
(Government Entity)

RESPIRATORY PROTECTION PROGRAM

This plan addresses health and safety protection for the

(Organization)

Prepared By:

(name)

(title)

(date prepared)

(last update)

RESPIRATORY PROTECTION PROGRAM

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RESPIRATORY PROTECTION PROGRAM

I PURPOSE

The elements described in this program are designed to ensure the safe and effective usage of respiratory protection at _____(Facility Name).

II PROGRAM ADMINISTRATION

_____ (Administrative Title) is responsible for the overall implementation and maintenance of the respiratory protection program.

_____ (Administrative Title) duties include:

■	Determining which tasks require respiratory protection.
■	Selecting the proper respirator for a specific application.
■	Conducting employee training and conducting fit testing.
■	Ensuring that employees clean, maintain and properly store respirators.
■	Conducting a periodic evaluation of the respiratory program to ensure that it is achieving its desired goal.

Supervisors are responsible for:

■	Ensuring that appropriate, approved type respirators are available for use.
■	Ensuring that employees wear the required respirators.
■	Conducting periodic inspections to ensure employees are maintaining their respirators, which would include cleaning, sanitizing, and proper storage.

Employees are responsible for:

■	Using the respiratory protection in accordance with the training received.
■	Inspecting, cleaning, sanitizing, and proper storage of their respirator.

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III RESPIRATORY SELECTION

_____ (Administrative Title) is responsible for selecting the appropriate respiratory protection.

The respiratory protection coordinator will select the appropriate respirators based upon the following elements:

■	The type(s) and concentrations of airborne contaminant(s).
■	The characteristics and location of the hazardous area.
■	The workers' activities in the hazardous area.
■	The capabilities and limitations of the respirators.
■	Duration of respirator use.
■	Selection will be made according to "practices for Respiratory Protection" American National Standards Institute (ANSI) Z88.2-1980.
■	Only respirators having NIOSH approval will be used.

NOTE: The Respirator Selection Worksheet(s), to be completed by the employer, is included in Appendix A. The Worksheet for Respirator Selection includes:

- Part I – Employee Exposure Evaluation;
- Part II – Respirator Determination; and
- Part III – Respirator Selection.

Part III, Respirator Selection is subdivided into the following categories:

- a) Voluntary Use of a Respirator
- b) Respirator Use Required by a Standard; and
- c) Respirator Use Required due to Immediately Dangerous to Life and Health Atmospheres (IDLH)

NOTE: Respirators currently approved for use at the _____ (Name of Facility), based on the completion of the Respiratory Selection Worksheet(s), are listed in Appendix B.

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IV MAINTENANCE, CLEANING, INSPECTION, AND STORAGE

_____ (Administrative Title) will ensure that employees properly clean and maintain their respirators.

The following items will be included in the maintenance program:

■	Cleaning and sanitizing.
■	Disassemble components from the respirator and inspect for any defects.
■	Immerse the respirator and components in warm soapy water (120-130F). NOTE: air-purifying filters and cartridges must never be washed. The respirator facepiece and components should be gently scrubbed to remove all dirt. Care must be taken not to damage any of the components.
■	Rinse the respirator and components.
■	Sanitize the respirators and components by immersing them into a chlorine bleach solution (approximately one ounce household bleach (Clorox) to one quart of water).
■	Rinse components and allow to dry.
■	Inspect, test, and repair if necessary.
■	Storage should separate the respirator from sunlight, caustic and toxic chemicals that may cause the deterioration of the respirator (mask and other parts).

Inspect before and after each use for the following:

■	Deterioration of any rubber or silicone parts.
■	Conditions of components (filters, cartridges, valves, etc.).
■	Tightness of all connections.
■	Check any end-of-service life indicators.
■	SCBA alarms, regulators, gauges, etc.
■	SCBA cylinder pressure.

NOTE: Sample Monthly Inspection Checklists are included in Appendix C. Section I is to be used for Self-Contained Breathing Apparatus.

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Section II is to be used with Cartridge-Type Respirators.

V BREATHING AIR QUALITY

Breathing air must meet the minimum requirements for Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989.

The employer shall ensure that:

■	Purchased air shall have a certificate of analysis.
■	Cylinders are tested and maintained in accordance with DOT regulations (49 CFR parts 173 and 178).
■	Oxygen or air containing more than 23.5% oxygen is not used in compressed air systems.
■	Contaminated air cannot enter the compressor.
■	Compressor has suitable air purifying sorbent beds and filters.
■	A tag indicating the most recent change or servicing of the compressor and sorbent beds is on the compressor with the signature of the person who performed the service.
■	Oil lubricated compressor has high temperature alarm or carbon monoxide monitor or both.
■	Air fittings are incompatible with all other gas fittings.

NOTE: Employer must complete Appendix D, Breathing Air Quality.

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VI TRAINING

All employees who are required to use respiratory protection will be instructed on the proper selection, use, and limitations of this equipment. This training will be provided prior to any assignment requiring the use of such equipment.

The training, conducted by _____ (Administrative Title), will also include information on:

■	Nature of the respiratory hazard and what may happen if the respirator is not used properly.
■	Engineering and administrative controls being used and the need for the respirator as added protection.
■	Reason(s) for selection of a particular type of respirator. Limitations of the selected respirator. Methods of donning the respirator and checking the fit (negative and positive checks) and operation.
■	Proper wear of the respirator. Respirator maintenance and storage.
■	Proper method for handling emergency situations, and;
■	A record of employee names and dates and type of initial training and subsequent refresher training will be recorded.

VII FIT TESTING

It is well-recognized that no one respirator will fit every individual. Therefore, to provide the appropriate respirator, fit testing will be performed to ensure a tight seal between the facepiece and wearer.

NOTE: The Fit Testing Record form is included in Appendix E. One form must be completed for each employee and respirator assigned for the employee's use.

VII PROCEDURES FOR PROPER USE OF RESPIRATORS IN ROUTINE AND REASONABLY FORESEEABLE EMERGENCY SITUATIONS

NOTE: Employer will list appropriate procedures in Appendix F (i.e., Accountability).

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IX MEDICAL EVALUATION

1)	Individuals assigned to tasks that require the use of respiratory protection will have a medical evaluation to determine if they are able to perform the work while wearing a respirator.
2)	The medical evaluations will be reviewed by the licensed health care professional (PLHCP).
3)	The evaluation will be given prior to an employee being allowed to wear a respirator. Periodic examinations will be conducted as necessary based on the PLHCP professional opinion(s) and any other contributing factors (i.e., change in physical status, anatomy, vision, hearing, etc.).

X PROGRAM EVALUATION

This section requires the employer to conduct evaluations of the workplace to ensure that the written respiratory protection program is being properly implemented, and to consult employees to ensure that they are using the respirators properly.

1)	The employer shall conduct evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.								
2)	The employer shall regularly consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed, include, but are not limited to: <table border="1"><tr><td>a)</td><td>Respirator fit (including ability to use the respirator without interfering with effective workplace performance);</td></tr><tr><td>2)</td><td>Appropriate respirator selection for the hazards to which the employee is exposed;</td></tr><tr><td>3)</td><td>Proper respirator use under the workplace conditions the employee encounters; and</td></tr><tr><td>4)</td><td>Proper respirator maintenance.</td></tr></table>	a)	Respirator fit (including ability to use the respirator without interfering with effective workplace performance);	2)	Appropriate respirator selection for the hazards to which the employee is exposed;	3)	Proper respirator use under the workplace conditions the employee encounters; and	4)	Proper respirator maintenance.
a)	Respirator fit (including ability to use the respirator without interfering with effective workplace performance);								
2)	Appropriate respirator selection for the hazards to which the employee is exposed;								
3)	Proper respirator use under the workplace conditions the employee encounters; and								
4)	Proper respirator maintenance.								

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XI RECORDKEEPING

This section requires the employer to establish and retain written information regarding medical evaluations, fit testing, and the respirator program. This information will facilitate employee involvement in the respirator program, assist the employer in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.

Fit Testing

Fit test records shall be retained for respirator users until the next fit test is administered.

Medical Evaluation

Records of medical evaluations required by this section must be retained and made available in accordance with 29 CFR 1910.1020.

Respiratory Protection Program

A written copy of the current respirator program shall be retained by the employer.

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APPENDIX A – RESPIRATOR SELECTION WORKSHEET

Location:	
Process/Operation:	
Reason for requesting respirator evaluation:	
Requested by:	
I. EMPLOYEE EXPOSURE EVALUATION:	
Contaminant(s) or other respiratory hazard(s):	
Estimated concentration(s): (Reference sampling reports or show calculations as appropriate)	
Chemical state of contaminant(s):	
Physical form of contaminant(s): (including particle size distribution)	
Appropriate exposure limit(s):	
II. RESPIRATOR DETERMINATION:	
Exposure is documented to be below the exposure limits and use by employees is voluntary.	
	Respirator use is “not required” under the standard. A respirator may be used if desired. Go to Section III a.
Exposure is documented to be below the exposure limits and use by employees is required by a job rule or procedure.	
	Respirator use is required under the standard. Go to Section III b.
Exposure may exceed exposure limit and maximum concentration is known.	
	Respirator use is required under the standard. Go to Section III b.
Exposure is not characterized (“cannot identify or reasonably estimate the employees’ exposure”).	

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	Exposure is considered IDLH. Go to Section III c.
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APPENDIX A – RESPIRATOR SELECTION WORKSHEET

Section III a – Voluntary Use of a Respirator

III.	RESPIRATOR SELECTION	
	a.	Voluntary Use of Respirator.
	Indicate make, model, and approval number of the respirator selected and indicate any limitations on its use. If the respirator is a chemical cartridge or filter type respirator, indicate the frequency required for cartridge or filter replacement.	
	Type of Respirator:	
	Manufacturer:	
	Model No.:	
	Approval No.:	
	Limitations:	
	Cartridge/filter change schedule (if applicable):	
	Prepared by: (Print Name)	
	Signature:	
	Date:	

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APPENDIX A – RESPIRATOR SELECTION WORKSHEET

Section III b – Respirator Use Is Required by the Standard

III.	RESPIRATOR SELECTION	
	b.	Respirator Use Is Required by the Standard.
	Indicate make, model, and approval number of the respirator selected and indicate any limitations on its use. If the respirator is a chemical cartridge or filter type respirator, indicate the frequency required for cartridge or filter replacement.	
	Type of Respirator:	
	Manufacturer:	
	Model No.:	
	Approval No.:	
	Limitations:	
	Cartridge/filter change schedule (if applicable):	
	Basis for determining cartridge change schedule:	
	Include all calculations and assumptions. Indicate basis for assumptions and references to published literature where appropriate.	
	Prepared by: (Print Name)	
	Signature:	
	Date:	

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APPENDIX A – RESPIRATOR SELECTION WORKSHEET

Section III c – Atmosphere Is Considered to Be Immediately Dangerous to Life or Health (IDLH)

III.	RESPIRATOR SELECTION	
	c.	Atmosphere is considered to be Immediately Dangerous to Life or Health (IDLH).
	Respirators for IDLH atmospheres are limited to: Indicate make, model, and approval number of the respirator selected and indicate any limitations on its use.	
	<p>NOTE: Only self-contained breathing apparatus (SCBA) with a minimum 30-minute air supply or a full facepiece, positive-pressure supplied-air respirator with an auxiliary air supply is acceptable.</p>	
	Type of Respirator:	
	Manufacturer:	
	Model No.:	
	Approval No.:	_____ TC13F- _____
	Limitations:	
	Procedures to be used for accountability (<i>reference the appropriate section of written respiratory protection program and/or confined space entry program and give brief description here, or attach accountability procedures</i>).	
	Prepared by: (Print Name)	
	Signature:	

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Date:	
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APPENDIX B – RESPIRATORY PROTECTION

Respirators currently approved for use at the _____ (Facility Name) are listed in below:

RESPIRATOR MANUFACTURER	MODEL	WORK TASK

NOTE: A copy of the hazard determination for each task is maintained and is contained in the respiratory selection section (Appendix A).

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APPENDIX C – RESPIRATOR INSPECTION RECORD

Section I – Self-Contained Breathing Apparatus

SELF-CONTAINED BREATHING APPARATUS - MONTHLY CHECKLIST												
NOTE: Complete one form for each respirator												
RESPIRATOR TYPE:						S.N. AND MODEL NO:						
YEAR:						INSPECTED BY:						
LOCATION:						USER:						
ITEMS CHECKED	J	F	M	A	M	J	J	A	S	O	N	D
RUBBER FACEPIECE												
RUBBER HEAD HARNESS												
RUBBER HOSE												
“O” RING CONNECTOR												
EXHALATION VALVE												
INHALATION VALVE												
FACEPIECE LENS												
HARNESS												
BACKPACK												
CLEANLINESS												
INSTRUCTION SHEET												
FOG PROOF												
AIR CYLINDER PRESSURE												
CYLINDER VALVE												
BYPASS VALVE												
MAINLINE VALVE												
LOW PRESSURE ALARM												
REGULATOR DIAPHRAGM												
REGULATOR FUNCTION												
DEMAND												
PRESSURE DEMAND												
STORAGE BOX												
Inspector's Initials:												
COMMENTS:												
STORAGE: All respirators must be properly stored to protect them from damage due to environmental factors (sunlight, temperature extremes, etc.) and chemicals.												
ACCEPTABLE <input type="checkbox"/>						NOT ACCEPTABLE <input type="checkbox"/>						

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APPENDIX C – RESPIRATOR INSPECTION RECORD

Section II – Cartridge-type Respirator

CARTRIDGE TYPE RESPIRATOR – MONTHLY CHECKLIST													
NOTE: Complete one form for each respirator													
RESPIRATOR TYPE:							S.N. AND MODEL NO.:						
YEAR:							INSPECTED BY:						
LOCATION:							USER:						
ITEMS CHECKED	J	F	M	A	M	J	J	A	S	O	N	D	
Complete the following items for ALL cartridge-type respirators:													
RUBBER FACEPIECE													
RUBBER HEAD HARNESS													
EXHALATION VALVE													
INHALATION VALVE													
FACEPIECE LENS													
CARTRIDGE HOLDER													
CARTRIDGE GASKETS													
CLEANLINESS													
FOG PROOF													
STORAGE BOX													
Complete the following items for Powered-Air-Purifying Respirators (PAPR) only:													
RUBBER HOSE (PAPR)													
“O” RING CONNECTOR (PAPR)													
BLOWER MOTOR (PAPR)													
BATTERY PACK (PAPR)													
Inspector’s Initials:													
COMMENTS:													
<p>STORAGE: All respirators must be properly stored to protect them from damage due to environmental factors (sunlight, temperature extremes, etc.) and chemicals. When respirators are not in use, they must be placed in a plastic bag and stored in a clean area. Respirators should be stored with the facepiece and exhalation valve in a normal position to prevent it from taking a permanent distorted shape. Respirators should not be stored in work benches, tool boxes, or lockers unless they are protected against airborne contaminants, distortions, and any damage.</p>													
ACCEPTABLE <input type="checkbox"/>							NOT ACCEPTABLE <input type="checkbox"/>						

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**APPENDIX D – PROCEDURES TO ENSURE GRADE D
BREATHING AIR QUALITY**

List the measures taken to ensure that breathing air quality is at least Grade D:

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APPENDIX E – RESPIRATOR FIT TEST RECORD

A)	Employee:		
	Employee Job Title/Description:		
B)	Respirator Selected:		Model:
	Manufacturer:		Date of Purchase:
	NIOSH Approval Number:		
C)	Conditions which could Affect Respirator Fit: (Check all that apply):		
	Clean Shaven	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Beard Growth	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	NOTE: If beard growth is below sealing area, fit testing is not permitted.		
	Moustache	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Dentures	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Weight Loss or Gain	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Facial Scar	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Dentures Absent	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Glasses	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTE: If any of the above interferes with the function or seal of the respirator, fit testing is not permitted unless the condition is corrected.			
Comments:			
D)	Qualitative Fit Testing (Check all methods used)		
	Isoamyl Acetate	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	Irritant Smoke	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	Bitrex Solution	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	Saccharin Test	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	Qualitative Fit Testing	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
E)	Quantitative Fit Testing		
	Instrument Used:		
	Make:		
	Model:		
	Serial Number:		
	Fit Factor:	PASS <input type="checkbox"/>	FAIL <input type="checkbox"/>
	Instrument printout:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	NOTE: If box is checked Yes, attach instrument printout to back of page.		
Comments:			
Test Conducted by:			
Date:			

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APPENDIX F – TRAINING RECORD

Group Training Record

NAME	TYPE OF RESPIRATOR	DATE
TRAINER'S NAME:		
DATE:		

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APPENDIX F – TRAINING RECORD

Employee (Individual) Training Record

NAME:	
TYPE OF RESPIRATOR:	
DATE:	
COMMENTS:	
TRAINER'S NAME:	
DATE:	

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APPENDIX G – PROCEDURES FOR PROPER USE OF RESPIRATORS IN ROUTINE AND REASONABLY FORESEEABLE EMERGENCY SITUATIONS

List the procedures for use of respiratory protection in both routine and emergency situations (i.e., accountability for firefighters):

Routine Procedures:

Emergency Procedures:

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APPENDIX I – ANNUAL REVIEW

Annual Review of Respiratory Protection Program:

Program is acceptable:	
Revisions to program made:	
Date:	
Review Conducted by (Print Name):	
Administrative Title:	
Signature:	
Date:	