one can have is clean, breathable air. Engineering controls are our first line of defense against contaminated or oxygen deficient air. These controls include, but are not limited to, using measures such as enclosure or confinement to keep atmospheric hazards away from employees, general or local ventilation to exhaust hazardous atmospheres, and/or substitution of less toxic materials to avoid hazardous atmospheres in the first place. When effective engineering controls are not feasible, or during the time frame they are being instituted, appropriate respirators will be used.

The concept of respiratory protection is quite simple. Certain types of atmospheric hazards are merely particles that can be filtered out of the air through the use of an air-purifying respirator. Air-purifying respirators force the harmful particles into a filter specifically designed for the hazard(s) where they are trapped or absorbed. The air reaching the employee's lungs is essentially free of the hazard.

- a. If the action of inhalation causes the ambient air to be sucked through the filter, the respirator is considered a negative pressure respirator.
- b. If the ambient air is forced through the respirator filter (with a blower, for example), the respirator is considered a positive pressure respirator.

A respirator that removes harmful contaminants is of no value in an oxygen deficient (less than 19.5% oxygen) or oxygen enriched (more than 23.5 % oxygen) atmosphere.

An atmosphere-supplying respirator will be used in oxygen deficient atmospheres or in atmospheres where a filter cannot reduce the particulate hazard to an acceptable level. This type of respirator provides clean, breathable air from a source independent of the ambient atmosphere.

Different types of respirators provide different levels of protection. **Never** may an air-purifying respirator be substituted for a required atmosphere-supplying respirator.

Unfortunately, respiratory protection is more complicated than it first appears. Because of the variety and severity of respiratory hazards, the types of respirators and their limitations, the methods for fitting and testing, and, most importantly, the detrimental ramifications of respirator misuse, this respiratory protection program is required.

Proper respirator selection and use can prevent occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays and vapors. In atmospheres that are immediately dangerous to life or health, proper respirator selection and use will save your life.

Respiratory equipment will be provided to all employees that may be exposed to harmful vapors and oxygen deficient atmospheres. Employees will be supplied respirators that are applicable and suitable for the intended purpose. **All costs** associated with respirator use (fit testing, repair parts, filters, medical examinations, cleaning supplies, etc.) will **be borne by the company**.

## DUTIES OF THE PROGRAM ADMINISTRATOR

The Respiratory Protection Program Administrator will keep abreast of developments in the respiratory protection field and ensure that our personnel are provided safe respiratory working conditions. Our administrator will be qualified by appropriate training or experience that is commensurate with the complexity of our program and will administer or oversee our respiratory protection program as well as conduct the required evaluations of our respiratory protection program effectiveness.

Our Program Administrator is:

Additionally, the Respirator Protection Program Administrator will:

- a. measure, estimate, or review data on the concentration of airborne contaminants in the work area prior to respirator selection.
- b. select the appropriate type of respirator that will provide adequate protection from the airborne contaminants or provide clean, breathable air.
- c. maintain applicable records including:
  1. fit test records.
  2. medical records.
  3. inspection records.
  4. evaluation records.
  5. training records.

## DEFINITIONS

There are a number of terms and phrases, not used in ordinary everyday life, which must be understood by affected employees.

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

**Atmosphere-supplying respirator:** 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:** 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:** 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:** 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:** 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):** 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:** a respirator intended to be used only for emergency exit.

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

**Filtering facepiece (dust mask):** 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:** 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:** the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

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

**High efficiency particulate air (HEPA) filter:** 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:** 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):** 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:** a respiratory inlet covering that is designed to form a partial seal with the face.

**Negative pressure respirator (tight fitting):** 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:** an atmosphere with an oxygen content below 19.5% by volume.

**Physician or other licensed health care professional (PLHCP):** an individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required medical evaluation.

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

**Powered air-purifying respirator (PAPR):** an air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

**Pressure demand respirator:** 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):** 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):** an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

**Respiratory inlet covering:** 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):** an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

**Service life:** 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:** an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

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

**User seal check:** an action conducted by the respirator user to determine if the respirator is properly sealed to the face.

## RESPIRATOR SELECTION

Respirators will be selected on the basis of hazards to which the employee will be exposed. Using an inappropriate respirator is just as bad, if not worse, than using no respirator at all because it can evoke a false sense of security while offering no protection to the hazard at hand.

All respirators will be NIOSH approved.

Work area surveillance will be made by the Program Administrator taking into consideration the actual work area conditions, the degree of exposure and employee stress.

Respirator selection will take into consideration the air quality; the contaminant; the amount of the contaminant; the time exposure to that contaminant; and the work area surveillance.

Oxygen-deficient atmospheres as well as atmospheres in which the respiratory hazard exposure cannot be determined are considered immediately dangerous to life or health and the use of one of the below listed respirators is required:

- a. a full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or
- b. a combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.

NOTE: Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

Generally, but not always, atmospheres work areas that require respiratory protection are not IDLH and in these cases respirator selection offers more options. The respirator selected will be adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements under routine and reasonably foreseeable emergency situations. Of course, the respirator selected will be appropriate for the chemical state and physical form of the contaminant.

For protection against gases and vapors, the respirator provided will be:

- a. atmosphere-supplying.
- b. air-purifying, provided that:
  1. it is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or
  2. if there is no ESLI appropriate for conditions in respiratory hazard area, a change schedule for canisters and cartridges will be used that is based on objective data that will ensure that canisters and cartridges are changed before the end of their service life.

The Program Administrator will rely on past experience and cartridge manufacturer recommendations. If the competent person on site or any respirator user notices that breathing becomes more strained, the change schedule will be modified.

For protection against particulates, the respirator provided will be:

- a. atmosphere-supplying; or
- b. air-purifying equipped with a filter certified by NIOSH under 30 CFR part 11 like a HEPA filter; or

NOTE: Filters manufactured under 30 CFR part 11 standards may continue to be used, however, as of July 10, 1998, other than PAPR's, they are not to be purchased. Only 42 CFR part 84 type filters will be used.

- c. air-purifying equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or

NOTE: These respirators and filters, other than PAPR's are identified on the packaging with numbers that take the form: TC-84A-XXX.

- a) Filters will have an "N", "R", or "P" designation followed by "100", "99" or "95".  
Examples: N100 or R99
  1. "N" indicates the filter is for any solid or non-oil containing particulate contaminant.
  2. "R" indicates the filter is for any particulate contaminant. If used for an oil containing particulate, a one shift use limit applies.
  3. "P" indicates the filter may be used with any particulate contaminant.
- b) The number indicates the filter efficiency -- the higher the number, the more efficient. 100 = 99.97% efficiency; 99 = 99% efficiency; and 95 = 95% efficiency.
- d. air-purifying equipped with any filter certified for particulates by NIOSH for contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers.

Often, the permissible exposure limit (PEL) and suggested respirator is listed on an MSDS. Published exposure limits for the contaminant at hand will assist in determining respirator selection.

The Program Administrator will select respirators based on:

- a. the nature of the hazardous operation or process.
- b. the type of respiratory hazard including permissible exposure limits.
- c. the period of time for which respiratory protection must be worn.
- d. the activities of workers in the hazardous area.
- e. the respirator's characteristics, capabilities, and limitations.

### **PARTICULATE RESPIRATOR SELECTION**

Prior to respirator selection, the following factors must be known:

- a. the identity and concentration of the particulates in the workplace air.
- b. the permissible exposure limit (PEL), the NIOSH recommended exposure limit (REL) or other occupational exposure limit.
- c. the hazard ratio (HR). The (HR) is obtained by dividing the airborne particulate concentration by the exposure limit.
- d. the assigned protection factor (APF) for the type of respirator to be used. The (APF) is the minimum anticipated level of protection provided by each type of respirator worn in accordance with an adequate respiratory protection program. For example, an (APF) of 10 means that the respirator should reduce the airborne concentration of a particulate by a factor of 10 (or to 10% of the workplace concentration).
- e. the immediately dangerous to life or health (IDLH) concentration, including oxygen deficiency.

**The (APF) should be greater than the (HR) and multiplying the occupational exposure limit by the APF gives the maximum workplace concentration in which the respirator may be used.**

**All filters will have a 99.97% efficiency rating indicated by the number 100.**

### **SERVICE LIFE OF FILTERS**

If the selected filters have an end-of-service-life indicator (ESLI), the filters will be used until the indicator shows that it is time to be replaced.

In the absence of an ESLI, the following is our policy of service life of filters:

All HEPA filters manufactured under 30 CFR part 11 (for PAPR's) will be replaced at least daily (once each work shift) or if breathing resistance becomes excessive or if the filter suffers physical damage (tears, holes, etc.) If PAPR filters become available under 42 CFR part 84 standards, they will be used and fall under the below schedule:

All filters will be replaced whenever they are damaged, soiled, or causing noticeably increased breathing resistance.

N-series filters may be used and reused subject only to considerations of hygiene, damage, and increased breathing resistance. If the competent person determines the workplace to be exceptionally dirty, the filters will be changed each work shift.

R-series filter will be changed every work shift if oil is present. If oil is not present, they may be used and reused subject only to considerations of hygiene, damage, and increased breathing resistance. If the competent person determines the workplace to be exceptionally dirty, the filters will be changed each work shift.

P-series filters will be used and reused in accordance with the manufacturer's time-use limitations when oil aerosols are present.

P-series filters can be used and reused subject only to consideration of hygiene, damage, and increased breathing resistance if oil aerosols are not present.

## **MEDICAL APPROVAL FOR RESPIRATOR USE**

Before respirator use -- even before fit testing -- it must be determined that one is physically capable to wear the type of respirator to be assigned.

Wearing negative pressure respirators can place an increased strain on one's respiratory system, and, depending on the task and the environmental conditions (especially heat and cold), respirators can put an additional strain on your whole body. Prior to respirator use, an employee must have a medical examination. The actual medical tests, if any, depend on the hazards involved, the condition of the employee, and the judgment of the physician or other licensed health care professional (PLHCP). If respirators are used to prevent exposure to certain toxic and hazardous substances (for example, lead or asbestos), then additional medical tests and surveillance procedures are required appropriate for the hazard.

A PLHCP will be identified to perform medical evaluations using the medical questionnaire with this program. The PLHCP will be given a copy of this program as well as the appropriate standards.

A follow-up medical examination will:

- a. be given to an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination.
- b. include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.



The medical questionnaire and examinations will be given confidentially during normal working hours or at a time and place convenient to the employee. The employee will be given the opportunity to discuss the questionnaire and examination results with the PLHCP.

The PLHCP will be provided the following information to be used in determining an employee's ability to use a respirator:

- a. the type and weight of the respirator to be used by the employee.
- b. the duration and frequency of respirator use.
- c. the expected physical work effort.
- d. additional protective clothing and equipment to be worn.
- e. temperature and humidity extremes that may be encountered.

An annual review of medical status is not required and additional medical evaluations are required only if:

- a. an employee reports medical signs or symptoms that are related to ability to use a respirator.
- b. a PLHCP, supervisor, or the respirator program administrator determines that the employee needs to be reevaluated.
- c. fit testing and work area program evaluation indicates a need.
- d. a change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

A negative pressure respirator may place an undue burden on an employee's system and the PLHCP may recommend a PAPR be used instead.

Medical records will be retained for 30 years.

Once medical approval is received allowing the respirator use, fit testing may proceed. The employee will be provided with a copy of this determination.

## **RESPIRATOR FIT TEST**

There are various protocols for fit testing respirators and they can be found in Appendix A, 29 CFR 1910.134. One (1) of the four (4) qualitative protocols listed below will be used:

<u>Protocol/Fit Test Procedure</u>	<u>Appendix A to 29 CFR 1910.134</u>
a. Isoamyl Acetate Fit Test Procedure	Paragraph B2 Paragraph B2(b)
b. Saccharin Solution Aerosol Fit Test Procedure	Paragraph B3 Paragraph B3(b)

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|--|---------------------------------|
| c. Bitrex™ Solution Aerosol<br>Fit Test Procedure          | Paragraph B4<br>Paragraph B4(b) |
| d. Irritant Smoke (Stannic Chloride)<br>Fit Test Procedure | Paragraph B5<br>Paragraph B5(c) |

The purpose of fit testing is to ensure that the respirator selected will actually do the job for which it was intended. Different manufacturers make different sizes of each model. Fit testing, following the OSHA approved protocols, will ensure that the specific make, model and size is appropriate for the user. An employee may only use the specific respirator(s) on which he/she has passed a fit test.

Eye glasses and contact lenses pose special problems when dealing with respirators. Contact lenses will not be worn during the fit test or during respirator use. Normal eye glasses, while they do not interfere with the skin to facepiece seal of a ½ face respirator, will prevent a proper seal on a full face respirator and thus will not be worn. If glasses are needed, special adapters can be provided to hold lenses within the respirator.

Upon successful completion of respirator fit testing, a Record of Respirator Fit Test form will be completed and maintained with the employee's records. Only the latest fit test record need be retained. The Respirator Fit Test will be repeated at least annually or when:

- a. a different respirator facepiece (size, style, model or make) is used.
- b. there has been a weight change of at least 20 pounds.
- c. there has been significant facial scarring in the area of the face-piece seal.
- d. there has been significant dental changes; i.e., multiple extractions without prosthesis or acquiring dentures.
- e. reconstructive or cosmetic surgery.
- f. any other condition that may interfere with facepiece sealing.

As explained in the protocols, the **fit tests shall not be conducted if there is any hair growth between the skin and the facepiece sealing surface.** Further, there shall not be mustaches that are so long as to interfere with the inlet or exhaust valves in the respirator. Of course, these requirements apply not only to fit testing procedures, they apply to actual on the job use where the seal between face and respirator must be maintained.

## **USER SEAL CHECK**

A user seal check, performed in accordance with the manufacturer's instructions or Appendix B-1 to 29 CFR 1910.134 (found immediately after this program), will be made prior to each use by the wearer of a tight-fitting respirator.

A user seal check is solely for respiratory protection of the employee and without this check there is no way of knowing if the selected respirator is actually working. Failure to perform a seal check may result in the use of a respirator which is of little or no value.

## **HAZARD COMMUNICATION & EMERGENCY PROCEDURES**

One would not be wearing a respirator in the first place if there were not some detrimental health consequences of non-use. Often, these consequences are chronic (long term) and immediately unnoticeable.

If respirator failure would lead to noticeable physical or mental impairment, then, in these situations, two (2) employees will be assigned in the same area and in view of each other. If one employee presents symptoms of physical or mental distress, the second employee will remove the first employee from the area. If there is not an immediate, total recovery, the affected employee will be provided medical care by emergency responders.

In the event work is being performed in an IDLH atmosphere, a safety harness and safety lines will be used so that the employee may be pulled to safety. Suitable rescue (retrieval) equipment and an established communication procedure will be in place. Properly trained standby persons will be on hand. Mandatory equipment would include SCUBA or SAR with auxiliary air supply.

All personnel should be aware of the appropriate MSDS for the products they are working with, and particular attention should be given to health hazards, both acute and chronic; symptoms of overexposure; first aid measures; emergency procedures; and exposure limits.

## **WORK AREA SURVEILLANCE**

The competent person at the work area where respirator use is required will maintain appropriate surveillance of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the Program Administrator or competent person will reevaluate the continued effectiveness of the respirator.

Employees are to leave the respirator use area:

- a. to wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use.

- b. if they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece.
- c. to replace the respirator or the filter, cartridge, or canister elements.

Defective respirators will be repaired or replaced before returning to the respirator use area.

## AIR QUALITY

Atmosphere-supplying respirators, depending on the type (supplied-air or SCBA) use compressed air, compressed oxygen, liquid air or liquid oxygen. Compressed and liquid oxygen must meet the requirements of the United States Pharmacopoeia for medical or breathing oxygen. Compressed breathing air must meet the requirements of Grade "D" breathing air including: oxygen content (v/v) of 19.5-23.5%; hydrocarbon (condensed) content of 5 milligrams per cubic meter of air or less; carbon monoxide content of 10 ppm or less [**a carbon monoxide alarm will be used and set to alarm at 10 ppm**]; carbon dioxide content of 1,000 ppm or less; and lack of noticeable odor. Compressed oxygen shall not be used in supplied-air respirators or open circuit self-contained breathing apparatus that have previously used compressed air. Oxygen must never be used with air line respirators.

Breathing air may be supplied to respirators from cylinders or air compressors. If cylinders are used, they will be tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 178).

If a compressor is used for supplying breathable air by way of air line hoses to a respirator mask, it is a Type "C" system. **The fittings used on these systems must not be compatible with any other respirable gases or containers.** Breathable air -- not pure oxygen -- is used in these systems. All safety and standby devices will be maintained in working order such as alarms to warn of compressor failure or overheating. Compressors will be located in a clean atmosphere so that contaminated air does not enter the system and suitable in-line filters will be installed and tagged to indicate date filters were changed. A receiver of sufficient capacity to enable the respirator wearer to escape from a contaminated atmosphere in the event of a compressor failure shall be in place. If an oil lubricated system is used, it shall have a high temperature and carbon monoxide alarm.

## CLEANING; INSPECTION; AND MAINTENANCE

Respirators issued for the exclusive use of one worker will be cleaned and disinfected after each day's use or more often, if necessary. A respirator used by more than one person will be cleaned and disinfected after each use by the employee who used it. Cleaning should be done using the manufacturer's recommendations or the guidelines in Appendix B-2 to 29

CFR 1910.134 (immediately following this program). Remove or protect the filters/cartridges before cleaning because moisture can defeat the effectiveness of a filter. During cleaning, an inspection of the respirator will be made to ensure it retains its original effectiveness. Valves, straps, canisters, elasticity, facepieces, if applicable, will be inspected per the manufacturer's instructions. Defective parts will be replaced before reuse.

Employees who use respirators will be instructed in the replacement of parts as allowed by the manufacturer (such as valves and straps). Respirators that require a higher level of repair will be returned to the manufacturer. All replacement parts will be of the same manufacture as the respirator and all replacement parts will be NIOSH approved. Maintenance will be limited to replacing parts (straps, filters, valves, etc.) allowed by the manufacturer. Only respirators in 100% working order will be used.

Cleaning supplies and replacement parts will be provided at no cost. In the event a respirator is not used for thirty (30) days, it will be inspected by a competent person. Particular attention will be paid to SCBA apparatus and Type "C" connections. SCBA apparatus shall be inspected monthly and air and oxygen cylinders will be fully charged according to the manufacturer's instructions. All warning devices will be checked to ensure they are properly functioning.

Respiratory cleaning and maintenance is the responsibility of the user. However, Program Administrator has overall responsibility for compliance with the requirements of our program.

### **MAINTENANCE OF EMERGENCY/UNASSIGNED RESPIRATORS**

Emergency and unassigned respirators (respirators used by more than one person) will be cleaned and inspected for defects every thirty (30) days and after each use. Particular attention will be given to the elasticity of the respirator and ensuring that the respirator is defect free. Only the latest record of this inspection will be maintained. A tag showing the name of inspector, the date, and condition of the respirators will be attached to the respirator.

### **STORAGE OF RESPIRATORS**

Respirators will be stored in a convenient, clean, and sanitary location in such a manner as to protect them from dust, heat, sunlight, extreme cold, excessive moisture, and damaging chemicals. On a job site, a plastic bag can help protect a respirator from dust and moisture. Respirators will not be stored in lockers or tool boxes unless they are in cases or cartons. Respirators will be stored with the facepiece and exhalation valve resting in a normal position. This will also prevent the soft, pliable material of which respirators are made from setting in an abnormal position, changing shape, and reducing face to mask seal.

## **PROGRAM EVALUATION**

This Program will be evaluated on a continual basis and updated if the need arises. Reasons for upgrading would include new atmospheric hazards; new respiratory protection equipment; new or altered work procedures; the introduction of new engineering controls; the failure of employees to follow standard operating procedures. Additionally, employee input concerning fit, selection, use, maintenance, etc. is required for proper program evaluation.

Often, the effects of breathing contaminated atmospheres are chronic in nature and thus some employees may tend to become lax in using their respirators properly. Supervisors must be on alert for this tendency.

Employees must realize that they must use the provided respiratory protection in accordance with the instructions and training received.

## **TRAINING**

Training will be given by a competent person, prior to use, to ensure each affected employee can demonstrate knowledge of at least the following:

- a. why a respirator is necessary and how improper fit, usage, storage, or maintenance can compromise the protective effect of the respirator.
- b. what the limitations and capabilities of the respirator are.
- c. how to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- d. how to inspect, put on and remove, use, and check the seals.
- e. the procedures for maintenance and storage of the respirator.
- f. how to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- g. the general concepts of the OSHA respiratory protection standard.

Retraining will be given annually and when:

- a. changes in the workplace or the type of respirator render previous training obsolete.
- b. inadequacies in the employee's knowledge or use of the respirator indicates that the employee lacks the required understanding or skill.
- c. a situation arises in which retraining appears necessary to ensure safe respirator use.

## **DUST MASKS - USE OF RESPIRATORS WHEN NOT REQUIRED**

The Program Administrator or competent person in the work area will determine when respirator use is **required**. Dust masks may be used at any time to reduce annoying particles in the air on a job site.

An employee who wants to wear an actual respirator on the job site for comfort or an additional level of safety that is **not required** for health reasons according to standards must obtain medical approval for respirator use according to the procedures outlined in this program.

Additionally, that employee should read this program (formal training is not required) and:

- a. read and heed all manufacturer's instructions on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
- b. choose a respirator certified for use to protect against the contaminant of concern. The respirator must be NIOSH approved.
- c. not wear the respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. A respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
- d. not interchange the respirator with another employee.

### **Disposable Respirators:**

OSHA requires that employees who voluntarily use disposable respirators in situations where respiratory protection is not specifically required by OSHA standard (in atmospheres where exposures are below the permissible exposure limit) essentially for personal comfort or additional, though not required, respiratory protection be informed of 29 CFR 1910.134 Appendix D, printed below.

All disposable respirators, such as Moldex, 3M, Wilson, North Safety, etc. must be marked with the manufacturer's name, the part number, the protection provided by the filter, and "NIOSH".

Disposable filters are actually negative pressure respirators. They protect the user by filtering particles out of the air breathed.

Though disposable filters cannot be fit-tested in the traditional sense, they must be fit-tested in accordance with the manufacturer's instructions.

Under no circumstances may any respirator other than the above disposable respirators be used without compliance with a respiratory protection program.

**Standard Number: 1910.134 App D**

**Standard Title: (Mandatory) Information for Employees Using Respirators When not Required Under Standard.**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard. You should do the following: 1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations. 2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you. 3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke. 4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

## IDENTIFICATION OF PLHCP

Reference page 8 of this program, *Medical Approval for Respirator Use*.

Employees will receive their regular pay rate while going to and from their medical examinations as well as while there. All costs associated with medical examinations will be paid for by: Clearheart Construction Co., Inc.

Only physicians or other licensed health care professionals will provide the health care services required of employee medical evaluations. The PLHCP will have access to appropriate OSHA standards including 29 CFR 1910.134, *Respiratory Protection*

## RECORDKEEPING

The Respiratory Protection Program Administrator will ensure that all records required by 29 CFR 1910.134(m) are properly maintained.

A current copy of this Respiratory Protection Program will be maintained and made available to employees and the Assistant Secretary or designee for examination and copying. Additionally, qualitative and quantitative fit tests for employees will be maintained until the next test is administered.

Employee medical records and employee exposure records will be maintained for at least the duration of employment plus thirty (30) years in accordance with 29 CFR 1910.1020(d).



Material Safety Data Sheets and chemical inventory records need not be maintained for any specified period as long as some record of the identity of the substance or agent, where it was used, and when it was used is retained for at least 30 years.

Biological monitoring results designated as exposure records by a specific standard (i.e., lead, asbestos, etc.) will be maintained as required by that standard.

### **Transfer of records**

Should we cease to do business, the successor employer shall receive and retain all the above medical records.

Should we cease to do business and there is no successor employer to receive and retain the above medical records, they shall be transmitted to the Director.

At the expiration of the retention period for the above medical records, the Safety Program Administrator will notify the Director at least 3 months prior to the disposal of such records and shall transmit those records to the Director if he requests them within that period.

# Clearheart Construction Co., Inc.

## RESPIRATORY PROTECTION PROGRAM

### EVALUATION FORM

The Respiratory Protection Program Administrator or a designated competent person will conduct job site and administrative evaluations to ensure the provisions of our respiratory protection program are being properly implemented. Discrepancies noted will be immediately corrected.

A random sampling of affected personnel addressed the below listed concerns and the responses are indicated below:

	<u>Yes</u>	<u>No</u>
Is the respiratory protection program understood?	<input type="checkbox"/>	<input type="checkbox"/>
Problem areas: _____		
Corrective action: _____ _____		
Do respirators fit without interfering with job performance?	<input type="checkbox"/>	<input type="checkbox"/>
Problem areas: _____		
Corrective action: _____ _____		
Are respirators being properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Problem areas: _____		
Corrective action: _____ _____		
Are appropriate respirators selected for the hazard?	<input type="checkbox"/>	<input type="checkbox"/>
Problem areas: _____		
Corrective action: _____ _____		

\_\_\_\_\_  
(Signature of Person performing evaluation)

\_\_\_\_\_  
(Date)

Note: Retain only the latest evaluation.

# REPORT OF MEDICAL EXAMINATION

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Applicant's SSN)

Job for which person is being examined: \_\_\_\_\_

Reason for medical examination: Respirator use.

Type(s) of respirator to be used: \_\_\_\_\_

Atmospheric hazards for which the above respirators will be used: \_\_\_\_\_  
\_\_\_\_\_

**NOTE: Circle the appropriate paragraphs and subparagraphs.**

1. Based on the information available to me, it is my opinion that the above named person may be placed in the job position with no restrictions in work assignments.
2. Based on all the information available to me, it is my opinion that the above named person has a detected medical condition(s) or finding(s) which:
  - a. Places this person or others at increased risk of material impairment of health from anticipated or potential occupational exposures or activities.
  - b. May be aggravated by occupational exposures or activities.
  - c. May interfere with safe and/or effective performance.
  - d. Needs follow-up. This includes changes which may be with "normal limits" based on the current assessment and/or comparison with previous results. Based on available data, the casual relationship of these findings to occupational exposures appears to be positive/negative/ill defined.
  - e. Other: (Explain) \_\_\_\_\_
3. On the basis of the above, I recommend:
  - a. No restrictions in work assignments for the above job.
  - b. Restricted activities: (List) \_\_\_\_\_
  - c. Limited exposure: (Note) \_\_\_\_\_
  - d. Special protective measures: (Note) \_\_\_\_\_
  - e. Medical follow-up: (Note) \_\_\_\_\_
  - f. Limitation on the use of a negative pressure or air purifying respirator: (Explain) \_\_\_\_\_  
\_\_\_\_\_
  - g. Other: (Note) \_\_\_\_\_

4. I have advised the employee of any detected medical condition of finding which dictates further medical examination or treatment and have appropriate recommendations regarding medical follow-up and exposure. This will be documented in writing.

5. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I understand that a copy of this report will be given to the examinee by the person receiving it.

DATE: \_\_\_\_\_

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP)

\_\_\_\_\_  
(Telephone Number)

Return this form to:  
Clearheart Construction Co., Inc.

24 Stony Hill Rd  
Bethel , CT 06801

## MEDICAL OPINION FOR RESPIRATOR WEAR

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Applicant's SSN)

TO: Clearheart Construction Co., Inc.  
Respiratory Protection Program Administrator  
24 Stony Hill Rd  
Bethel , CT 06801

RE: Medical Opinion for Respirator Use

On this date, based on the employee medical questionnaire and/or further medical examination, the above named applicant is found to be:

a. Eligible to use a respirator. \_\_\_\_\_  
(Respirator type, i.e., ½ face; full face; PAPR; SCBA)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Eligible to use a respirator with the following restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Respirator type, i.e., ½ face; full face; PAPR; SCBA)

c. Not eligible to use a respirator.

\_\_\_\_\_  
(Signature of physician or licensed healthcare professional)

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, ZIP)

# Clearheart Construction Co., Inc.

## RESPIRATOR FIT TEST SUMMARY

Name of employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Testing: \_\_\_\_\_ Test Conducted By: \_\_\_\_\_

Respirator(s) Selected: \_\_\_\_\_  
(Manufacturer) (Model/Series)

Pass

Fail \_\_\_\_\_  
(Respirator Size) (NIOSH Certification #)

Respirator(s) Selected: \_\_\_\_\_  
(Manufacturer) (Model/Series)

Pass

Fail \_\_\_\_\_  
(Respirator Size) (NIOSH Certification #)

Respirator(s) Selected: \_\_\_\_\_  
(Manufacturer) (Model/Series)

Pass

Fail \_\_\_\_\_  
(Respirator Size) (NIOSH Certification #)

Testing Agent (Protocol): Circle One

- a. Isoamyl Acetate Protocol. (Banana Oil)
- b. Saccharin Solution Aerosol Protocol. (Saccharin Taste)
- c. Bitrex™ Solution Aerosol Protocol (Denatonium Benzoate)
- d. Irritant Smoke Protocol. (Irritant Smoke)

Signature of Person Conducting the Test: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

The Respirator Fit Test will be repeated at least annually or when:

- a. a different respirator facepiece (size, style, model or make) is used.
- b. there has been a weight change of at least 20 pounds.
- c. there has been significant facial scarring in the area of the face-piece seal.
- d. there has been significant dental changes; i.e., multiple extractions without prosthesis or acquiring dentures.
- e. reconstructive or cosmetic surgery.
- f. any other condition that may interfere with facepiece sealing.

Clearheart Construction Co., Inc.

**RECORD OF INSPECTION**  
**EMERGENCY/UNASSIGNED RESPIRATORS**

All emergency and unassigned respirators were inspected and cleaned on the date indicated. Any defects found were corrected or the respirator was removed from service. This inspection was performed after each use and/or monthly.

<u>DATE</u>	<u>SIGNATURE OF INSPECTOR</u>	<u>NOTES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Note: Only the latest record must be retained.

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

**To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.**

To the employee:

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.

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

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No  
If "yes," what type(s): \_\_\_\_\_

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

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

Clearheart Construction Co., Inc.



3. Have you **ever had** any of the following pulmonary or lung problems?
- Asbestosis: Yes/No
  - Asthma: Yes/No
  - Chronic bronchitis: Yes/No
  - Emphysema: Yes/No
  - Pneumonia: Yes/No
  - Tuberculosis: Yes/No
  - Silicosis: Yes/No
  - Pneumothorax (collapsed lung): Yes/No
  - Lung cancer: Yes/No
  - Broken ribs: Yes/No
  - Any chest injuries or surgeries: Yes/No
  - Any other lung problem that you've been told about: Yes/No
4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?
- Shortness of breath: Yes/No
  - Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - Have to stop for breath when walking at your own pace on level ground: Yes/No
  - Shortness of breath when washing or dressing yourself: Yes/No
  - Shortness of breath that interferes with your job: Yes/No
  - Coughing that produces phlegm (thick sputum): Yes/No
  - Coughing that wakes you early in the morning: Yes/No
  - Coughing that occurs mostly when you are lying down: Yes/No
  - Coughing up blood in the last month: Yes/No
  - Wheezing: Yes/No
  - Wheezing that interferes with your job: Yes/No
  - Chest pain when you breathe deeply: Yes/No
  - Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you **ever had** any of the following cardiovascular or heart problems?
- Heart attack: Yes/No
  - Stroke: Yes/No
  - Angina: Yes/No
  - Heart failure: Yes/No
  - Swelling in your legs or feet (not caused by walking): Yes/No
  - Heart arrhythmia (heart beating irregularly): Yes/No
  - High blood pressure: Yes/No
  - Any other heart problem that you've been told about: Yes/No
6. Have you **ever had** any of the following cardiovascular or heart symptoms?
- Frequent pain or tightness in your chest: Yes/No
  - Pain or tightness in your chest during physical activity: Yes/No
  - Pain or tightness in your chest that interferes with your job: Yes/No
  - In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - Heartburn or indigestion that is not related to eating: Yes/ No
  - Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you **currently** take medication for any of the following problems?
- Breathing or lung problems: Yes/No
  - Heart trouble: Yes/No
  - Blood pressure: Yes/No
  - Seizures (fits): Yes/No

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:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

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

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

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

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

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you **ever had** an injury to your ears, including a broken ear drum: Yes/No

13. Do you **currently** have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

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

15. Do you **currently** have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

**Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: \_\_\_\_\_

\_\_\_\_\_

4. List any second jobs or side businesses you have: \_\_\_\_\_

\_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_

\_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_

\_\_\_\_\_

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat):  
Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours **per week**: Yes/No
- d. Less than 2 hours **per day**: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

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

- a. **Light** (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

- b. **Moderate** (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. **Heavy** (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling; standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

\_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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, security):

\_\_\_\_\_

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]