Checklist for Respiratory Protection Programs

Respirator Protection Program	
A written respiratory protection program that is specific to your workplace and covers the following: ☐ Procedures for selecting respirators ☐ Medical evaluations of employees required to wear respirators ☐ Fit testing procedures ☐ Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding and maintaining respirators ☐ Procedures for ensuring adequate air quality for supplied air respirators ☐ Training in respiratory hazards ☐ Training in proper use and maintenance of respirators ☐ Program evaluation procedures ☐ Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering face pieces) comply with the medical evaluation, and cleaning, storing and maintenance requirements of the standard	
Facility has a designated program administrator who is qualified to administer the program.	
Facility has updated the written program as necessary to account for changes in the workplace affecting respirator use.	
Facility has provided equipment, training and medical evaluations at no cost to employees.	
Respirator Selection	
Respiratory hazards in the workplace have been identified and evaluated.	
Employee exposures that have not been, or cannot be, evaluated are considered IDLH.	
Respirators are NIOSH certified, and used under the conditions of certification.	
Respirators are selected based on the workplace hazards evaluated and workplace and user factors affecting respirator performance and reliability.	
A sufficient number of respirator sizes and models are provided to be acceptable and correctly fit the users.	
For IDLH atmospheres: ☐ Full face piece pressure demand SARs with auxiliary SCBA unit or full face piece pressure demand SCBAs, with a minimum service life of 30 minutes, are provided. ☐ Respirators used for escape only are NIOSH certified for the atmosphere in which they will be used. ☐ Oxygen deficient atmospheres are considered IDLH.	
For Non-IDLH atmospheres: ☐ Respirators selected are appropriate for the chemical state and physical form of the contaminant. ☐ Air-purifying respirators used for protection against gases and vapors are equipped with ESLIs or a change schedule has been implemented. ☐ Air-purifying respirators used for protection against particulate are equipped with NIOSH-certified HEPA filters or other filters certified by NIOSH for particulate under 42 CFR part 84 (95,97,100-N,R,P)	

Medical Evaluation Check at your facility:	
All employees have been evaluated to determine their ability to wear a respirator prior to being fit tested for or wearing a respirator for the first time in your workplace.	
A physician or other licensed health care professional (PLHCP) has been identified to perform the medical evaluations.	
The medical evaluations obtain the information requested in Sections 1 and 2, Part A of Appendix C of the standard, 29 CFR 1910.134.	
Employees are provided follow-up medical exams if they answer positively to any of questions 1 through 8 in Section 2, Part A of Appendix C, or if their initial medical evaluation reveals a follow-up exam is needed.	
Medical evaluations are administered confidentially during normal work hours, and in a manner that is understandable to employees.	
Employees are provided the opportunity to discuss the medical evaluation results with the PLHCP.	
The following supplemental information is provided to the PLHCP before they make a decision about respirator use: ☐ The type and weight of the respirator to be used by the employee; ☐ The duration and frequency of respirator use (including use for rescue and escape); ☐ The expected physical work effort; ☐ Additional protective clothing and equipment to be worn; ☐ Temperature and humidity extremes that may be encountered. ☐ Copy of the written respiratory protection program. ☐ Copy of the respiratory protection standard (29 CFR 1910.134).	
Written recommendations are obtained from the PLHCP regarding each employee's ability to wear a respirator, and that the PLHCP has given the employee a copy of these recommendations.	
Employees who are medically unable to wear a negative pressure respirator are provided with a powered air-purifying respirator (PAPR) if they are found by the PLHCP to be medically able to use a PAPR.	
Employees are given additional medical evaluations when: ☐ Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains or wheezing. ☐ The medical evaluator or supervisor informs the Program Administrator that the employee needs reevaluation. ☐ Information from this program, including observations made during fit testing and program evaluation, shows a need for reevaluation. ☐ A change occurs in workplace conditions that may result in an increased burden on the employee.	
Fit Testing	
Employees who are using tight fitting respirator face pieces have passed an appropriate fit test prior to being required to use a respirator.	
Fit testing is conducted with the same make, model and size that the employee will be expected to use at the worksite.	

Fit tests are conducted annually and when different respirator face pieces are to be used.	
Provisions are made to conduct additional fit tests in the event of physical changes in the employee that may affect respirator fit.	
Employees are given the opportunity to select a different respirator face piece, and be retested, if their respirator fit is unacceptable to them.	
Fit tests are administered using OSHA-accepted QNFT or QLFT protocols.	
QLFT is only used to fit test negative pressure APRs that much achieve a fit factor of 100 or less.	
QNFT is used in all situations where the respirator is intended to protect workers from contaminant concentrations greater than 10 times the PEL.	
When QNFT is used, a minimum fit factor of 100 is achieved for tight-fitting half-face pieces and 500 for full-face pieces.	
For tight-fitting atmosphere-supplying respirators and powered air-purifying respirators: ☐ Fit tests are conducted in the negative pressure mode. ☐ QLFT is achieved by temporarily converting the face piece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure APR. ☐ QNFT is achieved by modifying the face piece to allow for sampling inside the mask midway between the nose and mouth. The face piece is restored to its NIOSH approved configuration before being used in the workplace.	
Proper Use of Respirators	
Workers using tight-fitting respirators have no conditions, such as facial hair, that would interfere with a face-to-face piece seal or valve function.	
Workers wearing corrective glasses, goggles or other protective equipment in a manner that does not interfere with a face-to-face piece seal or valve function.	
Workers perform user seal checks prior to each use of a tight-fitting respirator.	
There are procedures for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness and that when such conditions exist, you take steps to address those situations.	
Employees are permitted to leave their work area to conduct respirator maintenance, such as washing the face piece or to replace respirator parts.	
Employees do not return to their work area until their respirator has been repaired or replaced in the event of breakthrough, a leak in the face piece, or a change in breathing resistance.	
There are procedures for respirator use in IDLH atmospheres and during interior structural firefighting to ensure that: the appropriate number of standby personnel are deployed; standby personnel and employees in the IDLH environment maintain communications; standby personnel are properly trained, equipped and prepared; you will be notified when standby personnel enter an IDLH atmosphere, and you will respond to this notification.	
Standby personnel are equipped with a pressure demand or other positive pressure SCBA or a positive pressure supplied air respirator with an escape SCBA, and appropriate retrieval equipment or other means for rescue.	

Procedures for interior structural firefighting require that: at least two employees enter the IDLH atmosphere and remain in contact with one another at all times; at least two standby personnel are used; all firefighting employees use SCBAs.	
Respirator Maintenance and Care	
Cleaning and Disinfecting Respirators are provided that are clean, sanitary and in good working order.	
Respirators are cleaned and disinfected using the procedures specified in Appendix B-2 of the standard.	
Respirators are cleaned and disinfected: ☐ As often as necessary when issued for the exclusive use of one employee ☐ Before being worn by different individuals. ☐ After each use for emergency use respirators ☐ After each use for respirators used for fit testing and training.	
Storage Respirators are stored to protect them from damage from the elements and from becoming deformed.	
Emergency respirators are stored: ☐ To be accessible to the work area. ☐ In compartments marked as such. ☐ In accordance with manufacturer's recommendations.	
Inspections Routine-use respirators are inspected before each use and during cleaning.	
SCBAs and emergency respirators are inspected monthly and checked for proper function before and after each use.	
Emergency escape-only respirators are inspected before being carried into the workplace for use.	
Inspections include: ☐ Check of respirator function ☐ Tightness of connections ☐ Condition of the face piece, head straps, valves and cartridges ☐ Condition of elastomeric parts	
For SCBAs, inspection includes checking that cylinders are fully charged and that regulators and warning devices function properly.	
Emergency use respirators are certified by documenting the inspection and by tagging the information either to the respirator or its compartment, or storing it with inspection reports.	
Repairs Respirators that have failed inspection are taken out of service.	
Repairs are made only by trained personnel.	
Only NIOSH-approved parts are used.	
Reducing and admission valves, regulators and alarms are adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.	

Breathing Air Quality and Use	
General Compressed breathing air meets the requirements for Grade D.	
Compressed oxygen is not used in respirators that have previously used compressed air.	
Oxygen concentrations greater than 23.5 percent are used only in equipment designed for oxygen service or distribution.	
Breathing air couplings are incompatible with outlets for other gas systems.	
Breathing gas containers are marked with appropriate NIOSH certification.	
Breathing Air Cylinders Cylinders are tested and maintained according to DOT 49CFR Part 173 and 178.	
A certificate of analysis for breathing air has been obtained from the supplier.	
Moisture content in the cylinder does not exceed a dew point of -50^0 F at 1 atmosphere pressure.	
Compressors Are constructed and situated to prevent contaminated air from getting into the system.	
Are set up to minimize the moisture content.	
Are equipped with in-line air-purifying sorbent beds and/or filters that are maintained or replaced following manufacturer's instructions.	
Are tagged with information on the most recent change date of the filter and an authorizing signature.	
Carbon monoxide does not exceed 10 ppm in the breathing air from compressors that are not oil-lubricated.	
High temperature and carbon monoxide alarms are used on oil-lubricated compressors, or that the air is monitored often enough to ensure that carbon monoxide does not exceed 10 ppm if only a high temperature alarm is used.	
Training and Information	
Employees can demonstrate knowledge of: ☐ Why the respirator is necessary ☐ How improper fit, usage or maintenance can compromise the protective effect of the respirator. ☐ The limitations and capabilities of the respirator. ☐ How to use the respirator effectively in emergencies including situations in which the respirator malfunctions. ☐ How to inspect, put on and remove, use and check the seals of the respirator. ☐ The 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 this program and the OSHA respiratory protection standard.	
Training is understandable to employees.	

Training is provided prior to employee use of a respirator.	
Retraining is provided: ☐ Annually, ☐ Upon changes in workplace conditions that affect respirator use. ☐ Because of inadequate knowledge on the part of an employee. ☐ Whenever retraining appears necessary to ensure safe respirator use.	
Appendix D of the standard is provided to voluntary users.	
Program Evaluation	
Workplace evaluations are being conduced as necessary to ensure that the written respiratory protection program is effectively implemented.	
Employees are required o wear respirators are being regularly consulted to assess the employee's views and to identify problems with respirator fit, selection, use and maintenance.	
Any problems identified during assessments are corrected.	
Record Keeping	
Records of medical evaluations have been retained.	
Fit testing records have been retained.	
A copy of the current respiratory protection program has been retained.	
Access to these records is provided to affected employees.	