

SECTION R

RESPIRATORY PROTECTION PROGRAM

1.0 Scope

- 1.1 The purpose of this program is to establish the necessary requirements and responsibilities to protect employees from possible exposure to hazards through inhalation.
- 1.2 The California Code of Regulations, Title 8, Section 5144 mandates that a written standard operating procedure governing the selection and use of respirators be established by every employer whose employees are required to use respirators in the course of conducting their work.
- 1.3 This program will be modified as required due to changes in operations, procedures, chemical usage, or as applicable laws mandate.
- 1.4 This program shall be implemented and enforced when it is clearly impractical to control harmful dusts, fumes, gases, mists, or vapors at their source by engineering or administrative means or when emergency protection is needed. Voluntary use of respiratory protective equipment is also subject to this program (see Appendix A).
- 1.5 This program does not cover the use of respiratory protection for atmospheres immediately dangerous to life or health as defined by Section 5144(b).
- 1.6 This program does not apply to those employees whose only use of respirators involves the voluntary use of filtering face pieces (dust masks).

2.0 Responsibility

- 2.1 School districts will designate an employee as their respiratory program administrator.
- 2.2 Administrative responsibilities include:
 - Identify areas requiring the use of respiratory protective equipment.
 - Assure all personnel receives adequate training and are fit tested to their respirators.
 - Assure that all equipment within the work group is properly used, serviced, and maintained.
 - Assure all employees who are required (or may be required) to wear respiratory protective equipment have been medically evaluated and found to be physically capable to use required equipment.
 - Provide proper respiratory protection at no cost to the employee.
 - Implement all feasible administrative and engineering controls to reduce the exposure level as much as possible.

- 2.3 Employee responsibilities include:

- Using the respiratory equipment in accordance with established procedures.
- Maintaining the respirator clean, in good condition, and properly stored.
- Reporting any equipment malfunction.
- Assuring adequate respiratory fit is achieved each time the respirator is worn.
- Reporting any changes in physical well-being.

3.0 Hazard Assessment

- 3.1 Assessments in each work area are necessary to identify materials that may be an inhalation hazard.
- 3.2 Monitoring may be done to document and calculate the exposure of these operations. Results of the monitoring are usually expressed numerically in terms of an eight-hour time weighted average and/or a ceiling or peak concentration.
- 3.3 The program administrator shall also consult employees who use respirators to assess their views on the effectiveness of the program and to identify problems.

4.0 Hazard Control

- 4.1 Regulations require prevention of worker exposure to harmful levels of airborne contaminants by implementing the following controls:
- 4.1.1 Engineering Controls - This type of control includes: substitution of a less toxic substance, isolation, encapsulation or enclosure of the process and/or ventilation.
- 4.1.2 Administrative Controls - This type of control may involve limiting the time an employee is exposed by limiting the time performing the task.
- 4.2 Engineering and administrative controls shall be implemented to reduce exposure whenever feasible.
- 4.3 Respiratory protection will be used to control an employee's exposure only when engineering controls are being installed or implemented or when engineering or administrative controls fail to adequately control the employee's exposure.

5.0 Operating Procedures

- 5.1 Each employee who uses respiratory protection will follow these operating procedures. The procedures include provisions for selection, instruction and training, cleaning, inspection and maintenance.

5.1.1 Selection and Issuance

All respiratory protection equipment shall be approved by MSHA and

NIOSH. The correct respirator shall be assigned for each specific job to ensure adequate protection. Supervisors shall ensure that personnel use the correct respirator on each job. Volunteer use of respiratory equipment is also subject to this program. Respiratory protection is based on the specific airborne contaminants for which the employee may be exposed, and the exposure levels. Specific contaminants, respirator selections, and cartridge change schedules are listed in Appendix B.

Respirators that are individually assigned should be marked to indicate to whom it is assigned. The mark must not affect the respirator performance in any way. The date of issuance will also be recorded.

5.1.2 Training and Education

Employees who are required to wear respiratory protective equipment will receive training. Training will be structured and documented under the direction of the program administrator with the assistance of the SIPE Safety Officer.

The training shall be repeated annually to ensure employees have the proper understanding regarding respiratory protection and to ensure they can demonstrate knowledge and skills specific to the hazards and uses of respirators.

The training shall include:

- An explanation of respiratory hazard and exposure.
- Discussion of why respiratory protection is needed.
- Discussion of the function, capabilities, and limitation for the equipment.
- Discussion of the proper care and maintenance of equipment.
- Explanation of the effects of personal factors such as eye wear, facial hair, and physical capabilities.
- Explanation of medical limitations.
- Explanation and documentation of required fit testing.
- Discussion of emergency use situations.
- Any other applicable information.

5.1.3 Fit Checks/Testing

Fit checks/testing are essential to ensure that a respirator forms a good seal with the wearer's face. This prevents contaminants from leaking into the mask.

When the employee is issued a respirator, he/she will be able to try on a variety of sizes to find one with a comfortable fit. Several tests are then performed to determine proper fit.

Employees shall be provided the opportunity to wear the respirator in normal air for an adequate familiarity period. The following fit checks shall be conducted each time a tight fitting respirator is used.

Negative pressure check: The wearer closes off the respirator inlet (cartridges) and inhales. A vacuum and partial inward collapse of the mask should result. If a vacuum cannot be maintained for at least 10 seconds, readjust the mask and try again.

Positive pressure check: The wearer closes off the exhalation valve and breathes out gently. Air will escape through any gaps in the seal. The wearer should be careful not to exhale too strongly so as not to force leakage.

Fit testing with a test atmosphere will also be conducted by introducing a test substance (isoamyl acetate and/or irritant smoke) around the seal of the mask. If the wearer detects a smell or irritation, he/she should readjust the mask and try again. It may be necessary to try several different sizes or makes of respirators in order to find one that fits properly. Employees will wear the equipment in a test atmosphere such as generated by smoke to ensure adequate fit. This type of fit test will be conducted annually.

Quantitative fit tests provide a numerical measurement of respirator performance and require the use of technical equipment and trained personnel.

There are several factors that may interfere with the fit of a mask. They include:

- Corrective eye wear (glasses) may cause leakage where the mask seal passes over the temple bar. Employees who are assigned respiratory protective equipment and require prescription glasses may require special equipment to accommodate the glasses (i.e., glass inserts).
- Facial features - normal variations in size and shape may affect the ability of the mask to seal properly.
- Facial hair - facial hair in the respirator seal area will reduce the ability of the mask to obtain a proper seal. No facial hair will be allowed along the seal areas of the mask.

Fit testing will be administered and documented as part of the respiratory protection training (see Attachment 8).

5.1.4 Inspection and Maintenance

All respirators shall be inspected routinely. This includes inspection before and after each use. If any problem is detected during the inspection, which would violate protection, the respirator will not be worn

until the problem is corrected. Needed repairs and problems will be reported immediately to the supervisor.

- The tightness of connections and the condition of face pieces, head bands, valves, connecting tubes, and canisters shall be inspected before use.
- Masks shall be cleaned and disinfected after each use.
- Respirator filters shall be replaced when the user notices an increased resistance inhaling or as the odor or taste of the contaminant is noticed by the user. If in doubt, the filters shall be changed.
- All equipment will be MSHA/NIOSH approved and certified. Equipment without this approval will not be used. All replacement parts must also have the approval. Respirators are approved as a system. Cartridges, canisters, filters, valves, etc., cannot be interchanged between different manufacturers or between different respirator models unless specifically approved.
- Respirators and cartridges must be approved for the hazardous atmosphere for which the worker will be exposed.
- Repair shall be conducted by a qualified person.

All required inspections and maintenance procedures for respiratory equipment will be the responsibility of each employee for whom the equipment is assigned. The program administrator will be responsible for ordering parts and ensuring that mandatory inspections and maintenance is documented.

5.1.5 Sanitation and Storage

After removing filters and straps, the respirator shall be washed in mild soap solution or immersed in a sanitary solution recommended by the manufacturer for at least two minutes. The respirator should be air dried. Prepackage respirator wipes may be used for maintaining freshness between cleanings.

Respiratory equipment shall not be passed on from one person to another until it has been cleaned and sanitized.

Respirators will be stored to protect against dust, sunlight, extreme temperatures, excessive moisture, or damaging chemicals when not in use.

6.0 Medical Surveillance

- 6.1 Employees who are required to wear respiratory protection shall have a medical evaluation from a physician and shall complete the Respirator Medical Evaluation Questionnaire (Appendix C). This requirement shall also apply to the voluntary use

of respirators. The physician shall provide a written statement that indicates the employee's physical ability to safely wear respiratory protective equipment. Medical evaluations conducted by a licensed physician shall be required initially and pursuant to the following:

- 6.1.1 An employee reports medical signs or symptoms that are related to ability to use a respirator.
 - 6.1.2 A Physician or other Licensed Health Care Professional (PLHCP), supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated.
 - 6.1.3 Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
 - 6.1.4 A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.
- 6.2 If changes in an employee's medical status have occurred, the physician may recommend further evaluation or restrict respirator use.
- 6.3 There are several medical conditions that could possibly interfere with respirator usage. The PLHCP shall determine what health and physical conditions are pertinent.

7.0 Program Surveillance and Evaluation

- 7.1 Appropriate and ongoing surveillance of all work areas is critical in assessing the adequacy of the program and employee protection.
- 7.2 Items to consider when evaluating the program include: increases in exposure concentration, the introduction of other toxic substances, or other conditions that increase the degree of employee exposure.
- 7.3 The program effectiveness shall be evaluated by regular inspection of the work areas and through review by management at least annually. This written program shall be updated as any new information arises or as soon as conditions warrant such revision.

8.0 Recordkeeping

- 8.1 The following records are to be maintained by the program administrator:
 - The qualitative fit test.

- Date of employee training and type of respirator.
- Respirator Assignment Record (Appendix D)
- Documentation of injuries involving the use of respirators.

APPENDIX A

Information for Voluntary Use of Respirators

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 limit 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 respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety & 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.

Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code. Appendix D to Section 5144 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard.

Employee Signature

Date

APPENDIX B

Selection and Use of Respirators

Identification of Contaminants Exposure Levels

The district has assessed the work environment to identify materials or processes that may pose an inhalation hazard.

The following contaminants have been identified that may require respiratory protection:

<u>Contaminant</u>	<u>Anticipated Exposure Level</u>
1. Asbestos (particulate)	below PEL of .1 f/cc
2. Lead (particulate)	below PEL of 50 mg/m ³
3. Organic Vapors	below PEL of

Selection of Respirators For Protection Against Particulates

The district shall supply air-purifying respirators equipped with a high efficiency particulate air (HEPA) (P100) filter certified for such use by NIOSH. Cartridges shall be changed when the user notices a resistance in breathing.

For protection against gases and/or vapors the district shall: supply an air-purifying respirator that is equipped with an end-of-service-life indicator certified by NIOSH, or implement the cartridge change schedule recommended by the manufacturer.

Employees will be provided powered air purifying respirators (PAPRs) when exposures warrant such protection or when employees are unable to wear a negative pressure respirator for physical or medical reasons.

APPENDIX C
Santa Barbara County Schools
Self Insured Program for Employees (SIPE)
OSHA Respirator Medical Evaluation Questionnaire
Title 8, California Code of Regulations, Appendix C to Section 5144
(Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle): Yes/No

Your employer must allow you to answer the 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 sent this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the area code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
 - a. ___ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. ___ Other type (for example, half-or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No
If "yes," what type(s): _____

Part A. Section 2 (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you ever had any of the following conditions?
 - a. Seizures (fits): 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 (fits): Yes/No
8. If you've ever 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 any 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 and 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 environment: 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.
Example 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 the 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 first toxic substance: _____
 Estimated maximum exposure level per shift: _____
 Duration of exposure per shift: _____
 Name of second toxic substance: _____
 Estimated maximum exposure level per shift: _____
 Duration of exposure per shift: _____
 Name of third toxic substance: _____
 Estimated maximum exposure level per shift: _____
 Duration of exposure per shift: _____
 The name of any other toxic substances that you'll have 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): _____

Part C. Licensed Health Care Professional

- Exam Required Cleared for Respirator Use Not cleared for Respirator Use
 Personal Egress/Self Evacuation Only

Comments _____

Signature of LHCP: _____ Date: _____

Print Name (LHCP): _____

Medical Facility Name: _____

Address: _____

Phone Number: _____

APPENDIX D

Employee Respirator Assignment Record

1. Employee Name: _____
2. Job Title: _____
3. Type of Respirator Assigned: _____
4. Conditions of Respirator Use: Respiratory Protection is required under the conditions specified in the Injury and Illness Prevention Program, Respiratory Protection Program, and as directed by the Program Administrator.
5. Estimated frequency of cartridge or filtering face piece replacement:
 - a. Filtering face pieces or dust masks shall be discarded at the end of the work shift or when contaminated beyond use, whichever is sooner.
 - b. Cartridges shall be replaced when the maximum use time is reached, at the end of each shift, or when breakthrough is detected, whichever is sooner.
 - c. If the cartridge or filter integrity is in question, then replace the cartridges and/or filters prior to use.
6. This employee is physically able to wear a negative or positive pressure respirator as determined by a physician or licensed health care professional. Information regarding employee medical fitness to use a respirator are kept with the employees medical records.
7. Employee informed of hazards: _____
8. Employee trained in emergency procedures: _____
9. Employee trained in respirator selection, limitation, and use: _____
10. Employee fitted - qualitative test date: _____
11. Respirator Manufacturer and Model Number: _____
12. Respirator Manufacturer and Model Number: _____
13. Respirator Manufacturer and Model Number: _____
14. Employee's Signature: _____ Date: _____
15. Program Administrator's Signature: _____ Date: _____