

<b>OREGON MILITARY DEPARTMENT</b>	<b>NUMBER: 99.200.15</b>
<b>ADJUTANT GENERAL PERSONNEL</b>	<b>EFFECTIVE DATE: Dec 15, 2021</b>
<b>SUBJECT: Respiratory Protection Policy</b>	

**APPLICABILITY:**

This policy and the procedures contained herein are applicable to state employees and state work environments.

**AUTHORITY/REFERENCE:**

OAR 437-002-0120, CFR 1910.134

**ATTACHMENTS:**

- Attachment A: Medical Release Form
- Attachment B: Medical Evaluation Questionnaire
- Attachment C: Fit Test Results
- Attachment D: Voluntary Respirator Use

**PURPOSE:**

This policy ensures that Oregon Military Department (OMD) employees are protected from airborne chemical and particulate hazards during their work. Engineering controls such as ventilation and substitution for less toxic materials are preferred protection methods. However, for some tasks and during emergencies, respirators are necessary to protect employees. To ensure that employees who wear respirators are protected from airborne chemical and particulate hazards, OMD will do the following:

- Evaluate hazards to ensure employees have appropriate respirators.
- Ensure that employees are medically able to wear respirators.
- Fit-test employees with the appropriate respirators.
- Train employees to use and maintain their respirators.
- Evaluate this program periodically to ensure that it is effective.

**SCOPE:**

This policy applies to all employees who are required to wear a respirator during their work (In case of emergencies such as spills of a hazardous substance, call 9-1-1). Employees participate in the respiratory protection program at no cost; the costs for medical evaluations, fit-testing, and respirators will be paid by the Oregon Military Department.

## RESPONSIBILITIES:

### Site Manager:

The site manager is responsible for administering the respiratory protection program and has the following duties.

- Identify the work areas, processes, or tasks that require employees to wear respirators and evaluate the hazards.
- Select appropriate respirators for employees.
- Ensure that employees use respirators in accordance with National Institute for Occupational Safety and Health (NIOSH) certifications.
- Ensure that employees receive respiratory training.
- Ensure that employees store and maintain respirators properly.
- Manage respirator fit testing.
- Manage medical surveillance of employees.
- Maintain required records.
- Inform contractors of OMD's respiratory protection requirements.
- Evaluate the respiratory protection program.
- Update the respiratory protection program when necessary

### Supervisor:

Supervisors will ensure that the respiratory protection program is implemented in their work areas. Supervisors must understand the requirements of this program and ensure that employees understand the requirements. Supervisors have the following responsibilities:

- Ensure that employees under their supervision have received appropriate training, fit testing, and medical evaluations.
- Ensure that appropriate respirators and accessories are available.
- Know the tasks that require respiratory protection.
- Enforce the proper use of respirators.
- Ensure that respirators are cleaned, maintained, and stored as required by this program.
- Monitor work areas to identify respiratory hazards.
- Work with the site manager to address respiratory hazards and other program concerns.

### Employees:

- Wear their respirators in the way they were trained and do the following:
  - Care for and maintain their respirators as instructed and store them in a clean and sanitary location.
  - Inform their supervisor if the respirator no longer fits and request a new one that fits properly.
  - Inform their supervisor or the site manager about respirator hazards or other concerns that they have regarding the respiratory protection program.

## GUIDANCE:

### Hazard Evaluations:

The site manager will select respirators based on the hazards to which workers are exposed and in accordance with Oregon Occupational Safety and Health Administration (OR-OSHA) requirements. The site manager will conduct a hazard evaluation for each work process or area where airborne contaminants may be present during routine operations or emergencies. The evaluations must include the following:

- Identification and development of a list of hazardous substances used in the workplace by department or work process.
- Review of work processes to determine where potential exposures to these hazardous substances may occur. This review will be conducted by surveying the workplace, reviewing process records, and talking to employees and supervisors.
- Hazard evaluations should also include exposure monitoring to quantify potential hazardous exposures.
- The site manager must revise and update the hazard assessment any time there are changes in the workplace that may affect exposure. Employees who feel that respiratory protection is necessary must contact their supervisor or the site manager. The site manager will evaluate the hazards and inform the employees about the evaluation results. If respiratory protection is necessary, all elements of this program will apply, and the program will be updated.

### Certification:

All respirators must be certified by NIOSH and used according to the terms of that certification. All filters, cartridges, and canisters must be labeled with the appropriate NIOSH approved label; the label must not be removed or defaced.

### Medical Evaluation:

Employees who are required to wear respirators must have a confidential medical evaluation to ensure that their safety and health is not at risk. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing a medical evaluation will not be permitted to work in areas that require respirators.

- A licensed Occupational Medicine physician will conduct medical evaluations. The medical evaluation will be conducted with the questionnaire in Attachment C. The site manager will provide a copy of this questionnaire to each employee who requires a medical evaluation and aid in completion of the form if needed.
- All affected employees will be given a copy of the medical questionnaire and permitted to fill out the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by CFR 1910.134.
- All employees will have the opportunity to speak to the physician about their medical evaluation.

The site manager will provide the following information, to be taken to the physician:

- A copy of the respiratory protection program, a copy of CFR 1910.134, and a list of hazardous substances by work area.
- The name of each employee who needs a medical evaluation and his or her work area job title.
- The employee's proposed respirator type and weight.
- The length of time the employee is required to wear the respirator.
- The employee's expected physical workload (light, moderate, or heavy), a potential temperature and humidity extremes of the work area, and a description of protective clothing the employee must wear.
- Any employee required to wear a positive-pressure air-purifying respirator for medical reasons will be provided with a powered air-purifying respirator.

Additional medical evaluations will be provided under the following circumstances:

- The employee reports signs or symptoms related to his or her ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- The supervisor informs the site manager that the employee needs to be reevaluated.
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

Information from medical examinations and questionnaires is confidential and can be shared only between the employee and the physician.

Fit Testing:

Fit testing is required for employees who wear respirators.

Respirator/face-piece	Qualitative fit test	Quantitative fit test
Half-face negative-pressure air-purifying respirator (including dust masks)	Yes	Yes
Full-face negative-pressure air-purifying respirator used in atmospheres up to 10 times the PEL	Yes	Yes
Full-face negative-pressure air-purifying respirator used in atmospheres greater than 10 times the PEL	No	Yes
Powered air-purifying respirators (PAPRs)	Yes	Yes
Supplied-air respirators (SARs) or self-contained breathing apparatus (SCBA) used in the negative-pressure (demand)	No	Yes
SARs or SCBAs used in the positive-pressure (pressure demand) mode	Yes	Yes
SCBAs used for structural firefighting (positive pressure)	Yes	Yes
SCBAs and SARs for atmospheres immediately dangerous to life and health (IDLH), positive pressure	Yes	Yes

Qualitative fit test (QLFT) cannot be used for negative pressure APRs in atmospheres greater than 10 times the PEL.

Quantitative fit tests (QNFT) must achieve a fit factor of at least 100 for a tight-fitting half mask and at least 500 for a tight-fitting full face-piece.

Follow the fit-test procedures in CFR 1910.134, Appendix A, regardless of the test method.

### Respirator Use:

#### General Use

- Employees will use their respirators as required by this program and in accordance with the training they receive. Respirators will not be used in a manner for which NIOSH, or the manufacturer does not certify them.
- Employees must conduct user seal checks each time that they wear their respirators. Employees must use either the positive or negative pressure check (depending on which test works best for them) specified in Appendix B-1, CFR 1910.134.
- Employees will be permitted to leave their work areas to clean their respirators, to change filters or cartridges, replace parts, or to inspect respirators if they stop functioning. Employees should notify a supervisor before leaving a work area.
- Employees are not permitted to wear tight-fitting respirators if they have conditions such as facial scars, facial hair, or missing dentures that prevent them from achieving a good seal. Facial hair must not contact sealing surfaces or interfere with the valve function. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the face-piece-to-face seal.

Voluntary Use: - The voluntary use of respirators must be approved by the site manager. Approval or denial will be determined on a case-by-case and depend on workplace conditions and medical evaluation results. Employees who are approved to wear respirators will receive a copy of Appendix D, CFR 1910.134 (Attachment D below), which explains the requirements for voluntary use of respirators. Any employee who voluntarily wears a respirator other than a dust mask is subject to the medical evaluation, cleaning, maintenance, and storage elements of this policy, and must be provided with the information specified in this section of the program.

Dust masks are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

### Respirator Malfunction:

Respirators that are defective or that have defective parts must be removed from service immediately. An employee who discovers a defect in a respirator must inform his or her supervisor who will give the respirators to the site manager. The site manager will decide whether to take the respirator out of service, fix it on the spot, or dispose of it. The employee must discontinue use and inform his or her supervisor that the respirator is not working correctly. The supervisor must ensure that the employee receives parts to repair the respirator or receives another respirator.

### Air Quality in Atmosphere-Supplying Respirators:

Only Grade D breathing air will be used for atmosphere-supplying respirators. The site manager will coordinate deliveries of compressed air with the vendor. The vendor must certify that the air in the cylinders meets Grade D breathing-air specifications.

### Cleaning, Maintenance, Change Schedules, and Storage:

#### Cleaning:

Respirators must be regularly cleaned and disinfected at a respirator cleaning station (identified by the site manager). Respirators must be cleaned as often as necessary to keep them sanitary. Atmosphere supplying and emergency use respirators must be cleaned and disinfected after each use. The following procedures are to be used:

- Disassemble respirator. Remove filters, canisters, or cartridges.
- Wash the face-piece and parts in warm water with a mild detergent.
- Rinse completely in clean warm water.
- Wipe the respirator with disinfectant wipes.
- Air dry the respirator in a clean area.
- Reassemble the respirator, inspect it, and replace defective parts.
- Put the respirator in a clean, dry, plastic bag or other air-tight container.

The Site Manager will ensure an adequate supply of appropriate cleaning and disinfection materials at the cleaning station. Employees should contact their supervisor or the site manager when supplies are low.

#### Maintenance:

Respirators must be properly maintained. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts must be replaced. No components will be replaced, or repairs made except those recommended by the manufacturer. The manufacturer must repair the regulators or alarms of atmosphere-supplying respirators.

The following checklist must be used to ensure respirators are properly inspected:

#### Respirator inspection checklist

Face piece	No cracks, tears, or holes No facemask distortion No cracked or loose lenses or face shields
Head straps	No breaks or tears No broken buckles
Valves	No residue or dirt, cracks, or tears in valve material
Filters and cartridges	NIOSH approved Gaskets seal properly

	No cracks or dents in housing
	Proper cartridge for hazards
Air supply systems	Breathing -quality air is used, breathing air meets requirements in CFR 1910.134(i)(5)-(7).
	Supply hoses are in good condition
	Hoses are properly connected
	Settings on regulators and valves are correct

Employees are permitted to leave their work area to maintain their respirators in a designated safe area under the following circumstances:

- To wash their own faces and the respirators' face pieces to prevent eye or skin irritation
- To replace filters, cartridges, or canisters
- When they detect vapor or gas breakthrough or leakage in the face piece or detect other damage to the respirator or its components

**Change Schedules:**

Air-purifying particulate filters, cartridges, or filtering face-pieces must be replaced when breathing resistance increases, the cartridge surface is contaminated, or when the filter is damaged.

**Note to users: Gases and vapors, odor and irritation are not considered adequate warnings. Because end-of-service-life indicators (ESLI) are available for a limited number of chemicals, employers must develop change-out schedules for cartridges and canisters used with air-purifying respirators for protection against gases and vapors.**

**Respirator storage:**

Respirators must be stored in a clean, dry area in accordance with the manufacturer's recommendations. Employees must clean and inspect their air-purifying respirators in accordance with the provisions of this program and store them in a plastic bag in their own lockers. Each employee's name must be on the bag and the bag must be used only to store the respirator. The site manager will store unused respirators and respirator components in their original manufacturer's packaging.

**Training:**

The Site manager will ensure training is provided to respirator users and supervisors. Employees must be trained before using a respirator. Supervisors must be trained before using a respirator or supervising employees who wear respirators. Training will cover:

- This respiratory protection policy.
- The Oregon OSHA respiratory protection standard, CFR 1910. 134.
- Respiratory hazards and their health effects.
- Selection and use of respirators.

- Limitations of respirators.
- Donning respirators and performing user seal checks.
- Fit testing.
- Emergency procedures.
- Maintenance and storage.
- Medical signs and symptoms that limit the use of respirators.

Employees must be retrained annually and whenever they change jobs or use a different respirator. Employees must demonstrate comprehension and periodic audits by the Site Manager. The Site manager will document the training, including the type, model, and size of respirator for which each employee has been trained and fit tested.

**Program Evaluation:**

The site manager will conduct periodic evaluations of the workplace to ensure that the provisions of this policy are implemented. Evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring, and a records review. Problems discovered during evaluations must be documented in an inspection log, addressed by the site manager, and reported to management. The report must recommend how and when to correct each problem.

**INQUIRIES / QUESTIONS:** Questions pertaining to this policy may be directed to the State Safety Manager at (503) 584-3588 or AGP at 503-584-3563.



Tracy Garcia  
Adjutant General Personnel  
Oregon Military Department



Oregon Military Department  
**MEDICAL RELEASE FORM**  
Respirator Policy 99.200.15 Attachment A

*Information provided to the physician*

Employee Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Work location: \_\_\_\_\_

Type and weight of respirator: \_\_\_\_\_

To be used under the following conditions:

- Duration and frequency of use: \_\_\_\_\_

\_\_\_\_\_

- Expected physical effort: \_\_\_\_\_

\_\_\_\_\_

- Additional protective clothing and equipment: \_\_\_\_\_

\_\_\_\_\_

- Environmental temperature and humidity extremes: \_\_\_\_\_

\_\_\_\_\_

Estimated frequency of cartridge/ filter replacement: \_\_\_\_\_

*Medical evaluation: physician release*

Is employee medically able to use the respirator? \_\_\_\_\_ Yes \_\_\_\_\_ No

Identify any limitations on respirator use:

\_\_\_\_\_

If a follow-up medical evaluation is required, what is the scheduled date: \_\_\_\_\_

\_\_\_\_\_  
Signature of physician or other licensed health-care provider

\_\_\_\_\_  
Date

Employee has been given a copy of this recommendation. \_\_\_\_\_ Yes \_\_\_\_\_ No

Oregon Military Department  
**MEDICAL EVALUATION QUESTIONNAIRE**  
Respirator Policy 99.200.15 Attachment B

**To the employee:** Your employer must allow you to answer this questionnaire during normal working hours or at a time and place that is convenient for you. To maintain your confidentiality, your employer or supervisor must not see your answers. Your employer will tell you how to deliver 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.)

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone number where you can be reached by the health-care professional: \_\_\_\_\_

Has your employer told you how to contact the health-care professional who will review this questionnaire? \_\_\_\_\_

Check the type of respirator you will use (you can check more than one category):

\_\_\_\_\_ D N, R, or P disposable respirator (filter-mask, non-cartridge type only).

\_\_\_\_\_ D Other type (for example, half- or full-facepiece type, powered air-purifying, supplied-air, self-contained breathing apparatus).

Have you ever worn a respirator? \_\_\_\_\_

If Yes to the above, what type? \_\_\_\_\_

**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.

	Yes	No
Do you currently smoke tobacco, or have you smoked tobacco in the last month? .....	___	___

Have you ever had any of the following conditions?

Seizures: .....	___	___
Diabetes: .....	___	___
Allergic reactions that interfere with your breathing.....	___	___
Claustrophobia .....	___	___
Trouble smelling odors .....	___	___

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

Asbestosis .....	___	___
Asthma .....	___	___
Chronic bronchitis .....	___	___
Emphysema .....	___	___
Pneumonia .....	___	___
Tuberculosis .....	___	___
Silicosis .....	___	___
Pneumothorax (collapsed lung) .....	___	___
Lung cancer.....	___	___
Broken ribs .....	___	___
Chest injuries or chest surgeries .....	___	___
Any other lung problem that you've been told about... ..	___	___

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

Shortness of breath .....	___	___
Shortness of breath when walking fast on level ground or walking up a slight hill or incline .....	___	___
Shortness of breath when walking with other people at an ordinary pace on level ground .....	___	___
Do you have to stop for breath when walking at your own pace on level ground .....	___	___
Do you have shortness of breath when washing or dressing yourself? .....	___	___
Do you have shortness of breath that interferes with your job? .....	___	___
Do you have coughing that produces phlegm (thick sputum)? .....	___	___
Do you have coughing that wakes you early in the morning? .....	___	___
Do you have coughing that occurs mostly when you are lying down? .....	___	___
Have you coughed up blood in the last month? .....	___	___
Do you wheeze? .....	___	___
Do you have wheezing that interferes with your job? .....	___	___

Do you have chest pain when you breathe deeply?..... \_\_\_\_\_

Do you have any other symptoms that you think may be related  
to lung problems? ..... \_\_\_\_\_

Have you ever had any of the following cardiovascular or heart problems?

Heart attack ..... \_\_\_\_\_

Stroke ..... \_\_\_\_\_

Angina ..... \_\_\_\_\_

Heart failure ..... \_\_\_\_\_

Swelling in your legs or feet (not caused by walking) ..... \_\_\_\_\_

Arrhythmias (*heart beating irregularly*) ..... \_\_\_\_\_

High blood pressure ..... \_\_\_\_\_

Any other heart problem that you have been told about..... \_\_\_\_\_

Have you ever had any of the following cardiovascular or heart symptoms?

Frequent pain or tightness in your chest... ..... \_\_\_\_\_

Pain or tightness in your chest during physical activity ..... \_\_\_\_\_

Pain or tightness in your chest that interferes with your job ..... \_\_\_\_\_

In the past two years, have you noticed your heart  
skipping or missing a beat ..... \_\_\_\_\_

Heartburn or indigestion that is not related to eating ..... \_\_\_\_\_

Any other symptoms that you think may be related to  
heart or circulation problems ..... \_\_\_\_\_

Do you take medication for any of the following problems?

Breathing or lung problems ..... \_\_\_\_\_

Heart trouble ..... \_\_\_\_\_

Blood pressure ..... \_\_\_\_\_

Seizures (fits) ..... \_\_\_\_\_

If you've used a respirator, have you ever had any of the following problems?  
(If you have never used a respirator, go to question 9.)

Eye irritation ..... \_\_\_\_\_

Skin allergies or rashes ..... \_\_\_\_\_

Anxiety ..... \_\_\_\_\_

General weakness or fatigue ..... \_\_\_\_\_

Any other problem that interferes with your use of a respirator ..... \_\_\_\_\_

Would you like to talk to the health care professional who will review this  
questionnaire about your answers ..... \_\_\_\_\_

The following questions 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.

Have you ever lost vision in either eye (*temporarily or permanently*)?.....      \_\_\_      \_\_\_

Do you have any of the following vision problems?

- Wear contact lenses .....      \_\_\_      \_\_\_
- Wear glasses .....      \_\_\_      \_\_\_
- Color blind .....      \_\_\_      \_\_\_
- Any other eye or vision problem .....      \_\_\_      \_\_\_

Have you ever had an injury to your ears, including a broken ear drum? .....      \_\_\_      \_\_\_

Do you currently have any of the following hearing problems?

- Difficulty hearing .....      \_\_\_      \_\_\_
- Wear a hearing aid .....      \_\_\_      \_\_\_
- Any other hearing or ear problem .....      \_\_\_      \_\_\_

Have you ever had a back injury?.....      \_\_\_      \_\_\_

Do you currently have any of the following musculoskeletal problems?

- Weakness in your arm, hands, legs, or feet. ....      \_\_\_      \_\_\_
- Back pain .....      \_\_\_      \_\_\_
- Difficulty moving your arms and legs .....      \_\_\_      \_\_\_
- Pain or stiffness when you lean forward or backward at the waist .....      \_\_\_      \_\_\_
- Difficulty fully moving your head up or down .....      \_\_\_      \_\_\_
- Difficulty fully moving your head side to side .....      \_\_\_      \_\_\_
- Difficulty bending at your knees .....      \_\_\_      \_\_\_
- Difficulty squatting to the ground .....      \_\_\_      \_\_\_
- Climbing a flight of stairs or a ladder carrying more than 25 pounds .....      \_\_\_      \_\_\_
- Any other muscle or skeletal problem that interferes with using a respirator. ....      \_\_\_      \_\_\_

**Part B. Section 2**

Any of the following questions as well as questions not listed here may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

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? .....      \_\_\_      \_\_\_

If yes, do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you are working under these conditions? .....      \_\_\_      \_\_\_

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? .....      \_\_\_      \_\_\_

If yes, name the chemicals, if you know them:

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Have you ever worked with any of the materials or under any of the conditions listed below?

- Asbestos .....
- Silica (e.g., in sandblasting) .....
- Tungsten/cobalt (e.g., grinding or welding this material) .....
- Beryllium .....
- Aluminum .....
- Coal (for example, mining) .....
- Iron .....
- Tin .....
- Dusty environments .....
- Any other hazardous exposures .....

If yes, describe these exposures: \_\_\_\_\_  
\_\_\_\_\_

List any second jobs or side businesses you have:  
\_\_\_\_\_

List your previous occupations:  
\_\_\_\_\_

List your current and previous hobbies:  
\_\_\_\_\_

- Have you been in the military services? .....
- If yes, were you exposed to biological or chemical agents? .....
- Have you ever worked on a HAZMAT team? .....
- 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)?  
.....

If yes, name the medications, if you know them:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Will you be using any of the following items with your respirator(s)?
- HEPA filters .....
  - Canisters (for example, gas masks) .....
  - Cartridges .....

- How often are you expected to use the respirator(s)? Check yes or no for all answers that apply to you.
- Escape only (no rescue) .....
  - Emergency rescue only .....
  - Less than 5 hours per week .....
  - Less than 2 hours per day .....

2 to 4 hours per day .....    
Over 4 hours per day .....

During the period you are using the respirator(s), is your work effort:

Light .....

If yes, how long does this period last during the average shift? Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_.  
*Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work, standing while operating a drill press (1-3 lbs.) controlling machines.*

Moderate .....

If yes, how long does this period last during the average shift? Hours \_\_\_\_\_ Minutes: \_\_\_\_\_.

*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.*

Heavy .....

If yes, how long does this period last during the average shift; Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_.

*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.).*

Will you be wearing protective clothing and/or equipment (other than the respirator) when you are using your respirator? .....

If yes, describe this protective clothing and/or equipment: \_\_\_\_\_

Will you be working under hot conditions? (*temperature exceeding 77° F*) .....

Will you be working under humid conditions? .....

Describe the work you'll be doing while you 're using your respirator(s):  
\_\_\_\_\_

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

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: \_\_\_\_\_

Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and wellbeing of others (*for example, rescue, or security*):

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Oregon Military Department  
**FIT TEST RESULTS**  
Respirator Policy 99.200.14 Attachment C

*Note: Appendix A, CFR 1910.134, "Fit Testing Procedures," is required for fit testing.*

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

Name: \_\_\_\_\_

Job: \_\_\_\_\_

Division and Location: \_\_\_\_\_

Fit test method:

\_\_\_\_\_

Type of respirator	Make/model/size	Fit factor/results
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Person performing the fit test: \_\_\_\_\_

Problems the employee has encountered with his/her respirators:

Oregon Military Department  
**VOLUNTARY RESPIRATOR USE**  
Respirator Policy 99.200.15 Attachment D

Appendix D to CFR 1910.134 - Information for employees using respirators when not required under the standard (mandatory)

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:

- Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
- 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.
- 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.
- Keep track of your respirator so that you do not mistakenly use someone else's respirator.