



**BAYLOR**  
UNIVERSITY

# **RESPIRATORY PROTECTION PROGRAM**

**CFR 29 1910.134**



# **TABLE OF CONTENTS**

OUR COMMITMENT

PURPOSE

SCOPE

RESPONSIBILITIES

PROCEDURES

MEDICAL EVALUATION

PROPER USE

MAINTENANCE AND CARE

TRAINING AND INFORMATION

PROGRAM EVALUATION

APPENDIX A – MEDICAL EVALUATION FORM

APPENDIX B – RESPIRATOR CLEANING PROCEDURE

APPENDIX C – USER SEAL CHECK PROCEDURE

APPENDIX D – INFORMATION FOR EMPLOYEES USING  
RESPIRATORS WHEN NOT REQUIRED UNDER THE STANDARD



## OUR COMMITMENT

Dear Employee:

Baylor University recognizes the importance of safety and health in making life a little more rewarding, and is committed to providing a workplace for our Employees in which recognized hazards are controlled.

The philosophy and objectives behind this commitment are:

- The safety and health of all Employees is our priority.
- The only acceptable level of safety performance is one that prevents injury.
- Safety is an integral part of the University's functions that cannot be separated or by-passed.
- Safety is a responsibility that must be shared equally and without exception by everyone.

### **Safety is Everyone's Responsibility.**

All Employees will be required to make safety and the safety of their fellow employees, students and visitors a priority. As a condition of employment, every employee will be expected to conduct their daily work activities in a manner that is consistent with the philosophy and objectives of this policy.

Employees may provide safety and health input without fear of reprisal. Anyone having comments, suggestions or questions regarding this program or any other printed safety material, may call the OSHA Safety Manager at (254) 710-2492 or the Environmental Health and Safety Department at (254) 710-2900.

## **Reference Standard**

Occupational Safety and Health Administration  
29 CFR 1910.134 Respiratory Protection

## **Purpose**

This procedure establishes protocol for determining safe use considerations for respiratory protection at the university. The program applies to all university workers requiring respiratory protection devices in working environments where permissible exposure limits of respiratory hazards are exceeded. The university has been very proactive in effectively engineering and administratively controlling areas of concern resulting in a very limited use of respiratory protection required, campus wide.

## **Scope**

This program applies to all affected university employees.

## **Responsibilities**

The Program Administrator (PA) is responsible for development and review of this program. The Environmental Health and Safety Department's Occupational Safety and Health Manager will serve as the PA.

Management (anyone tasked with supervising employees) is responsible for understanding the 29 CFR 1910.134 standard that trigger a program of this nature and to ensure that all within their work area act responsibly and follow the direction and protocol depicted within this guidance program. Appropriate enforcement of this program is required to ensure a safe work environment for all.

Each faculty or staff member in charge of a research project, classroom project, or other duties where employees engage in activities where respiratory protective equipment is required, is responsible for identifying potential respiratory hazards in their work area. Assistance can be requested from the EHS department to assess situations where the potential use of respirators may be needed.

Each department within the university with employees working under the guidelines of the Respiratory Protection Program are responsible for:

- Working in conjunction with the EHS Program Manager to make sure the appropriate medical documents / examinations and fit testing is accomplished in a timely manner.
- Ensuring all employees donning respiratory protection are adequately trained.
- Providing fiscal and administrative resources as necessary for the implementation of Program needs and expenses.

## **Procedure**

### **Respirator Use**

Respirators will only be used to control airborne contaminants when engineering and/or administrative controls are not feasible.

### **Voluntary Respirator Use** (half face or full face with appropriate filters)

When a respirator is not required, the department may provide respirators at the request of employees or permit employees to use their own respirators, if the department in question determines that such respirator use will not in itself create a hazard. If the department allows voluntary use of a respirator the information in 29 CFR 1910.134 Appendix D will be provided (Appendix D).

The department in question will discuss the voluntary use of the respirator with the PA for final approval and to ensure all university protocol is followed.

## **Respirator Protection Program**

The university has established a Respiratory Protection Program for individuals who are required to wear a respirator to perform their assigned task. This program includes the following:

- Procedures for selecting respirators.
- Medical evaluations for respirator users.
- Fit test procedures for tight fitting respirators.
- Procedures for proper use of respirators.
- Procedures for maintaining and storing respirators.

## **Respirator Selection**

The appropriate assessment will be conducted within all areas of the university that could trigger the use of a respirator.

Only NIOSH certified respirators will be used within their designated limitations.

Appropriate type, model, size, and filtering media will be selected to ensure proper fit for both required and voluntary use respirators.

## **Medical Evaluation – Pre & Post**

The university has identified a physician or other licensed health care professional to perform medical evaluations using a medical questionnaire (Appendix A). The medical questionnaire will be filled out confidentially during the employee's normal working hours at the location designated by their manager/supervisor. When the employee completes filling out the medical questionnaire they will follow the specific protocol necessary to complete this process (electronically or mail).

After the medical provider has evaluated the medical questionnaire, the PA will receive results pertaining to what the next steps in the process shall consist of:

- Clearance to wear the respirator per the information reviewed on the medical questionnaire.
- The medical provider may request an on-site (medical provider's) medical evaluation that is to be scheduled during the employee's normal work time.
- Non-clearance for respirator use may have been determined from the medical questionnaire evaluation.
- The medical evaluation and fit-test protocol will be administered confidentially, at no cost to the employee, during the employee's normal working hours.
- The university will provide the employee with an opportunity to discuss the questionnaire and examination results with the medical evaluation/service provider.
- Upon the PA receiving clearance for the designated employee to don a respirator a fit test using the respirator that has been determined to be the most accommodating for the employee's wear and comfort will be scheduled.

The PA will coordinate the above-mentioned steps to ensure compliance and a timely fulfillment of these compliance items.

### **Proper Use of Respirators (Employer issued & approved voluntary use)**

#### **Standard requirements for respirator users are:**

Any employee having any condition that interferes with the face to facepiece seal is prohibited from wearing a respirator.

Any employee having any condition that interferes with valve function is prohibited from wearing a respirator.

All personal protective equipment including corrective lens glasses or goggles must be worn in a manner that does not interfere with the seal of the facepiece to the face of the employee.

Employees shall perform a user seal check each time they put on a tight-fitting respirator (see Appendix C).

Supervisors shall monitor all employees using respirators for the degree of employee exposure and stress. Whenever there is a change in working conditions which will affect respirator effectiveness, the use of respirators will be re-evaluated.

To prevent eye or skin irritation associated with respirator use, employees shall leave the work area to wash their faces and respirator facepieces.

If employees detect vapor or gas breakthrough, or changes in breathing resistance, they shall leave the work area to replace the filters or cartridges.

If employee detects leakage of the facepiece, they shall leave the work area and only re-enter it with a properly working respirator.

If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, the respirator must be repaired or replaced before the employee can return to the work area.

If the respirator end of service life indicator (ESLI) indicates the need to change the filter or cartridge, employees will leave the work area to replace it.

## **Maintenance and Care of Employer Issued and Voluntary Use Respirators**

The end users are responsible for ensuring that respirators are cleaned, disinfected, stored, inspected and repaired.

Employees with defective respirators shall take them to their designated department representative for inspection and repair, or for issuing a new respirator.

Employees will be provided with respirators that are clean, sanitary and in good working order.

Respirators issued to individual employees will be cleaned and disinfected as often as necessary to remain in a sanitary condition. This will be according to the procedure described by the manufacturer or in Appendix B.

Respirators will be stored to protect them from damage, contamination, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.

Respirators will be packed or stored to prevent deformation of the facepiece and exhalation valve.

Employees will inspect their respirators before each use and during cleaning. If any defect is found, the respirator will be immediately removed from service and either discarded or repaired prior to use. Inspections will include:

- A check of respirator function.
- A test of the tightness of connections.
- A visual inspection of the conditions of various parts including the facepiece, head straps, valves, connecting tube and cartridges, canisters or filters, and any other part that may affect the performance of the respirator.
- A check of elastomeric parts for pliability and signs of deterioration.
- A check that the label and color coding indicating NIOSH approval is not removed and remains legible on all filters, cartridges and canisters.

Repairs or adjustments to respirators will be made only by people appropriately trained to perform such operations.

Repairs or adjustments will only use the respirator manufacturer's NIOSH approved parts designed for the respirator.

Repairs to respirators will be made only according to the manufacturer's recommendations and specifications for the type and extent of repairs to be made.



## **Training and Information**

The program administrator will train employees as indicated in this section.

Employees who are expected to use respirators will be trained:

- Prior to initial use
- Annually
- When changes in the workplace or the type of respirator require additional training.
- When the employee has not retained the required understanding or skill as indicated by inadequacies in the employee's knowledge or use of the respirator.
- Whenever any other situation arises, which indicates that additional training is necessary, to ensure the safe use of respirators.

The training will be understandable to the employee, provided at no cost to the employee, and be comprehensive.

Training on the hazards of chemicals will be done according to the chemical hazard communication program (complying with 29 CFR 1910.1200).

Employees will be trained on the proper use of respirators, including putting them on and removing them, any limitations on their use and maintenance, and any other knowledge required for them to complete their tasks as assigned in this program.

Employees will be trained until they can demonstrate their knowledge of all the following:

- 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 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.

## **Program Evaluation**

The Program Administrator will evaluate this program as necessary to ensure that it is being properly implemented and to consult with employees to ensure that they are using respirators properly.

Employees who use respirators will be consulted to determine their views on program effectiveness and any problems with the program.

The respiratory protection Program Administrator will ensure that all problems identified during this assessment are corrected.

Initial factors to be assessed during each evaluation include:

Respirator fit, including the ability to use the respirator without interfering with effective workplace performance.

- Appropriate respirator selection for the hazards to which the employee is exposed.
- Proper respirator uses under the workplace conditions the employee encounters.
- Proper respirator maintenance.
- Any other aspect of this program.



# APPENDIX A

## MEDICAL EXAMINATION FORM





Environmental Health & Safety Department  
OSHA Respirator Medical Evaluation Questionnaire  
1910.134 App C

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: \_\_\_\_\_ BUID#: \_\_\_\_\_
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/department: \_\_\_\_\_
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. \_\_\_\_\_ Disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other (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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There are several options that the university utilizes for completing the medical questionnaire. Follow the instructions given by the PA when it is time for you to proceed with this process.

It is essential that everyone who is wearing a respirator complete this process. Upon completion and review of the medical questionnaire by a medical professional, all individuals approved to wear a respirator will go to a designated location to be fit tested for their individual unit. Personal Protective Equipment training will also be completed by everyone that participates in this mandatory program. Individuals who don PAPR's are not required to participate in the fit testing portion of this process.

Please contact the EH&S OSHA Manager at 254-710-2492 with any questions.

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If questionnaire is done non-electronically the medical provider will return the appropriate document depicting approval and/or disapproval to don a respirator as described in this medical questionnaire to:

Baylor University  
Environmental Health & Safety Dept.  
One Bear Place #97290  
Waco, TX 76798-7290      Attention OSHA Manager

# APPENDIX B

## RESPIRATOR

### CLEANING PROCEDURES

#### Respirator Maintenance

##### How to Clean and Maintain Respirators

Respirators must be cleaned, inspected and maintained regularly.

Cleaning is especially important in dusty areas.

Clean in warm soapy water.

Allow to dry thoroughly before storing or using.



26

## **Respirator Cleaning Procedure**

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

### **Procedures for Cleaning Respirators**

- 1) Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- 2) Wash components in warm (43°C [110°F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- 3) Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably running water. Drain.
- 4) When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
  - a) Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43°C (110°F); or,
  - b) Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43°C (110°F); or,
  - c) Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

- 5) Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- 6) Components should be hand-dried with a clean, lint-free cloth, or air-dried.
- 7) Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.
- 8) Test the respirator to ensure that all components work properly.



**APPENDIX C**

**RESPIRATOR**

**USER SEAL CHECK**





## **User Seal Check Procedure**

The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and negative pressure checks listed in this appendix, or the respirator manufacturers recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

### *1) Facepiece Positive and/or Negative Pressure Checks*

- a) Positive pressure check.* Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.
- b) Negative pressure check.* Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

### *2) Manufacturer's Recommended User Seal Check Procedures*

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.

**APPENDIX D**

**INFORMATION FOR EMPLOYEES**

**USING**

**RESPIRATORS WHEN NOT**

**REQUIRED BY THE STANDARD**



# Information for Employees Using Respirators When Not Required Under the 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, (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.

I have read the instructional statement above, understand the content and have had the opportunity to have my questions answered.

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

Date: \_\_\_\_\_