**County of Henrico**

**Respiratory Protection Program for the**

**Voluntary Use of Air Purifying Respirators**

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**Department of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Table of Contents**

**Voluntary Respiratory Protection Program 3-4**

**Appendix B-1 User Seal Check 5**

**Appendix B-2 Respirator Cleaning Procedures 6**

**Appendix C Medical Evaluation Questionnaire 7-13**

**Appendix D Information for Respirator Wear 14**

**Respirator Wear Approval Form 15**

**N, R and P Facepieces Defined 16**

**RESPIRATORY PROTECTION PROGRAM FOR THE VOLUNTARY USE OF AIR PURIFYING RESPIRATORS (OTHER THAN DUST MASKS**

**i.e., FILTERING FACEPIECES)**

This Respiratory Protection Program is designed to protect employee health even though it has been determined that respirators are not required when performing the specific job tasks, and that the employee(s) wearing the respirator is doing so voluntarily. This written program is designed for compliance with Virginia Occupational Safety & Health (VOSH) Standard 29 CFR 1910.134(c)(2).

The affected Department is responsible for implementing this program. The employee’s direct supervisor, or a designee noted below, is responsible for ensuring compliance to this program.

The Department Head or his/her designee, has determined that respirators are NOT required for the following jobs, tasks under his/her supervision:

The Program Administrator is responsible for maintaining all components of this respiratory program. The Administrator is: *(Name)\_\_\_\_\_\_\_\_\_\_\_*

The following is required for employees who voluntarily use respirators, other than filtering facepieces (dust masks):

1) The employee will contact his/her supervisor to initiate a medical evaluation through Employee Health.

2) The Physician, or other Licensed Health Care Professional, (PLHCP) will perform medical evaluations using VOSH’s medical evaluation form or through a method that obtains the same information as the medical questionnaire (the required information is contained in 29 CFR 1910.134, Appendix C, pages 7-13 of this program ).This evaluation will be administered confidentially, at no cost to the employee, during the employee’s normal working hours or at a time and place convenient to the employee, and in a way that the employee understands. The employee will have an opportunity to discuss the questionnaire and examination results with the PLHCP.

3) The employee and/or his/her supervisor will provide Employee Health with the following supplemental information:

(A) The type and weight of the respirator to be used by the employee;

(B) The duration and frequency of respirator use (including respirators used only for rescue and escape);

(C) The expected physical work effort;

(D) Additional protective clothing and equipment anticipated to be worn (PPE);

(E) Temperature and humidity extremes that may be encountered;

(F) A copy of this written respiratory protection program; and

(G) A copy of the respiratory protection standard (29 CFR 1910.34), if requested.

4) If Employee Health recommends it, an additional medical evaluation may be necessary. In addition, an employee may need a periodic medical evaluation depending on the PLHCP’s initial recommendation, or when changes to work tasks or materials occur, or upon the employee’s or his/her supervisor’s request.

5) All affected Departments will file the PLHCP’s written opinion on each employee’s ability to use and wear the respirator (see page 15). The questionnaire will be filed at Employee Health.

6) The Program Administrator will ensure that the respirator cartridge or respirator is changed as needed or required.

7) Respirators will be cleaned and disinfected according to the manufacturer’s recommendation or by using the methods found in Appendix B-2 of the Standard.

8) All respirators shall be stored in a protective bag (zip lock, or similar) to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. They shall be stored to prevent deformation of the facepiece and exhalation valve. Placing the zip lock bags in a specific cabinet, drawer, or other clean location that is sufficient for additional cleanliness and protection.

9) Departments will provide a copy of Appendix D of the VOSH Respirator Standard (29 CFR 1910.134, for all employees who wear any respirator voluntarily.

#### Appendix B-1: User Seal Check Procedures (Mandatory)

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

I. Facepiece Positive and/or Negative Pressure Checks.

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

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

**Note:**

**The Office of Emergency Management & Workplace Safety (EMWS) recommends using commercially available Respirator Wipes or a hydrogen peroxide product to clean and disinfect a respirator, not a bleach solution.**

**Appendix B-2 to § 1910.134: Respirator Cleaning Procedures (Mandatory)**

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

*I. Procedures for Cleaning Respirators*

A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure- demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.

B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.

C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.

D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:

1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,

2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,

3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.

E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.

F. Components should be hand-dried with a clean lint-free cloth or air-dried.

G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.

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

**Respirator Medical Evaluation Questionnaire**

**29 CFR 1910.134 Appendix C 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:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

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

1. Today's date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

2. Have you ever had any of the following conditions?

a. Seizures: Yes No

b. Diabetes (sugar disease): Yes No

c. Allergic reactions that interfere with your breathing: Yes No

d. Claustrophobia (fear of closed-in places): Yes No

e. Trouble smelling odors: Yes No

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

a. Asbestosis: Yes No

b. Asthma: Yes No

c. Chronic bronchitis: Yes No

d. Emphysema: Yes No

e. Pneumonia: Yes No

f. Tuberculosis: Yes No

g. Silicosis: Yes No

h. Pneumothorax (collapsed lung): Yes No

i. Lung cancer: Yes No

j. Broken ribs: Yes No

k. Any chest injuries or surgeries: Yes No

l. Any other lung problem that you've been told about: Yes No

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

a. Shortness of breath: Yes No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes No

c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes No

d. Have to stop for breath when walking at your own pace on level ground: Yes No

e. Shortness of breath when washing or dressing yourself: Yes No

f. Shortness of breath that interferes with your job: Yes No

g. Coughing that produces phlegm (thick sputum): Yes No

h. Coughing that wakes you early in the morning: Yes No

i. Coughing that occurs mostly when you are lying down: Yes No

j. Coughing up blood in the last month: Yes No

k. Wheezing: Yes No

l. Wheezing that interferes with your job: Yes No

m. Chest pain when you breathe deeply: Yes No

n. Any other symptoms that you think may be related to lung problems: Yes No

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

a. Heart attack: Yes No

b. Stroke: Yes No

c. Angina: Yes No

d. Heart failure: Yes No

e. Swelling in your legs or feet (not caused by walking): Yes No

f. Heart arrhythmia (heart beating irregularly): Yes No

g. High blood pressure: Yes No

h. Any other heart problem that you've been told about: Yes No

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

a. Frequent pain or tightness in your chest: Yes No

b. Pain or tightness in your chest during physical activity: Yes No

c. Pain or tightness in your chest that interferes with your job: Yes No

d. In the past two years, have you noticed your heart skipping or missing a beat: Yes No

e. Heartburn or indigestion that is not related to eating: Yes No

f. Any other symptoms that you think may be related to heart or circulation problems: Yes No

7. Do you currently take medication for any of the following problems?

a. Breathing or lung problems: Yes No

b. Heart trouble: Yes No

c. Blood pressure: Yes No

d. seizures: Yes No

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

a. Eye irritation: Yes No

b. Skin allergies or rashes: Yes No

c. Anxiety: Yes No

d. General weakness or fatigue: Yes No

e. Any other problem that interferes with your use of a respirator: Yes No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.**

10. Have you ever lost vision in either eye (temporarily or permanently): Yes No

11. Do you currently have any of the following vision problems?

a. Wear contact lenses: Yes No

b. Wear glasses: Yes No

c. Color blind: Yes No

d. Any other eye or vision problem: Yes No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes No

13. Do you currently have any of the following hearing problems?

a. Difficulty hearing: Yes No

b. Wear a hearing aid: Yes No

c. Any other hearing or ear problem: Yes No

14. Have you ever had a back injury: Yes No

15. Do you currently have any of the following musculoskeletal problems?

a. Weakness in any of your arms, hands, legs, or feet: Yes No

b. Back pain: Yes No

c. Difficulty fully moving your arms and legs: Yes No

d. Pain or stiffness when you lean forward or backward at the waist: Yes No

e. Difficulty fully moving your head up or down: Yes No

f. Difficulty fully moving your head side to side: Yes No

g. Difficulty bending at your knees: Yes No

h. Difficulty squatting to the ground: Yes No

i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes No

j. Any other muscle or skeletal problem that interferes with using a respirator: Yes No

**Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes No

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

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3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

a. Asbestos: Yes No

b. Silica (e.g., in sandblasting): Yes No

c. Tungsten/cobalt (e.g., grinding or welding this material): Yes No

d. Beryllium: Yes No

e. Aluminum: Yes No

f. Coal (for example, mining): Yes No

g. Iron: Yes No

h. Tin: Yes No

i. Dusty environments: Yes No

j. Any other hazardous exposures: Yes No

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List your previous occupations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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7. Have you been in the military services? Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes No

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

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes No

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

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes No

b. Canisters (for example, gas masks): Yes No

c. Cartridges: Yes No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?

a. Escape only (no rescue): Yes No

b. Emergency rescue only: Yes No

c. Less than 5 hours per week: Yes No

d. Less than 2 hours per day: Yes No

e. 2 to 4 hours per day: Yes No

f. Over 4 hours per day: Yes No

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

a. Light (less than 200 kcal per hour): Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_\_\_\_\_mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_\_\_\_\_mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. Heavy (above 350 kcal per hour): Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_\_\_\_\_\_\_\_hrs.\_\_\_\_\_\_\_\_\_\_\_\_mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator? Yes No

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

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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)?

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

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

Name of the first toxic substance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated maximum exposure level per shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure per shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the second toxic substance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated maximum exposure level per shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure per shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the third toxic substance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated maximum exposure level per shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of exposure per shift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Appendix D – 29 CFR 1910.134: Information for Employees Using Respirators**

**When Not** **Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by VOSH standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

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

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

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

4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.

**County of Henrico**

**Employee Health**

**RESPIRATOR USE APPROVAL (voluntary or mandatory)**

EMPLOYEE

NAME

WORK ADDRESS/DEPARTMENT

EMPLOYEE ID NUMBER

**TO BE COMPLETED BY PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL**

The employee **IS APPROVED** to wear (if necessary, more than one box may be checked):

|  |  |
| --- | --- |
|  | N, R, or P disposable respirator (filter mask, non-cartridge type only). |
|  | Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, or self-contained breathing apparatus). |

Please include any other considerations, such as limitations on respirator wear associated with the employee’s medical conditions, and/or the need for follow-up evaluations, etc.

The employee is **NOT APPROVED** to wear (if necessary, more than one box may be checked):

|  |  |
| --- | --- |
|  | N, R, or P disposable respirator (filter mask, non-cartridge type only). Definitions next page. |
|  | Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, or self-contained breathing apparatus). |

|  |  |  |
| --- | --- | --- |
| PHYSICIAN/HEALTH CARE PROFESSIONAL SIGNATURE | PHYSICIAN/HEALTH CARE PROFESSIONAL ADDRESS (if other than Employee Health) | |
| EMPLOYEE SIGNATURE |  | DATE |
| SUPERVISOR'S SIGNATURE |  | DATE |

April 2019

**N, R and P Facepieces Defined**

**N95 –** Filters at least 95% of airborne particles. Not resistant to oil.

**Surgical N95 –** A NIOSH-approved N95 respirator that has also been approved by the Food and Drug Administration (FDA) to function as a surgical mask.

**N99 –** Filters at least 99% of airborne particles. Not resistant to oil.

**N100 –** Filters at least 99.97% of airborne particles. Not resistant to oil.

**R95 –** Filters at least 95% of airborne particles. Somewhat resistant to oil.

**P95 –** Filters at least 95% of airborne particles. Strongly resistant to oil.

**P99 –** Filters at least 99% of airborne particles. Strongly resistant to oil.

**P100 –** Filters at least 99.97% of airborne particles. Strongly resistant to oil.