#### Written Program Template

Sample Respiratory Protection Program (fill in blanks with your company’s/ facility’s information).

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 has determined that employees in the Prep, Coating, Assembly, and Mainte- nance departments are exposed to respiratory hazards during routine operations. These hazards include wood dust, particulates, and vapors, and in some cases repre- sent Immediately Dangerous to Life or Health (IDLH) conditions. The purpose of this program is to ensure that all employees are protected from exposure to these respiratory hazards.

Engineering controls, such as ventilation and substitu- tion of less toxic materials, are the first line of defense at ; however, engineering controls have not always been feasible for some of our operations, or have not always completely controlled the identified hazards. In these situations, respirators and other protective equipment must be used. Respira- tors are also needed to protect employees’ health during emergencies. The work processes requiring res- pirator use at are outlined in Table 1 in the Scope and Application section of this program.

In addition, some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. As a general policy

 will review each of these requests on a case-by-case basis. If the use of respira- tory protection in a specific case will not jeopardize the health or safety of the employee(s),

 will provide respirators for voluntary use. As outlined in the Scope and Application section of this program, voluntary respirator use is subject to cer- tain requirements of this program.

1. **Scope and Application**

This program applies to all employees who are required to wear respirators during normal work opera- tions, and during some non-routine or emergency oper- ations such as a spill of a hazardous substance. This includes workers in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_departments. All employees working in these areas and engaged in certain processes or tasks (as outlined in the table below) must be enrolled in the company’s respiratory protection program.

In addition, any employee who voluntarily wears a res- pirator when a respirator is not required (i.e., in certain application or work areas) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with certain information specified in this section of the program.

**Table 1: Voluntary and Required Respirator Use at**

|  |  |  |
| --- | --- | --- |
| ***Type of Respirator*** | ***Employee Work Area*** | ***Conditions of Use*** |
| Filtering facepiece (dust mask) | Pest control-residential | Voluntary/Mandatory |
| Filtering facepiece | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Voluntary/Mandatory |
| PAPR with P100 filter | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mandatory |
| SAR, pressure demand, with auxiliary SCBA | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mandatory |
| Continuous flow SAR with hood | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mandatory |
| Half facepiece APR, with organic vapor cartridge | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Voluntary |

1. **Responsibilities**

**Program Administrator:** the Program Administrator is responsible for administering the respiratory protec- tion program. Duties of the program administrator in- clude:

* Identifying work areas, processes or tasks that re- quire workers to wear respirators, and evaluating hazards.
* Ensuring adequate air quantity, quality, and flow of breathing air for atmosphere-supplying respirators. *(See (c)(1) of the standard.)*
* Selection of respiratory protection options.
* Monitoring respirator use to ensure that respirators are used in accord with their certifications.
* Arranging for and/or conducting training.
* Ensuring proper storage, cleaning, inspections, and maintenance of respiratory protection equipment.
* Conducting qualitative fit testing with Bitrex.
* Administering the medical surveillance program.
* Maintaining records required by the program.
* Evaluating the program.
* Updating written program, as needed.
* The Program Administrator for is .

**Supervisors:** supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledge- able about the program requirements for their own pro- tection, supervisors must also ensure that the program is understood and followed by the workers under their charge. *Note: Workers participating in the respiratory protection program do so at no cost to themselves.*

Duties of the supervisor include:

* Ensuring that employees under their supervision (in- cluding new hires) have received appropriate train- ing, fit testing, and annual medical evaluation.
* Ensuring the availability of appropriate respirators and accessories.
* Being aware of tasks requiring the use of respiratory protection.
* Enforcing the proper use of respiratory protection when necessary.
* Ensuring that respirators are properly cleaned, maintained, inspected, and stored according to the respiratory protection plan.
* Ensuring that respirators fit well and do not cause discomfort.
* Continually monitoring work areas and operations to identify respiratory hazards.
* Coordinating with the Program Administrator on how to address respiratory hazards or other con- cerns regarding the program.
* Ensuring adequate air quantity, quality, and flow of breathing air for atmosphere-supplying respirators. *(See (c)(1) of the standard.)*

**Employees:** each employee has the responsibility:

* To wear his or her respirator when and where required and in the manner in which they were trained.
* Care for and maintain their respirators as instructed, and store them in a clean, sanitary location.
* Inform their supervisor if the respirator no longer fits well, and request a new one that fits properly.
* Inform their supervisor or the Program Administra- tor of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.
* Inform their supervisor of need for a medical reevaluation.
1. **Program Elements**

**Respirator Selection Procedures – The Program Administrator:**

* Will select respirators to be used on site, based on the hazards to which workers are exposed.
* Will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency.
* If monitoring is necessary, it can be contracted out.
* The hazard evaluation will include:
	+ Identification and development of a list of hazardous substances used in the workplace, by department or work process. (product list)
	+ Review of work processes to determine where po- tential exposures to these hazardous substances may occur(attics, crawls, etc). This review is to be conducted by sur- veying the workplace, reviewing process records, and talking with employees and supervisors.
	+ Exposure monitoring to quantify potential hazardous exposures.(if necessary)

- Respirators are selected based on the workplace hazards evaluated, and workplace and user factors affecting respirator performance and reliability.

* Respirators are selected based on the Assigned Pro- tection Factors (APFs) and calculated Maximum Use Concentrations (MUCs).
* A sufficient number of respirator sizes and models must be provided to the employee during fit testing to identify the acceptable respirator that correctly fits the users.
* For IDLH atmospheres:
	+ Full facepiece pressure demand SARs with auxil- iary SCBA unit or full facepiece pressure demand SCBAs, with a minimum service life of 30 minutes, must be provided.
	+ Respirators used for escape only are NIOSH-certi- fied for the atmosphere in which they will be used.
	+ Oxygen deficient atmospheres are considered IDLH.
* For Non-IDLH atmospheres, respirators are:
	+ Selected as appropriate for the APFs and MUCs.
	+ Selected as appropriate for the chemical nature and physical form of the contaminant.
	+ Equipped with end-of-service-life indicators (ESLIs) if the respirators (APRs) are used for protection against gases and vapors. If there is no ESLI, then a change schedule must be implemented.
	+ Equipped with NIOSH-certified HEPA filters (or other filters certified by NIOSH for particulates under 42 CFR part 84) if the respirators (APRs) are to be used for protection against particulates.
* When monitoring is contracted out, an example of the type of statement needed in the respirator pro- gram is: currently has a contract with to provide monitoring when needed.

*Note: Table 2 at the end of this program contains the sampling data on which this section was based. The results of the current hazard evaluation are the following:*

**Table 2: Hazard Assessment (Sample Program) - Date of Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Department and Task*** | ***Contaminants*** | ***Exposure Level (8-hr TWA)*** | ***PEL*** | ***Controls*** |
| Pest Control | Possible emergency spills or ventilation issues |  |  | Ventilation; employees work in this area for short periods of time only (an hour); due to the presence of smells and vapors, employees may voluntar ily choose to wear half mask APRs with organic vapor filters |
| Mosquito Control | Respirable vapor |  |  | Half face piece APRs with P100 filters and goggles |
| Termite Control |  |  |  | When using \_\_\_\_\_\_\_\_\_\_ **only**, employees may opt for APRs with organic vapor cartridges |
| Fumigation |  |  |  |  |
| Lawn Service |  |  |  | Although ventilation is adequate, employees still experience respirable dust; half facepiece APRs with P100 filters and goggles |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Updating the Hazard Assessment – The Program Administrator:**

* Must revise and update the hazard assessment as needed (i.e., any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a partic- ular activity, he/she is to contact his or her supervi- sor or the **Program Administrator**. The Program Administrator then:
* Will evaluate the potential hazard, arranging for out- side assistance as necessary.
* Will then communicate the results of that assess- ment back to the employees. If it is determined that respiratory protection is necessary, all other ele- ments of this program will be in effect for those tasks, and this program will be updated accordingly.
* Will ensure that all respirators are certified by the National Institute for Occupational Safety and Health (NIOSH) and are used in accord with the terms of that certification.
* Will also ensure that all filters, cartridges, and canis- ters must be labeled with the appropriate NIOSH certification label. The label must not be removed or defaced while it is in use.
* Regarding **Voluntary Respirator Use**, the following statement is needed: will provide respirators at no charge to employees for voluntary use for the following work processes/ areas:

Employees may wear half facepiece APRs with organic vapor cartridges while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_workers may wear filtering facepieces.

\_\_\_\_\_\_\_\_\_\_\_ may wear half facepiece APRs with organic vapor cartridges while \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_may wear half facepiece APRs with P100 cartridges while cleaning spray booth walls, and organic vapor cartridges while loading spray guns.

**The Program Administrator will also:**

* Provide all employees who voluntarily choose to wear the above respirators with a copy of *Appendix D* of the standard specified by the

*Respiratory Protection standard (29 CFR 1910.134). (Appendix D* details the requirements for voluntary use of respirators by workers.) Workers choosing to wear a half facepiece APR must comply with the procedures for medical evaluation, respirator use,

and cleaning, maintenance and storage.

* Authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of the medical evalua- tions. Voluntary use does not require compliance with these specific provisions of the standard.

**Medical Evaluation:** Employees who are either required to wear respirators, or who choose to wear an APR voluntarily, must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respira- tors until a Health Care Prof has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use. A PLHCP

 , where all company medical services are provided, will provide the medical evaluations.

Medical evaluation procedures are as follows:

* The medical evaluation will be conducted using the questionnaire provided in *Appendix C* of the Respi- ratory Protection standard.
* The **Program Administrator** will provide a copy of this questionnaire to all employees requiring medical evaluations.
* To the extent feasible, the company will assist em- ployees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the physician for medical evaluation.
* All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the company physician.

**Employees will:**

* Be permitted to fill out the questionnaire on com- pany time.
* Be granted follow-up medical exams as required by the Respiratory Protection standard, and/or as deemed necessary by the Health Care Provider.
* Be granted the opportunity to speak with the physician about their medical evaluation, if they so request.

**The Program Administrator** has provided

 the physician with:

* A copy of this program, and a copy of the Respira- tory Protection standard.
* The list of hazardous substances by work area, and for each employee requiring evaluation, his or her work area or job.
* The employee’s title, proposed respirator type and weight, length of time required to wear the respira- tor, expected physical work load (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective clothing required.

Any employee required for medical reasons to wear a positive pressure air purifying respirator will be provided with a powered air purifying respirator.

After an employee has received clearance and begun to wear his or her respirator, additional medical evalua- tions will be provided if:

* The employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
* The PLHCP or supervisor informs the **Program Administrator** that the employee needs to be reevaluated, additional medical evaluation will be provided.
* Information from this program, including observa- tions made during fit testing and program evalua- tion, indicates a need for reevaluation.
* An example of the PLHCP’s or the supervisor’s observations that additional medical evaluation is needed could be that there has been a change in workplace conditions that may result in an increased physiological burden on the employee.

A list of employees cur- rently included in medical surveillance is provided in Table 3 of this program. All examinations and question- naires are to remain confidential between the employee and the physician.

**Fit Testing:**

* Fit testing is required for employees wearing half facepiece APRs.
* Employees voluntarily wearing half facepiece APRs may also be fit tested upon request.
* Employees who are required to wear half facepiece APRs will be fit tested:
	+ Prior to being allowed to wear any respirator with a tight fitting facepiece.
	+ Annually.
	+ When there are changes in the employee’s physi- cal condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).
* Employees will be fit tested with the make, model, and size of respirator that they will actually wear.
* Employees will be provided with several models and sizes of respirators so that they may find an optimal fit.
* Fit testing of PAPRs is to be conducted in the nega- tive pressure mode. The **Program Administrator** will conduct fit tests following the OSHA approved Bi- trex Solution Aerosol QLFT Protocol in *Appendix A of the Respiratory Protection standard*. The **Program Administrator** has determined that QNFT is not re- quired for the respirators used under current condi- tions at . If conditions affecting respirator use change, the **Program Admin- istrator** will evaluate on a case-by-case basis whether QNFT is required.

**Respirator Use -** Responsibilities for **Employees** are that they:

* Will use their respirators under conditions specified by this program, and in accord with the training they receive on the use of each particular model. In addi- tion, the respirator must not be used in a manner for which it is not certified by NIOSH or by its manufac- turer.
* Must conduct user seal checks each time that they wear their respirator.
* Must use either the positive or negative pressure check (depending on which test works best for them) specified in *Appendix B-1 of the Respiratory Protection standard*.
* Must leave the work area to maintain their respirator for the following reasons:
	+ to clean their respirator if the respirator is imped- ing their ability to work;
	+ to change filters or cartridges, or replace parts; or
	+ to inspect the respirator if it stops functioning as intended.
* Not wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal.
* Not wear headphones, jewelry, or other articles that may interfere with the facepiece-to-face seal.

**Emergency Procedures:**

* The following work areas have been identified as having foreseeable emergencies:
	+ Chemical storage area
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* When the alarm sounds, employees in the affected department must immediately don their emergency escape respirator, shut down their process equip- ment, and exit the work area.
* All other employees must immediately evacuate the building. ‘s Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail.
* Respiratory protection in these instances is for es- cape purposes only. employees are not trained as emergency respon- ders, and are not authorized to act in such a manner.

**Respirator Malfunction**

1. **APR Respirator Malfunction:**
* For any malfunction of an APR (e.g., breakthrough, facepiece leakage, or improperly working valve), the respirator wearer must inform his or her supervisor that the respirator no longer functions, and go to a safe area to maintain the respirator. The supervisor must ensure that the employee receives the needed parts to repair the respirator, or is pro- vided with a new respirator.
1. **Atmosphere-Supplying Respirator Malfunction:**
* All workers wearing atmosphere-supplying respira- tors will work with a buddy.
* Buddies should assist workers who experience an SAR malfunction as follows:
	+ If a worker in \_\_\_\_\_\_\_\_\_\_\_\_\_ experiences a mal- function of an SAR, he or she should signal to the

buddy that he or she has had a respirator mal- function. The buddy shall don an emergency es- cape respirator and aid the worker in immediately exiting \_\_\_\_\_\_\_\_\_\_\_\_.

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**IDLH (Immediately Dangerous to Life or Health) Procedures**

* The **Program Administrator** has identified the fol- lowing area as presenting the potential for IDLH conditions:
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:**
	+ workers will be periodically required to enter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ In such cases, workers will follow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
	+ As specified above, the **Program Administrator** has determined that workers entering this area must wear a pressure demand SAR.
	+ In the event of an emergency requiring the standby person to enter the IDLH environment, the standby person must immediately notify the **Program Administrator** and will proceed with res- cue operations in accord with rescue procedures outlined in the Confined Space Program.

**Air Quality**

* For supplied-air respirators, only Grade D breathing air is to be used in the cylinders.
* The **Program Administrator** will coordinate deliver- ies of compressed air with the company’s vendor, Compressed Air Inc., and require Compressed Air Inc. to certify that the air in the cylinders meets the specifications of Grade D breathing air.
* The **Program Administrator** will maintain a mini- mum air supply of one fully charged replacement

cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator stor- age area.

* The air for this system is provided by ’s supplier, and deliveries of new air are coordinated by the **Program Administrator**.

**Cleaning, Maintenance and Change Schedules and Storage**

**Cleaning**

* + Respirators are to be regularly cleaned and disin- fected at the designated respirator cleaning sta- tion.
	+ Respirators issued for the exclusive use of an employee are to be cleaned as often as necessary.
	+ Atmosphere-supplying and emergency use respi- rators are to be cleaned and disinfected after each use.
* The following procedure is to be used when clean- ing and disinfecting respirators:
	+ Disassemble respirator, removing any filters, can- isters, or cartridges.
	+ Wash the facepiece and associated parts in a mild detergent with warm water. Do not use organic solvents.
	+ Rinse completely in clean warm water.
	+ Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.
	+ Air dry in a clean area.
	+ Reassemble the respirator and replace any defec- tive parts.
	+ Place in a clean, dry plastic bag or other airtight container.
* Note: The **Program Administrator** will ensure an ad- equate supply of appropriate cleaning and disinfec- tion material at the cleaning station. If supplies are low, employees should contact their supervisor, who will inform the **Program Administrator**.

**Maintenance**

* Respirators are to be properly maintained at all times to ensure that they function properly and ade- quately protect the employee.
* Maintenance involves a thorough visual inspection for cleanliness and defects.
* Worn or deteriorated parts will be replaced prior to use.
* No components will be replaced or repairs made be- yond those recommended by the manufacturer.
* Repairs to regulators or alarms of atmosphere- supplying respirators will be conducted by the manufacturer.
* The following checklist will be used when inspecting respirators:
	+ Facepiece:
* cracks, tears, or holes
* facemask distortion
* cracked or loose lenses/faceshield
	+ Valves:
* Residue or dirt
* Cracks or tears in valve material
	+ Headstraps:
* breaks or tears
* broken buckles
	+ Filters/Cartridges:
* approval designation
* gaskets
* cracks or dents in housing
* proper cartridge for hazard
	+ Air Supply Systems:
* breathing air quality/grade
* condition of supply hoses
* hose connections
* settings on regulators and valves
* Employees are permitted to leave their work area and go to a designated area that is free of respira- tory hazards when they need to wash their face and respirator facepiece to prevent any eye or skin irrita- tion, or to replace the filter, cartridge or canister, or when they detect vapor or gas breakthrough or leakage in the facepiece or detect any other damage to the respirator or its components.

**Change Schedules**

* + Employees wearing APRs or PAPRs with P100 fil- ters for protection against particulates need to change the cartridges on their respirators when they first begin to experience difficulty breathing (i.e., resistance) while wearing their masks.
		- Based on discussions with our respirator distribu- tor about ’s work- place exposure conditions, employees voluntarily wearing APRs with organic vapor cartridges must change the cartridges on their respirators at the end of each work week to ensure the continued effectiveness of the respirators.

**Storage**

* Respirators must be stored in a clean, dry area, and in accord with the manufacturer’s recommenda- tions.
* Each employee will clean and inspect their own air- purifying respirator in accord with the provisions of this program, and will store their respirator in a plas- tic bag in their own service vehicle or locker.
* Each employee will have his/her name on the bag, and that bag will only be used to store that em- ployee’s respirator.
* Atmosphere-supplying respirators will be stored in the storage cabinet outside of the **Program Adminis- trator’s** office.
* The **Program Administrator** will store

 ’s supply of respirators and respi- rator components in their original manufacturer’s packaging in the equipment storage room.

**Defective Respirators**

* Respirators that are defective or have defective parts must be taken out of service immediately.
* If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his or her supervisor.
* Supervisors will give all defective respirators to the

**Program Administrator**.

* The **Program Administrator** will decide whether to:
	+ Temporarily take the respirator out of service until it can be repaired.
	+ Perform a simple fix on the spot such as replacing a headstrap.
	+ Dispose of the respirator due to an irreparable problem or defect.
* When a respirator is taken out of service, the respi- rator will be tagged out of service, and the employee will be given a replacement of the same make, model and size.
* If the employee is not given a replacement of the same make, model and size, then the employee must be fit tested.
* All tagged out-of-service respirators will be kept in the storage cabinet inside the **Program Administra- tor’s** office.

**Training**

* The **Program Administrator** will provide training to respirator users and their supervisors on the con- tents of the Respira- tory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection standard.
* Workers will be trained prior to using a respirator in the workplace.
* The training must be comprehensive, understand- able and recur annually, and more often if necessary.
* As with any employee, supervisors must be trained prior to using a respirator in the workplace; they also should be trained prior to supervising workers who must wear respirators if the supervisors them- selves do not use a respirator.
* Supervisors will provide the basic information on respirators in Appendix D of the Respiratory Protec- tion standard to employees who wear respirators when not required by the employer to do so.
* Supervisors will ensure that each employee can demonstrate knowledge of at least the following:

Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the pro- tective effect of the respirator;

What the limitations and capabilities of the respira- tor are;

How to use the respirator effectively in emergency situations, including situations in which the respira- tor malfunctions;

How to inspect, put on and remove, use, and check the seals of the respirator;

What the procedures are for maintenance and stor- age of the respirator;

How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and

The general requirements of the Respiratory Protec- tion standard.

* Supervisors will ensure that employees will be re- trained annually or as needed (e.g., if they change departments and need to use a different respirator).

An employer who is able to demonstrate that a new employee has received training within the last 12 months that addresses the elements specified in

*paragraph (k)(1)(i) through (vii)* is not required to re- peat such training provided that, as required by *paragraph (k)(1)*, the employee can demonstrate knowledge of those element(s).

Previous training not repeated initially by the em- ployer must be provided no later than 12 months from the date of the previous training.

Retraining shall be administered annually, and when the following situations occur:

Changes in the workplace or the type of respirator render previous training obsolete;

Inadequacies in the employee’s knowledge or use of the respirator indicate that the worker has not retained the requisite understanding or skill; or

Any other situation arises in which retraining ap- pears necessary to ensure safe respirator use.

The basic advisory information on respirators, as presented in Appendix D of the Respiratory Protec- tion standard, shall be provided by the employer in any written or oral format to employees who wear respirators when such use is not required by this section or by the employer.

1. **Program Evaluation**
* The **Program Administrator** will conduct periodic evaluations of the workplace to ensure that the pro- visions of this program are being implemented.
* The evaluations will include regular consultations with employees who use respirators and their su- pervisors, site inspections, air monitoring and a re- view of records.
* List factors to be evaluated *(see (l)(2).)*
* Problems identified will be noted in an inspection log and corrected by the **Program Administrator**.
* These findings will be reported to management, and the report will list plans to correct deficiencies in the respirator program and target dates for implementing those corrections.
1. **Documentation and Recordkeeping**
* A written copy of this program and the OSHA standard is kept in the **Program Administrator’s** office and is available to all employees who wish to review it.
* Also maintained in the **Program Administrator’s**

office are copies of training materials.

* Copies of fit test records *(see (m)(2) of the standard)*. These records will be updated as new fit tests are conducted.
* These records will be updated as new employees are trained and as existing employees receive refresher training.
* The **Program Administrator** will also maintain copies of the records for all employees covered under the respirator program (except medical records).
* The completed medical questionnaire and the PLHCP's documented findings are confidential and will remain at . The company will only retain the physician’s written recommendation regarding each employee’s ability to wear a respirator.

**Table 3: A list of employees currently included in the medical surveillance program. Date of Listing.**

|  |  |
| --- | --- |
| Name of first employee  | Date |
| Second name  | Date |
| Next name  | Date |
| Next name  | Date |
| Next name  | Date |
| Next name  | Date |
| Next name  | Date |
| Next name  | Date |
| Last name  | Date |