

**UNITED STATES DEPARTMENT OF AGRICULTURE  
AGRICULTURAL RESEARCH SERVICE  
LINCOLN, NEBRASKA LOCATION**

**RESPIRATORY PROTECTION PROGRAM**

MARCH 1999  
(revised June 2000)

- I. **INTRODUCTION:** As part of our continuing effort to reduce exposure and risk to our employees, the Location has implemented a Respiratory Protection Program to provide information on all aspects of the use of respiratory protection equipment. This written program is designed to comply with the requirements of the federal Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard, 29 CFR 1910.134, Final Rule, dated April 8, 1998.

This program is designed to help reduce employee exposures to excessive levels of dusts, fumes, mists, gases, vapors, pollens and radionuclides. Where feasible, exposures to contaminants will be eliminated or reduced by engineering controls (e.g., general and local ventilation, enclosure and isolation, and substitution). When engineering controls are not capable of reducing exposures to acceptable levels or are not feasible, the use of personal respiratory protective equipment becomes necessary.

- II. **PROGRAM ELEMENTS:** The Respiratory Protection Program consists of the following elements:

- a. Procedures for selecting respirators for use in the workplace
- b. Medical evaluations of employees required to use respirators
- c. Fit testing procedures for tight-fitting respirators
- d. Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations
- e. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding and otherwise maintaining respirators
- f. Procedures to ensure adequate air quality, quantity and flow of breathing air for atmosphere-supplying respirators
- g. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations
- h. Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance
- i. Procedures for regularly evaluating the effectiveness of the program

- III. **PROGRAM ADMINISTRATOR:** Alvin Harding, the Location Safety Officer, has been designated in writing as the Location's Respiratory Program Administrator. He is responsible for program oversight and conducting required evaluations of program effectiveness. He serves as the first

contact for employees concerned with respiratory protection. He shall be responsible for determining the need for respiratory protection, after identifying and evaluating the hazard.

**IV. VOLUNTARY USE:** 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, before any respirator is issued for any use, an evaluation shall be performed by the Program Administrator to determine its necessity and appropriateness. It is also this Location's policy that any respirator approved for use shall be provided by the Location and no employee shall bring his/her own respirator to the jobsite. If a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Any employee using a respirator, other than a filtering facepiece (dust masks), voluntarily must be determined to be medically fit for and prior to its use. If respirators are provided for employee's voluntary use certain precautions need to be taken to ensure that the respirator itself does not present a hazard. Employees should do the following:

- a. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations
- b. Choose respirators certified for use to protect against the contaminant of concern. The National Institute for Occupational Safety and Health (NIOSH) 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
- c. 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
- d. Keep track of your respirator so that you do not mistakenly use someone else's respirator

**V. SELECTION OF RESPIRATORS:** Respirator options are selected by the Location Safety Officer. Only respirators certified by the National Institute for Occupational Safety Health (NIOSH) will be chosen. The selection will be based on the physical and chemical properties of the air contaminant and the concentration level likely to be encountered by the employee. The purchase of appropriate respirators, to include replacement parts, will be the responsibility of the Location Safety Office. Replacement parts must be purchased from the original manufacturer for a respirator to maintain its NIOSH approval. Respirator selection will also be based on the following criteria:

- a. Respirators for Immediately Dangerous to Life or Health (IDLH) Atmospheres:
  - 1. A full facepiece pressure demand self-contained breathing apparatus (SCBA) certified by NIOSH for a minimum service life of thirty minutes, or
  - 2. A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.
  
- b. Respirators for atmospheres that are not IDLH. For protection against gases and vapors:
  - 1. An atmosphere-supplying respirator, or
  - 2. An air-purifying respirator, provided that:
    - a) The respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant, or
    - b) If there is no ESLI appropriate for conditions in the workplace a canister and cartridge change schedule will be implemented, based on objective information or data, that will ensure canisters and cartridges are changed before the end of their service life
  
- c. Respirators for atmospheres that are not IDLH. For protection against particulates:
  - 1. An atmosphere-supplying respirator; or
  - 2. An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter with a filter certified for particulates by NIOSH under 42 CFR part 84; or
  - 3. For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH

VI. **MEDICAL EVALUATION:** Respirator use may place a physiological burden on employees that vary with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Therefore, employees requiring the use of a respirator will be medically evaluated prior to being fit tested or required to use a respirator. The medical evaluation will be conducted by the Location's contract Occupational Health Physician utilizing OSHA Respirator Medical Evaluation Questionnaire (Appendix A) or an initial medical examination that obtains the same information as the questionnaire.

Follow-up medical examinations will be required for employees who give a positive response to any question among questions 1 through 8 in Section 2, Part A of Appendix A or whose initial medical examination demonstrates the need for a follow-up medical examination. The follow-up medical

examination shall include any medical tests, consultations or diagnostic procedures the examiner deems necessary to make a final determination. Pulmonary function tests are only required if the examiner deems them necessary.

Supplemental information must be provided to the examiner before making a recommendation concerning an employee's ability to use a respirator. This information must include, among other things, the type and weight of the respirator to be used by the employee, a copy of this written program and a copy of 29 CFR 1910.134.

A written recommendation regarding the employee's ability to use the selected respirator will be obtained from the medical provider. This recommendation must contain the following information:

- a. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
- b. The need, if any, for follow-up medical evaluations; and
- c. A statement that the medical provider has provided the employee with a copy of their written recommendation

If a subsequent medical evaluation, of an employee required to wear a powered air-purifying respirator (PAPR), determines that the employee is medically able to use a negative pressure respirator, then the Location is no longer required to provide a PAPR.

Additional medical evaluations will be provided to the employee if:

- a. An employee reports medical signs or symptoms that are related to ability to use a respirator;
- b. A medical provider, supervisor or the respirator program administrator informs the Location that the employee needs to be reevaluated;
- c. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
- d. A change occurs in workplace conditions (e.g., physical work effort, protective clothing and temperature) that may result in a substantial increase in the physiological burden placed on an employee

- VII. **FIT TESTING:** Before any employee may be required to use any respirator with a negative or positive pressure tight-fitting facepiece, the employee must be fit tested with the same make, model, style and size of respirator that will be used.

For employees using a tight-fitting facepiece respirator, an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT) must be passed. Employees using tight-fitting facepiece respirators must be fit tested:

- a. Prior to initial use of the respirator,
- b. Whenever a different respirator facepiece (size, style, model or make) is used, and
- c. At least annually thereafter

**Additional fit tests must be conducted whenever:**

- a. The employee reports changes in his/her physical condition that could effect respirator fit, or
- b. The employer, medical provider, supervisor or program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery or an obvious change in body weight

The fit test shall be administered using an OSHA accepted QLFT or QNFT protocol contained in Appendix A of 29 CFR 1910.134. QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less [APF $\leq$ 10]. If the fit factor measured during a QNFT is equal to or greater than 100 for tight-fitting half facepieces, or equal to or greater than 500 [APF $\leq$ 50] for tight-fitting full facepieces, the QNFT has been passed with that respirator.

Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection. The following requirements apply to fit testing atmosphere-supplying and powered air-purifying respirators:

- a. Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user's actual facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece
- b. Quantitative fit testing of these respirators shall be accomplished by modifying the facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate facepiece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.
- c. Any modifications to the respirator facepiece for fit testing shall be completely removed, and the facepiece restored to NIOSH approved configuration, before that facepiece can be used in the workplace.

**VIII. USE OF RESPIRATORS:** The following procedures will be followed to ensure proper use and continued employee protection by the respiratory equipment:

**a. Facepiece Seal Protection.** Respirators with tight-fitting facepieces are not permitted to be worn by employees who have:

- 1. Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function; or**
- 2. Any condition that interferes with the face-to-facepiece seal or valve function**

**b. Continuing Respirator Effectiveness.** Employees will leave the respirator use area:

- 1. To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use; or**
- 2. If they detect vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece; or**
- 3. To replace the respirator or the filter, cartridge or canister elements**

**c. All employees using a tight-fitting respirator will 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 below 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:**

**1. Facepiece Positive Pressure Checks:** 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.

**2. Facepiece 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.

**IX. MAINTENANCE AND CARE OF RESPIRATORS:** Employees will be provided with a respirator that is clean, sanitary and in good order. The respirator must be cleaned and disinfected by using the below procedures or by those of the manufacturer, provided that such procedures are of equivalent effectiveness:

- 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 °C [110 °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 °C [110 °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 °C (110 °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 °C (110 °F); or,
  3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the manufacturer.
- e. Rinse components thoroughly in clean, warm (43 °C [110 °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 all components work properly.

Air purifying respirators will be stored in a clean, dry place out of direct sunlight and extreme temperatures.

Before putting a respirator on, the user shall inspect the respirator for defects and cleanliness. This shall be done every time a respirator is put on. The respirator shall also be inspected after taking it off prior to putting it in storage. Respirator inspection shall include a check of the tightness of connections and the condition of the facepiece, headbands, valves, connecting tubes and canisters. Rubber or elastomer parts shall be inspected for pliability and signs of deterioration. Inspections shall also include any manufacturer's recommendations. The employee shall report any instance of a defective or ineffective respirator to the program administrator immediately.

Respirators that fail an inspection or are otherwise found to be defective will be removed from service and discarded or referred to the manufacturer for repair. No local repairs of respirators are authorized at the Location.

- X. **TRAINING AND INFORMATION.** All employees required to wear respiratory protection equipment will receive training that will be comprehensive, understandable and recur annually, and more often if necessary. At a minimum the training will ensure the employee can demonstrate knowledge of the following:
- a. Why the respirator is necessary and how improper fit, usage or maintenance can comprise the protective effect of the respirator
  - b. The limitations and capabilities of the respirator
  - c. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
  - d. How to inspect, put on and remove, use and check the seals of the respirator
  - e. The procedures for maintenance and storage of the respirator
  - f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
  - g. The general requirements of OSHA 29 CFR 1910.134, Respiratory Protection Standard
- XI. **PROGRAM EVALUATION.** On a continuing basis, evaluations of the workplace will be conducted to ensure that the written respiratory protection program is being properly implemented, and to consult employees to ensure that they are using the respirator properly. The following factors, at a minimum, will be assessed and any problems identified will be corrected:
- a. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance)
  - b. Appropriate respirator selection for the hazards to which the employee is exposed
  - c. Proper respirator use under the workplace conditions the employee encounters; and
  - d. Proper respirator maintenance



**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE  
(APPENDIX A)**

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

**To the employee:**

**Can you read (circle one): Yes/No**

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

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

12. Have you worn a respirator (circle one): Yes / No

If "yes", what type(s): \_\_\_\_\_

**Part A. Section 2. Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (circle Yes or No):**

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes / No
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): Yes / No
  - b. Diabetes (sugar disease): Yes / No
  - c. Allergic reactions that interfere with your breathing: Yes / No
  - d. Claustrophobia (fear of closed-in places): Yes / No
  - e. Trouble smelling odors: Yes / No
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis: Yes / No
  - b. Asthma: Yes / No
  - c. Chronic Bronchitis: Yes / No
  - d. Emphysema: Yes / No
  - e. Pneumonia: Yes / No
  - f. Tuberculosis: Yes / No
  - g. Silicosis: Yes / No
  - h. Pneumothorax (collapsed lung): Yes / No
  - i. Lung cancer: Yes / No
  - j. Broken ribs: Yes / No
  - k. Any chest injuries or surgeries: Yes / No
  - l. Any other lung problems 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 breath deeply: Yes / No

- n. Any other symptoms that you think may be related to lung problems: Yes / No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart Attack: Yes / No
  - b. Stroke: Yes / No
  - c. Angina: Yes / No
  - d. Heart failure: Yes / No
  - e. Swelling in your legs or feet (not caused by walking): Yes / No
  - f. Heart arrhythmia (heart beating irregularly): Yes / No
  - g. High blood pressure: Yes / No
  - h. Any other heart problem that you've been told about: Yes / No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes / No
  - b. Pain or tightness in your chest during physical activity: Yes / No
  - c. Pain or tightness in your chest that interferes with your job: Yes / No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes / No
  - e. Heartburn or indigestion that is not related to eating: Yes / No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes / No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes / No
  - b. Heart trouble: Yes / No
  - c. Blood pressure: Yes / No
  - d. Seizures (fits): Yes / No
8. If you've 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 problems: 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes / No  
If "yes", name the medications if you know them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

- a. HEPA Filters: Yes / No
- b. Canisters (for example, gas masks): Yes / No
- c. Cartridges: Yes / No

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

- a. Escape only (no rescue): Yes / No
- b. Emergency rescue only: Yes / No
- c. Less than 5 hours per week: Yes / No
- d. Less than 2 hours per day: Yes / No
- e. 2 to 4 hours per day: Yes / No
- f. Over 4 hours per day: Yes / No

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

- a. Light (less than 200 kcal per hour): Yes / No  
If "yes", how long does this period last during the average shift:

\_\_\_\_\_ hrs \_\_\_\_\_ mins

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

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

If "yes", how long does this period last during the average shift:

\_\_\_\_\_ hrs \_\_\_\_\_ mins

Examples of a 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 a heavy work effort 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 (temperatures exceeding 77 degrees 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):

a. Name of first toxic substance: \_\_\_\_\_

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

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

d. Name of second toxic substance: \_\_\_\_\_

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

- f. Duration of exposure per shift: \_\_\_\_\_
- g. Name of third toxic substance: \_\_\_\_\_
- h. Estimated maximum exposure level per shift: \_\_\_\_\_
- i. Duration of exposure per shift: \_\_\_\_\_
- j. The name of any other toxic substances that you'll be exposed to while using your respirator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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