

# FREMONT UNION HIGH SCHOOL DISTRICT

## RESPIRATORY PROTECTION PROGRAM



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# **RESPIRATORY PROTECTION PROGRAM**

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## 1.0 INTRODUCTION

Occupation Safety and Health Administration (OSHA) regulations and National Institute for Occupational Safety and Health (NIOSH) certification requires that a maintenance program be established for respiratory protection equipment. The maintenance program must include cleaning, component inspection, and replacement of worn or damaged parts (i.e. external breathing tube inlet and cartridge gaskets).

## RESPIRATORY PROTECTION PROGRAM

### 2.0 PURPOSE

FREMONT UNION HIGH SCHOOL DISTRICT has determined that certain employees may be exposed to respiratory hazards during routine operations. These hazards include, chemical vapors, certain biohazards, asbestos and other particulates. The purpose of this program is to ensure that all FREMONT UNION HIGH SCHOOL DISTRICT employees and students are protected from exposure to these respiratory hazards.

Engineering controls, such as ventilation and substitution of less toxic materials, are the first line of defense at FREMONT UNION HIGH SCHOOL DISTRICT; however, engineering controls are not always feasible for some operations or do not completely control the identified hazards. In these situations, respirators and other protective equipment must be used.. The work activities requiring respirator use at FREMONT UNION HIGH SCHOOL DISTRICT are outlined in the Scope and Application section of this program.

In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy, FREMONT UNION HIGH SCHOOL DISTRICT will review each of these requests on a case-by case basis. As outlined in the Scope and Application section of this program, voluntary respirator use is subject to certain requirements of this program.

### 3.0 SCOPE and APPLICATION

This program applies to all employees who are required to wear respirators during normal work operations, and must be enrolled in the FREMONT UNION HIGH SCHOOL DISTRICT's Respiratory Protection Program. Programs that utilize respiratory protection include:

Work Process	Location	Type of Respirator
Pool Chemicals Working with Pressure Treated Wood	Pool Chemical Rooms	Scott Model 74 Honeywell 7600 North 6T451

## **4.0 RESPONSIBILITIES**

### **Program Administrator**

The Program Administrator for FREMONT UNION HIGH SCHOOL DISTRICT is the, Facilities Director. The Program Administrator is responsible for administering the respiratory protection program. Duties of the program administrator include:

- Identifying work areas, processes or tasks that require workers to wear respirators, and evaluating hazards.
- Selection of respiratory protection options.  
Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Arranging for and/or conducting training.  
Ensuring proper storage and maintenance of respiratory protection equipment.
- Arranging for and/or conducting the medical surveillance program.
- Maintaining records required by the program.
- Evaluating the program.
- Updating written program, as needed.

### **Supervisors**

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received appropriate training, fit testing, and annual medical evaluation, required.
- Ensuring the availability of appropriate respirators and accessories.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

## **Employees**

Each employee has the responsibility to wear his or her respirator when and where required and in the manner in which they were trained. Employees must also:

- Only wear the respirator for the conditions specified.
- Care for and maintain their respirators as instructed, and store them in a clean sanitary location.
- Inform their supervisor immediately if the respirator no longer fits well, and request a new one that fits properly.
- Inform their supervisor of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

## **5.0 PROGRAM ELEMENTS**

### **Selection Procedures**

The Program Administrator will identify respirators to be used on site, based on the hazards to which workers are exposed and in accordance with all Cal/OSHA standards. The Program Administrator will ensure a hazard evaluation is performed by a competent individual (Facilities Director) for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. This hazard evaluation will include:

1. Identification and development of a list of hazardous substances used in the workplace, by department, or work process.
2. Review of work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.

### **NIOSH Certification**

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

## **6.0 PROGRAM EVALUATION**

The FREMONT UNION HIGH SCHOOL DISTRICT Respiratory Protection Program will be reviewed, and revised as necessary, on an annual basis by the Program Administrator and the Safety Committee.

## **7.0 Voluntary Use of “Comfort Masks”**

Single use disposable comfort masks are the only dust masks permitted for voluntary use by FREMONT UNION HIGH SCHOOL DISTRICT employees. FREMONT UNION HIGH SCHOOL DISTRICT does not permit its employees to use their own respirators. Single-use disposable comfort masks are not NIOSH approved and should not be used against toxic air contaminants. These comfort masks should only be used for dust and pollen control.

The Program Administrator will ensure that all employees who voluntarily use single-use disposable comfort masks are provided with a copy of Title 8 CCR 5144, found in Appendix A of this document. ***“Information for Employees Using Respirators When Not Required Under the Standard”***.

## **8.0 Training**

The Program Administrator will coordinate adequate training for respirator users and their supervisors. Employees will be trained on the proper use of their respirator prior to using it in the workplace. Supervisors will also be trained prior to supervising employees that must wear respirators

The training course will cover the following topics:

The FREMONT UNION HIGH SCHOOL DISTRICT Respiratory Protection Program

- The Cal/OSHA Respiratory Protection standard
- Respiratory hazards encountered at FREMONT UNION HIGH SCHOOL DISTRICT and the health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks, as required
- Maintenance and storage
- Medical signs and symptoms which may indicate the respirator is not functioning properly or providing adequate protection

Employees will be retrained annually or as needed (e.g., if they change departments and need to use a different respirator). Respirator training will be documented by the employee’s supervisor, with hard copies forwarded to the Program Administrator. Documentation pertaining to the type, model, and size of respirator for which each employee has been trained and fit tested will be included.

## **9.0 Medical Evaluation**

Employees who are required to wear respirators must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

Medical evaluations are provided by a physician, or other licensed healthcare professional (PLHCP) at a location determined by the Napa Valley District Office of Human Resources. Prior to examination, the employee will be asked to complete a comprehensive medical questionnaire that meets OSHA requirements that will be reviewed during the examination process, copy of Title 8 CCR 5144, found in Appendix B of this document, "***Medical Evaluation Questionnaire for Employees Using Respirators***".

FREMONT UNION HIGH SCHOOL DISTRICT Human Resources will provide the PLHCP with a copy of this Respirator program. In addition, the following information is provided for each:

- a summary of the employee's exposure to a hazardous substance his or her work area or job title
- proposed respirator type and weight
- length of time required to wear respirator
- expected physical work load (light, moderate, or heavy)
- potential temperature and humidity extremes
- any additional protective clothing required

After an employee has received clearance and starts to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- A physician informs the Program Administrator that the employee needs to be reevaluated;
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

## **10.0 DOCUMENTATION and RECORDKEEPING**

- A written copy of this program and the related OSHA standard are kept in the Program Administrator's office and is available to all employees who wish to review it.
- Training and fit test records will be updated as new employees are trained and existing employees receive refresher training and new fit tests are conducted.
- The FREMONT UNION HIGH SCHOOL DISTRICT, Office of Human Resources will maintain copies of the medical clearance records for all employees covered under this program. The Program Administrator will only retain written recommendation regarding each employee's ability to wear a respirator.

## **11.0 PROCEDURES FOR TIGHT-FITTING RESPIRATORS**

Employees who are required to wear respirators, training will occur:

- Prior to being allowed to wear any respirator with a tight fitting face piece.
- Annually there after
- Medical evaluations as required
- When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, etc.).

Employees will use their respirators in accordance with the training they receive on the use of their assigned respirator. The respirator shall not be used in a manner for which it was not intended.

### **12.0 OPERATION OF A POWERED AIR-PURIFYING RESPIRATOR (PAPR).**

The blower unit, powered by battery, takes in air through the filters and sends it, via hose, to the inside of the helmet. The helmet goes into positive over pressure and the wearer, breathes filtered air. Filtered expired air is expelled through the diaphragm valves.

For protection of the respiratory system against organic gas and vapors, fumes, mists solid and liquid aerosols.

### **13.0 LIMITATIONS**

- Do not use in atmospheres immediately dangerous to life or health.
- Do not wear for protection against Carbon Monoxide (CO) and natural gas.
- Do not use in closed environments (tanks, silos etc.).
- Do not use for fire fighting.
- Do not use in atmospheres containing less than 17% oxygen.
- Do not use in explosive atmospheres.
- Do not use in atmospheres where the concentration used is higher than 50 XTLV(UNI10720).
- Do not use in atmospheres where the concentration used is lower than 50 X TLV if that concentration produces atmospheres immediately dangerous to life or health.

### **14.0 OPERATING INSTRUCTIONS**

- FILTER SET-UP**
  - Check before the use that the plastic package sealing is intact, that the expiry date is within due limit and that the filter is adapted to the respirator on which it is expected to be set-up.
  - Remove covers from the filter, screw it through the EN148/1 thread onto the chosen respirator and read the filter use instructions.
- HELMET SET-UP**
  - Remove protective film from visor. The film was applied to preserve the transparency of the polycarbonate until the moment of use.
  - Fit the helmet on head steadily.
  - Connect hose assembly to helmet by pushing union into helmet connection.
  - Open visor.



## **WEARING INSTRUCTIONS**

### **DON HELMET IN FRESH AIR ONLY**

- Fit belt, with blower unit and filters already attached around waist
- Don helmet and tighten collar drawstring around neck by pressing the button.
- Season's garments used to protect the operator's neck should adhere as much as possible around the neck to avoid any folder which could interfere with the correct collar's closure. The drawstring should be pulled as close as possible round neck to assure maximum closure but it should at all times feel comfortable and not restrict breathing in any way.
- Connect hose assembly to blower unit by pressing the hose assembly coupling into the motor housing of the unit.
- Close lift-up shield.

## **AIR FLOW INDICATOR**

- Make sure that the battery is fully charged and that the filter(s) is(are) screwed on properly.
- Remove the low flow indicator's cap.
- With helmet donned and functioning correctly, inspire and keeps for a while breathing: the small ball into the cylinder of the airflow indicator should be on position HIGH. N.B: with incorrect closure of the flip-up visor or with loose collar, the small ball into the cylinder could remain in position LOW fix.
- Use the respirator only when the small ball into the cylinder is in position HIGH or oscillating between HIGH/LOW.
- Use the respirator only when the small ball into the cylinder of the airflow indicator is in position HIGH or oscillating between HIGH/LOW. This control has to be done particularly when the T9R respirator is not powered by the 12V tractor battery. Such control must be done with the indicator in a vertical position.
- N.B: make sure that the valves can exhale correctly; on the contrary, the indications given by the indicator could be altered.

## **CONTROL DURING THE USE**

- The indicator enables to check the correct functioning of the respirator in a vertical position considering the filter exhaustion grade, the battery charge and blower status, the tightness and correct closure of the collar and flip-up visor( when applicable). In case of works to be executed in bowed or horizontal position, return in vertical position any 10 minutes and re-check.

## **15. MAINTENANCE**

### **a) HELMET**

- Clean shell with organic solvent free detergent or better still with soapy water only.
- Clean visor with soapy water only.
- Wash collar with warm soapy water.

### **b) BLOWER UNITS**

- The motor does not require servicing.
- Clean unit with organic solvent free detergents or better still with a cloth dipped into a 50% water ethyl alcohol solution.

## **16.0 BATTERY RECHARGING**

- The built-in battery recharging can be done through the tractor battery.
  1. with tractor turned off and blower off ( recharging time approx.14 hours)
  2. with tractor turned on and blower on or off indifferently
  3. with Z15/220 battery charger and blower off (recharging time approx.4 hours )

## **17.0 UNIT SET-UP**

- Check that unit is functioning and that the fan rotates in an anticlockwise direction. Make sure that the gasket is properly inserted into the filter housing.
- Screw filter or filters onto unit.
- Make sure the cord has been properly fitted into the blower unit and the nut tightened correctly.
- Insert the other end of the cord into the tractor dash socket.
- Check that the unit is functioning and that the fan rotates in an anticlockwise direction.
- Make sure the gasket is properly inserted into the filter housing.

## **18.0 FILTERS**

- If sealed, the filters remain unaltered until the expiry date shown on them.
- If covers have been removed from the filter(s), they have to be replaced every six months, regardless of the amount of hours worked. It is thus advisable to write on the plastic package the filter opening date.
- Filters cannot be washed, blown out or restored. When exhausted they must be disposed of.
- If two or more filters are connected in parallel, they are to be replaced contemporaneously.

## **19.0 SERVICE / REPAIRS/ STORAGE**

Refer to owner's manual

## **APPENDIX A**

### ***Subchapter 7. General Industry Safety Orders***

#### ***Group 16. Control of Hazardous Substances***

#### ***Article 107. Dusts, Fumes, Mists, Vapors and Gases***

#### ***§5144. Respiratory Protection.***

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#### ***Appendix D to Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard***

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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 designated 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.

## **APPENDIX B**

***Subchapter 7. General Industry Safety Orders  
Group 16. Control of Hazardous Substances  
Article 107. Dusts, Fumes, Mists, Vapors and Gases  
§5144. Respiratory Protection.***

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***Appendix C to Section 5144: (Mandatory) Medical Evaluation Questionnaire for  
Employees Using Respirators***

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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:

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: 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

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

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

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

a. Shortness of breath: Yes/No

- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No
  - h. Coughing that wakes you early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. 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?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

e. Heartburn or indigestion that is not related to eating: Yes/No

d. 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?

a. Breathing or lung problems: Yes/No

b. Heart trouble: Yes/No

c. Blood pressure: Yes/No

d. Seizures: 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):

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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:

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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):

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