University of Illinois at Urbana-Champaign
Division of Safety and Compliance

Respiratory Protection Policy
# Respiratory Protection Policy

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I. PURPOSE

The University of Illinois at Urbana-Champaign (U of I), through the Division of Safety and Compliance (S&C), has established this Respiratory Protection Policy to protect the health of university students, faculty and staff and to assure compliance with State and Federal occupational safety and health standards.

This Policy provides the minimum requirements for unit-specific respiratory protection programs. It is expected that campus units utilizing this Respiratory Protection Policy will develop Unit-Specific Respiratory Protection Programs and site-specific written standard operating procedures (SOP) to complement and meet the requirements in this general policy.

II. POLICY

It is the policy of the U of I to protect its students, faculty and staff from respiratory hazards. This is accomplished as far as feasible with effective engineering controls, employee training, and administrative controls. In cases where these controls are not adequate, employees must be provided with respiratory protection to eliminate the potential exposure to respiratory hazards.

III. SCOPE

The provisions of the Respiratory Protection Policy shall apply to all students, faculty, and staff (hereafter called “respiratory users”) where:

- Respirators are necessary to protect the health of an individual;
- The U of I requires respirators to be worn; and
- Respirators are voluntarily worn for comfort, personal reasons, and/or emergencies.

IV. RESPONSIBILITIES

The Division of Safety and Compliance shall:

A. Develop and implement a written respiratory protection policy and review it on an annual basis;
B. Conduct hazard evaluations and/or air monitoring upon request. Material and analytical costs for air monitoring, if any, will be paid by the requesting department;
C. Assist campus units in the selection of appropriate respiratory protection;
D. Conduct Occupational Safety and Health Administration (OSHA) required training on respiratory protection for campus units and respirator users;
E. Conduct or arrange for fit-testing for campus units and respirator users;
F. Maintain copies or logs of medical evaluations, training, and fit-testing records; and
G. Assist campus units in developing Unit-Specific Respiratory Protection Programs for respirators upon request.

Deans, Department Heads, and Directors of academic/administrative units shall:

A. Ensure that their Unit-Specific Respiratory Protection Program meets the requirements of this Respiratory Protection Policy;
B. Provide fiscal and administrative resources for the implementation of their Unit-Specific Respiratory Protection Program;
C. Ensure that all personnel within their unit affected by this policy receive proper training and fit-testing; and
D. Designate a competent person that will be responsible for implementing the Unit-Specific Respiratory Protection Program.

Respiratory Protection Competent Person shall:
A. Understand the requirements of this Respiratory Protection Policy and applicable OSHA regulations;
B. Have the knowledge and/or experience to create, maintain, revise, implement, and enforce the Unit-Specific Respiratory Protection Program;
C. Attend respiratory protection training;
D. Identify personnel who require respiratory protection training;
E. Train or arrange training for all affected personnel on the requirements of the Unit-Specific Respiratory Protection Program;
F. Ensure that the requirements of the Unit-Specific Respiratory Protection Program are followed; and
G. Maintain a training record for all employees that have been trained in the components of the Unit-Specific Respiratory Protection Program.

Supervisors of respiratory users who require respiratory protection shall:
A. Establish and maintain budget support for this program;
B. Provide respirators (including cartridges and replacement parts), training, and medical evaluations at no cost to the respiratory users;
C. Allow time during working hours to complete the necessary training, medical questionnaire, fit-testing, and medical evaluations;
D. Allow time during working hours to discuss the questionnaire and examination results with the Physician or Licensed Health Care Professional (PLHCP);
E. Survey the work area conditions and contact S&C when conditions exist that may require a respirator to be worn when performing a task;
F. Contact S&C to determine voluntary use of respirators;
G. Attend training on proper selection, storage, use, and maintenance of respiratory protective equipment when individuals they supervise are required to use such equipment;
H. Assure that the requirements of this Policy and the Unit-Specific Respiratory Program are observed;
I. Develop a document establishing Standard Operating Procedures (SOP); and
J. Conduct annual inspection and evaluation to determine the continued effectiveness of the Unit-Specific Respiratory Protection Program.

Respirator users shall:
A. Follow all requirements of this Respiratory Protection Policy, applicable Unit-Specific Respiratory Protection Program, and applicable SOPs.
B. Report to their supervisor any operation or job suspected of requiring the use of respiratory protective equipment;
C. Attend training and fit-testing on respiratory protection as required by this Policy;
D. Use respirators in accordance with instruction and training received.
E. Remain clean-shaven where facial hair may prevent a good face seal when required to use tight-fitting respirators;
F. Refrain from using respirators that fail inspection and immediately report to a supervisor problems associated with the equipment; and
G. Notify supervisor of a change in health status (especially circulatory or respiratory health), weight gain or loss of 20 pounds or more, a change in dental situation (teeth or dentures), or substantial scarring in the facial area. (These factors may affect the individual’s ability to maintain a proper fit for using a respirator.)

V. DEFINITIONS

Acid Gas (AG) means an acidic substance in a volatile state.

Air Purifying Respirator (APR) means a respirator with a purifying or cleansing filter, cartridge or canister that removes specific air contaminants through negative pressure.

Assigned protection factor (APF) means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by this section.

Atmosphere-supplying respirator means a respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

Canister or cartridge means a container with a filter, sorbent, catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Demand respirator means an atmosphere-supplying respirator that admits breathing air to the face piece only when a negative pressure is created inside the face piece by inhalation.

Emergency situation means any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure means exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

End-of-service-life indicator (ESLI) means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

Escape-only respirator means a respirator intended to be used only for emergency exit.
**Filter or air purifying element** means a component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering face piece (dust mask)** means a negative pressure particulate respirator with a filter as an integral part of the face piece or with the entire face piece composed of the filtering medium.

**Fit factor:** A quantitative estimate of the fit of a particular respirator to a specific individual. Typically estimates of the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

**Fit test** means the use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

**High Efficiency Particulate Air Filter (HEPA):** A filter that is at least 99.97% efficient in removing mono-dispersed particles of 0.3 microns in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100 and P100 filters.

**Immediately Dangerous to Life and Health (IDLH):** An atmosphere that poses an immediate threat to life that would cause irreversible adverse health effects or would impair an individual’s ability to escape from a dangerous atmosphere.

**Loose-fitting face piece** means a respiratory inlet covering that is designed to form a partial seal with the face.

**Maximum use concentration (MUC)** means the maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator, and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short-term exposure limit, or ceiling limit. When no OSHA exposure limit is available for a hazardous substance, an employer must determine an MUC on the basis of relevant available information and informed professional judgment.

**Negative pressure respirator (tight fitting)** means a respirator in which the air pressure inside the face piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

**NIOSH:** The National Institute for Occupational Safety and Health. A Department of Health and Human Services organization that conducts research on occupational safety and health issues.

**Organic Vapor (OV):** Synthetic or naturally occurring carbon-containing compound in the vapor state, which can be inhaled and cause undue respiratory harm.

**Oxygen deficient atmosphere** means an atmosphere with an oxygen content below 19.5% by volume.
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Permissible Exposure Limit (PEL): An exposure limit published and enforced by OSHA as a legal standard.

Physician or other Licensed Health Care Professional (PLHCP): An individual whose legally permitted scope of practice (license, registration or certification) allows him or her to independently provide, or be delegated the responsibility to provide medical evaluations and consultation.

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

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

Pressure demand respirator means a positive pressure atmosphere-supplying respirator that admits breathing air to the face piece when the positive pressure is reduced inside the face piece by inhalation.

Qualitative Fit Test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.

Quantitative Fit Test (QNFT): An assessment of the adequacy of the respirator fit by numerically measuring the amount of leakage into the respirator.

Respiratory inlet covering means that portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a face piece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

Self-contained breathing apparatus (SCBA) means an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Service life means the period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Supplied Air Respirator (SAR): Also known as airline respirators. An atmosphere-supplying respirator for which the source of breathing air is designed to be remotely located and supplied to the user by a pressurized airline.

Tight-fitting face piece means a respiratory inlet covering that forms a complete seal with the face.

User seal check means an action conducted by the respirator user to determine if the respirator is properly seated to the face.
VI. GENERAL REQUIREMENTS

Use of Respirators
A. Employees or students with facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function shall not be permitted to wear tight-fitting respirators. Individuals who have been issued a respirator shall remain clean-shaven when required to wear a tight-fitting respirator.

B. Employees or students who wear glasses that interfere with the sealing surface of a full-face respirator shall not be issued a tight-fitting respirator unless they can safely work without the aid of eye glasses. Exception: If provisions have been made for the acquisition of temple-less glasses that fit into the respirator face piece, then a tight-fitting full face piece respirator may be used.

Physician's Written Opinion
A. No respiratory users shall be assigned to tasks requiring the use of a respirator unless a PLHCP determines that the individual is medically able to wear a respirator.

B. The PLHCP at a University of Illinois designated medical facility shall provide a written opinion as to the ability of an individual to wear a respirator.

C. The respirator users, with assistance from their supervisor, will provide relevant information to the PLHCP regarding their job functions, expected work effort, and work tasks.

D. The PLHCP shall complete a medical evaluation form and submit this form to S&C.

E. Medical evaluations shall consist of administering a medical questionnaire or providing a physical examination that elicits the same information as the questionnaire.
   • Students shall submit a paper copy of the medical questionnaire (APPENDIX A) and the medical release form (APPENDIX B) to the following address:
     McKinley Health Center
     Immunization and Travel Clinic M/C 026
     1109 S. Lincoln
     Urbana, IL 61801
   
   • Employees shall follow the procedures outlined in (APPENDIX C).

F. Medical evaluations will occur according to the following schedule:
   • Before the initial fit-testing and before the respirator is used for the first time;
   • At the frequency required by OSHA substance-specific standards (e.g., OSHA Formaldehyde Standard, 29 CFR 190.1048, which requires an annual physical exam for respirator wearers);
   • If an individual gives a positive response to any question among questions 1 – 8 of the Medical Questionnaire;
   • If the initial medical evaluation demonstrates the need for a follow-up medical examination. These follow-up exams must include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final decision;
   • Whenever a respirator user reports medical signs or symptoms that are related to the ability to use a respirator;
   • Whenever a PLHCP, supervisor, or S&C informs the campus unit that the individual needs to be reevaluated;
Whenever information from the Unit-Specific Respiratory Protection Program, including observations made during fit-testing and program evaluation, indicates a need for reevaluation;

If a change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature, etc.) that may result in a substantial increase in the physiological burden placed upon respirator users; and

It is recommended that reevaluation of employees occur according to the following age-graded scale:

<table>
<thead>
<tr>
<th>Age</th>
<th>Light to Moderate Work</th>
<th>Strenuous Work w/ SCBA</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;35yrs</td>
<td>Every 5 years</td>
<td>Every 3 years</td>
</tr>
<tr>
<td>35-45yrs</td>
<td>Every 2 years</td>
<td>Every 1.5 years</td>
</tr>
<tr>
<td>&gt;45yrs</td>
<td>Every year</td>
<td>Every year</td>
</tr>
</tbody>
</table>

Training

- S&C, or a competent third-party program, shall be used to deliver respirator training.
- Training shall be provided before the required use of a respirator.
- Training shall be administered annually or more often if retraining is necessary.
- Retraining may be necessary when:
  - Changes in the workplace or the type of respirator render previous training obsolete; or
  - Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
  - Any other situation arises in which retraining appears necessary to ensure safe respirator use.
- After training, all respirator users must be able to demonstrate knowledge of at least the following:
  - The reasons for the need of the respirator, and how improper fit, usage, or maintenance can compromise the protective effect of the unit;
  - The limitations and capabilities of the respirator;
  - How to use the respirator effectively in emergency situations in which the respirator malfunctions;
  - How to properly 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; and
  - The responsibilities of the U of I and the individual regarding respiratory protection.
- Training records shall be kept by the campus unit. S&C will maintain copies of records for S&C-provided training only.

G. Fit-Testing

- Fit-testing is required for all individuals using negative- or positive-pressure, tight-fitting respirators. A fit test is not required for voluntary user or for escape-only respirators.
- Fit-testing will not be conducted until the respirator wearer has received PLHCP’s written approval to wear a respirator.
- Fit-testing procedures shall follow those listed in OSHA (29 CFR 1910.134 Appendix A).
• Before an individual will be required to use any respirator with a negative- or positive-pressure tight-fitting face piece, they shall be fit-tested with the same make, model, style, and size of respirator that will be used.

• Individuals using a tight-fitting face piece respirator will pass either a qualitative fit test (QLFT) or a quantitative fit test (QNFT). After the initial fit test, either the QLFT or the QNFT will be performed annually.
  o Individuals using a full-face respirator will pass a QNFT.
  o Individuals using a half-mask respirator may be fit-tested either qualitatively or quantitatively.
  o If the fit factor, as determined through QNFT protocol, is equal to or greater than 100 for tight-fitting half face pieces, or equal to or greater than 500 for tight-fitting full face pieces, the QNFT has been passed with that respirator.

• Fit-testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit-testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection. This shall be accomplished by temporarily converting the respirator user’s actual face piece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator face piece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator face piece.

• Individuals have the responsibility to immediately notify the supervisor or S&C that the fit of the respirator is unacceptable. If so, they shall be given a reasonable opportunity to select a different respirator face piece and to be retested.

• An additional fit test shall be done whenever the respirator user, S&C, the PLHCP, or the supervisor reports visual observations of changes in the individual’s physical condition that could affect respirator fit. These conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or obvious changes in body weight.

H. User seal checks shall be demonstrated in training and shall be performed by the respirator wearer each time the individual dons a tight-fitting respirator.

I. Appropriate surveillance of work area conditions and degree of employee exposure or stress shall be maintained. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, S&C shall be notified so a reevaluation can be conducted of the continued effectiveness of the respirator.

J. No workplace policies shall prohibit or impede individuals who wear respirators from leaving the work area should there develop either a significant problem with the respirator or a need to replace the filters or cartridges.

K. Individuals who must leave a contaminated work area after a respirator failure shall not re-enter the work area without first assuring the proper functioning of the respirator.

L. A change schedule for canisters and cartridges shall be implemented and based upon objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. (An end of service life indicator on the canisters or cartridges may be used if available.) Change schedules shall be based upon objective data. Typical sources can include respirator manufacturers, industry organizations, and chemical characteristics.
Selection

A. Selection of a proper respirator will only occur after a thorough assessment has been made as to the potential exposure of individuals to harmful contaminants in the workplace atmosphere. S&C or its designate will conduct hazard evaluations of the workplace upon request.

B. Respirator selection shall be determined by S&C in conjunction with the supervisor and/or unit Competent Person. Selection of respirators shall be based on the following criteria:
   - The nature of the hazardous operation/process and assumed or measured hazardous exposure levels;
   - The nature of the respiratory hazard, including physical and chemical properties, adverse health effects of the hazard, and warning properties of the hazard;
   - The characteristics and limitations of available respirators, including assigned protection factor;
   - The period of time for which the respirator must be worn;
   - The medical evaluation from the PLHCP; and
   - Fit-testing results.

C. If a contaminant is not regulated by a substance-specific standard that requires air monitoring, other means can be used to estimate workplace exposures.

D. Objective data (industry studies, trade association tests conducted by chemical manufacturers, etc.) indicating that air contaminants cannot be released into the workplace in airborne concentrations that are immediately dangerous to life and health may be used to estimate workplace exposures.

E. Designated Unit Competent Persons must document the use of this objective data in their Unit-Specific Respiratory Protection Programs.

F. The application of mathematical approaches may be used, such as physical and chemical properties of contaminants, combined with information on room dimensions, air exchange rates, chemical release rates, etc.

G. Where the respiratory hazard cannot be identified or a reasonable estimate of the employee exposure cannot be determined then the atmosphere will be considered to be IDLH.

H. Only those respirators that are approved by NIOSH shall be used.

Use of Respirators in IDLH Atmospheres

A. The following respirators shall be used in an IDLH atmosphere:
   - A full face piece, pressure demand self-contained breathing apparatus (SCBA) certified by NIOSH for a minimum service life of thirty minutes; or
   - A combination full face piece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.

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

C. All oxygen-deficient atmospheres shall be considered IDLH.

D. Supervisory staff and principal investigators must be prepared for emergency rescue or respirator failure whenever employees or students are working inside of an IDLH atmosphere. When IDLH atmospheres exist the Unit-Specific Respiratory Protection Program shall require:
   - Buddy system. In IDLH atmospheres or potential IDLH atmospheres at least one additional worker properly equipped with respiratory protection shall be present;
Communications. Communications (visual, voice, or signal line) shall be maintained between workers present in IDLH atmospheres; and

Rescue. Stand-by workers must be available with suitable rescue equipment: pressure demand or other positive pressure SCBAs or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA, safety harnesses and safety lines (for removing persons working in IDLH atmospheres).

Breathing Air Quality and Use

A. Compressed and liquid oxygen shall meet the United States Pharmacopoeia requirements for medical or breathing oxygen.

B. Compressed breathing air must meet at least the requirements for Grade D breathing air. The American National Standards Institute (ANSI) Compressed Gas Association (CGA) g.7-1 – 1989 specifies the contents of Grade D breathing air as:
   - Oxygen (volume/volume) of 19.5% to 23.5%;
   - Hydrocarbon (condensed) of 5 mg/m³ of air or less;
   - Carbon monoxide of 10 ppm or less;
   - Carbon dioxide of 1,000 ppm or less; and
   - Lack of noticeable odor.

C. Compressed oxygen shall not be used in atmosphere-supplying respirators that have previously used compressed air.

D. Oxygen concentrations greater than 23.5% shall only be used in equipment designed for oxygen service or distribution.

E. Air cylinders used to supply breathing air shall be marked with a NIOSH approval label.

F. Cylinders of purchased breathing air shall have a certificate of analysis from the supplier that the breathing air meets the required Grade D air and moisture content. They shall also certify the moisture content in the cylinder shall not exceed a dew point of -50° F (-45.6° C) at 1 atmosphere pressure.

G. Compressors used to supply breathing air to respirators shall be constructed and situated so as to:
   - Prevent entry of contaminated air into the air-supply system;
   - Minimize moisture content so that the dew point at 1 atmosphere pressure is 10° F (5.56° C) below the ambient temperature;
   - Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters shall be maintained and replaced or refurbished periodically following the manufacturer's instructions;
   - Have a tag containing the most recent change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor;
   - For compressors that are not oil-lubricated, it shall be staged to ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm; and
   - For oil-lubricated compressors, there shall be a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high-temperature alarms are used, the
air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.

H. All breathing air couplings must be incompatible with those of non-respirable air or other gases used on the campus to prevent inadvertent servicing of air-line respirators with non-respirable gases or oxygen.

Voluntary Use
A. S&C shall make the determination if respirator use is voluntary or if it is necessary;
B. For voluntary use, S&C shall make a reasonable effort to ensure that the respirator does not interfere with the respiratory users’ ability to work safely and its use does not create a hazard;
C. All voluntary respirator wearers shall sign a notice of responsibilities (APPENDIX E) before voluntary use is permitted, in lieu of a Unit-Specific Respiratory Protection Program;
D. Use of any other type of respirator, even when voluntary on the part of the respiratory users, requires adherence to this Respiratory Protection Policy, Unit-Specific Respiratory Protection Program, and SOP requirements.

Recordkeeping
A. Medical evaluations, training, and fit-testing records shall be established and maintained for every individual required to wear a respirator. Copies of all three records shall be submitted to S&C no later than 30 days after their receipt by the campus unit.
B. These records shall be maintained for 30 years beyond the last date of employment/enrollment of the respiratory users.
C. Records for substance-specific OSHA Standards shall be maintained according to the specific OSHA Standard by the using campus unit.
D. Records on respirator inspection for positive pressure respirators (airline or SCBA) shall be maintained until replaced by a more recent inspection record. Records on maintenance on a positive pressure respirator shall be maintained until the respirator is no longer in service by the using campus unit.

Program Evaluation
This Respiratory Protection Policy will be reviewed annually by S&C. The written Unit-Specific Respiratory Protection Standard Operating Procedures should be reviewed and updated by those campus units at least annually and more frequently as hazards, tasks, procedures and/or equipment change.
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: __________________________________________
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):
   _____ N, R, or P disposable respirator (filtering face-piece, non-cartridge type only)
   _____ Negative pressure (half- or full-facepiece cartridge type respirator)
   _____ Powered air-purifying type
   _____ Other type (for example 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
   f. 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 student, employee, faculty, and/or staff who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For respiratory users 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 ear or hearing 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 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
ej. Any other muscle or skeletal problem that interferes with using a respirator: Yes No
Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No
   If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you’re working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No
   If "yes," name the chemicals if you know them: ____________________________

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
   a. Asbestos Yes No
   b. Silica (e.g. in sandblasting): Yes No
   c. Tungsten/cobalt (e.g. grinding or welding this material): Yes No
   d. Beryllium Yes No
   e. Aluminum Yes No
   f. Coal (for example, mining): Yes No
   g. Iron Yes No
   h. Tin Yes No
   i. Dusty environments: Yes No
   j. Any other hazardous exposures: Yes No
   If “yes,” describe these exposures: _______________________________________

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

5. List your previous occupations: ___________________________________________________

6. List your current and previous hobbies: _____________________________________________

7. Have you been in the military services? Yes No
   If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes No

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

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes No
   If “yes,” name the medications if you know them: __________________________
10. Will you be using any of the following items with your respirator(s)?
   a. HEPA Filters  Yes No
   b. Canisters (for example, gas masks):  Yes No
   c. Cartridges  Yes No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?
   a. Escape only (no rescue):  Yes No
   b. Emergency rescue only:  Yes No
   c. Less than 5 hours per week:  Yes No
   d. Less than 2 hours per day:  Yes No
   e. 2 to 4 hours per day:  Yes No
   f. Over 4 hours per day:  Yes No

12. During the period you are using the respirator(s), is your work effort:
   a. Light (less than 200 kcal per hour)  Yes No
      If "yes," how long does this period last during the average shift:  _____ hrs. _____ mins.
      Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs. or controlling machines).
   b. Moderate (200 to 350 kcal per hour):  Yes No
      If "yes," how long does this period last during the average shift:  _____ hrs. _____ mins.
      Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.
   c. Heavy (above 350 kcal per hour):  Yes No
      If "yes," how long does this period last during the average shift:  _____ hrs. _____ mins.
      Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

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

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

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

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

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

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

   Name of the first toxic substance: ________________________________
   Estimated maximum exposure level per shift: ____________________
   Duration of exposure per shift: ________________________________

   Name of the second toxic substance: ________________________________
   Estimated maximum exposure level per shift: ____________________
   Duration of exposure per shift: ________________________________

   Name of the third toxic substance: ________________________________
   Estimated maximum exposure level per shift: ____________________
   Duration of exposure per shift: ________________________________

   The name of any other toxic substances that you'll be exposed to while using your respirator: ____________________

19. Describe any special responsibilities you’ll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security): ________________________________

   ________________________________
Click the following link to complete the Medical Records Release Form:
http://www.mckinley.illinois.edu/Forms/medrecrelease450.pdf
The UIUC Medical Surveillance Program has been implemented to meet regulatory requirements, guidelines or established standards of practice to help prevent occupational disease and to protect the health and safety of UIUC employees. The following procedure should be used for the scheduling and invoicing of medical examinations from the Occupational Medicine Department at Carle Clinic.

Please follow the steps listed below in order to obtain employee medical examinations.

1. Go to the F&S Portal https://my.fs.illinois.edu/fsportal/portal/
2. Click on Login
3. Log in using your NetId and Password (this is your BlueStem/Nessie Login)
4. Click on Online Service Request
5. Click on Request Details to create or submit a Service Request
6. Provide the names of the employees and the type of examinations the employees need (i.e. respirator physical, hazardous materials worker physical, blood lead levels, etc.).
7. S&C will process billing release forms for each of the employees and provide the purchase order number to the Requester.
8. S&C will notify the Requester that the employees can make their appointments for the medical exam with the Occupational Medicine Department (217-383-3077).
   a. Employees should inform Carle that they are a University employee, and
   b. Employees must provide the purchase order number in order to receive services.
9. After completing the medical examination, Carle will send a copy of the Medical Certification to S&C. If requested, the Departmental Contact will receive a copy of the certification from S&C.


If additional information is required, please contact the UIUC Medical Surveillance Coordinator at 217-265-9828.
Respiratory Protection Standard Operating Procedures for ____________

It is the policy of the above-mentioned unit to comply with the University of Illinois Respiratory Protection Policy. The purpose of this document is to complement the Campus Policy with site-specific written standard operating procedures.

PROGRAM ADMINISTRATION

The University of Illinois recognizes the fact that supervisors are not necessarily experts in the area of respiratory protection. However, as outlined in Section V/B - 1.2 and V/B – 1.3 of the Campus Administrative Manual, it is the supervisor's responsibility to assure "that required equipment and personal protective devices are provided, maintained and used" by those supervised. S&C and other qualified personnel will assist supervisors and individuals in fulfilling these obligations upon request.

The following individual has responsibility for the administration of respiratory protection in the above-mentioned unit. It is the responsibility of this person to supervise the use of respirators and to ensure that respirators are used when they are required and in a manner in which the wearer has been trained.

__________________________  ________________________
(Name)  (Title)

SELECTION

Respirator types selected for use (include manufacturer and model number):

________
________
________

Cartridges and filters to be worn and hazard:

(Cartridge type or air source)  (Hazards)

(Cartridge type or air source)  (Hazards)

MEDICAL EVALUATIONS

A determination of the capability of each individual to physically and psychologically perform his or her normal work duties while wearing a respirator is made by a licensed physician from the following medical provider:

______.

Copies of the PLHCP’s written opinion determining an individual capability of wearing a respirator can be located in the individual's personnel file in the following location:

______.
RESPIRATOR TRAINING AND FIT-TESTING

Annual training for the individuals in this unit wearing respirators will be provided by _____.

Annual fit-testing for the individuals in this unit wearing respirators will be provided by _____.

Records of training and fit-testing for the individuals in this unit who will be wearing respirators can be found in _____.

INSPECTION AND MAINTENANCE OF SHARED OR EMERGENCY USE RESPIRATORS

______ is responsible for the overall maintenance and inspection of respirators that are shared or for emergency-use.

Emergency-use respirators are found in the following locations:

1. ______
2. ______
3. ______

Inspection records of these emergency-use respirators are found in _____.
Cleaning and Disinfecting Procedures

Respirators shall be cleaned and disinfected using the following procedures, or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness. Equivalent effectiveness simply means that the procedures used 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.

1. Remove filters, cartridges, or canisters. Disassemble face pieces 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 (110 deg. 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.


4. When the cleaner used does not contain a disinfecting agent, respirator components should be disinfected by using a respirator approved disinfectant wipe or by the procedure listed below:

5. Run 2 gallons of warm water in a bucket. The water temperature should not be above 110 deg. F.

6. Add 1 oz. of household bleach per 2 gallons of water to make a hypochlorite solution.

7. Immerse the components in the hypochlorite solution for 2 minutes.

8. Rinse components thoroughly in clean, warm (110 deg. F maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on face pieces may result in dermatitis. In addition, disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

9. Components should be hand-dried with a clean lint-free cloth and then air-dried in a clean environment for 30 minutes. Keep the respirator out of sunlight and direct heat.

10. Reassemble face piece, replacing filters, cartridges, and canisters where necessary.

11. Test the respirator to ensure that all components work properly.

The respirators shall be cleaned and disinfected at the following intervals:

- Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition;
- Respirators issued to more than one employee shall be cleaned and disinfected before being worn by different individuals;
- Respirators maintained for emergency use shall be cleaned and disinfected after each use; and
- Respirators used in fit-testing and training shall be cleaned and disinfected after each use.
User Seal Check Procedures
Individuals using a tight-fitting respirator shall perform a user seal check to ensure that an adequate seal is achieved each time when putting on the respirator. Either the positive and negative pressure checks listed in this section or the respirator manufacturer’s recommended user seal check method shall be used. User seal checks are not substitutes for qualitative or quantitative fit tests.

**Positive pressure check**
Close off the exhalation valve and exhale gently into the face piece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the face piece 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.

**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 face piece 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 face piece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

**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 seal check procedures provided that the employer demonstrates that the manufacturers’ procedures are equally effective.

**Inspection**
All respirators shall be inspected before each use and during cleaning.

Respirators shall be checked for tightness of connection and general condition of the various parts including, but not limited to the face piece, head straps, valves, connecting tube, cartridges, and a check of elastomeric parts for pliability and signs of deterioration.

Emergency use respirators shall be inspected at least monthly and in accordance with the manufacturer’s recommendations. Emergency use respirators shall be checked for proper function before and after each use, before being carried into the workplace for use, have documentation that lists the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings and required remedial action needed; and a serial number or other means of identifying the inspected respirator.

All information provided above shall be on a tag or label that is attached to the storage compartment for the respirator, is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent inspection.
Breathing cylinders of any self-contained breathing apparatus (SCBA) shall be inspected to assure that the cylinder pressure is maintained at 90% of the manufacturer’s recommended pressure level and that regulator and low-pressure warning devices function properly.

**Repairs and Replacement Parts**

Respirators that fail an inspection, or are otherwise found to be defective, shall be removed from service, and discarded or repaired in accordance with the following procedures:

- Only persons appropriately trained to perform such operations, using parts designed for the particular respirator shall make repairs;
- No repairs shall be performed that are outside the manufacturer's recommendations concerning the type and extent of repairs that can be performed; and
- Only the manufacturer or appropriately trained technician shall conduct repairs of reducing or admission valves on a SCBA.

Where air-purifying respirators are routinely used, filters and cartridges shall be replaced on a regular basis.

- When filters become difficult to breathe through they shall be replaced; and
- Chemical cartridges shall be replaced:
  - After being exposed to the contaminant hazard for 8 hours;
  - When the end-of-service-life indicator indicates replacement; or
  - Where it is evident by odor or irritant properties that a contaminant has broken through the filtering parts, the chemical cartridges shall be replaced immediately.

**Storage**

Respirators shall be properly stored to protect against damage, contamination, excessive moisture, extreme temperatures, sunlight, and damaging chemicals.

Emergency use respirators shall be stored in compartments or in covers, both of which shall be clearly marked as containing the emergency respirators. They shall be stored in compartments that will protect them from weathering, contamination, and deterioration.

Non-emergency respirators shall be stored in plastic bags or in other airtight storage mediums.

If cartridges are stored for reuse, they shall be placed in an airtight bag with the date indicating when the cartridge was put into service and amount of time the cartridge has been exposed to a hazard (e.g., 1hr, 2hrs, 2.5hrs, etc.).
Training Records

Department: _____    Date: _____

The individuals listed below have completed respiratory protection training as defined in OSHA 1910.134 and have covered, at a minimum, the following topics:

- The reasons for needing a respirator, and how improper fit, usage, or maintenance can compromise the protective effect of the unit
- An explanation of the operation, capabilities, and limitations of the respirator
- How to use the respirator effectively in emergency situations in which the respirator malfunctions
- How to properly inspect, put-on and remove, use, and check the seals of the respirator
- 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
- Instruction on inspecting, donning, checking the fit of, and wearing the respirator
- The responsibilities of the University and the individual regarding respiratory protection.

Trainer Name: _______________________ Trainer Signature: ___________________________

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Fit-Testing Records

Name: _____________________________ Date: ______________ UIN: _____________ Dept: _____________________________

Medical exam completed?  □ Yes  □ No  Date Scheduled: _______________

The employee listed above has been fit-tested on the following respirator(s). This fit-testing is good only for
the brand, model and size respirator listed. Respirators shall not be worn when conditions prevent a seal of the
respirator to the wearer. If there are any factors which change after the fit-testing such as growth of facial hair
which might affect the seal of the respirator, the use of spectacles or protective devices which interfere with the
seal, or obvious changes in facial features (scars, missing dentures or weight gain), the fit-testing will be void.

Brand and model of respirator: ____

Type of respirator:
□ Dust mask  □ Half-mask  □ Full-face
□ Powered Air Purifying Respirator  □ Self-Contained Breathing Apparatus

Size of respirator:
□ Small  □ Small/Medium  □ Medium  □ Medium/Large  □ Large  □ Large/XL  □ XL
□ Other ______

Cartridges expected to be used:
□ HEPA  □ Organic Vapor (OV)  □ Acid Gas (AG)  □ OV/AG  □ OV/HEPA
□ AG/HEPA  □ OV/AG/HEPA  □ N/A  □ Other ______

Contaminants expected to encounter:
____

Fit-test protocol:
□ Irritant Smoke  □ Saccharin  □ Isoamyl acetate
□ Bitrex  □ Portacount ________  □ Other ______

Fit-test:  □ Pass  □ Fail

List of units and sizes that failed the fit-test:
____

Comments:
____

Fit-tester signature  _____________________________ Date  _____________________________

Employee signature  _____________________________ Date  _____________________________
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 business unit provides respirators for your voluntary use, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use the wrong respirator.

I have received and read this form and understand my responsibilities.

_______________________________  _____________________  ________________
User's Name                 UIN                    Date

_______________________________
User’s Signature
Respiratory Protection Policy

Document Revisions

Changes
September 11, 2014: Update to Medical Questionnaire
May 2, 2014: Review and update appendices
February 4, 2013: Update mailing address for student medical questionnaires
August 26, 2013: Correct and update page numbers for appendices