

RESPIRATORY INSPECTION: RESPIRATORY PROTECTION PROGRAM

Compliant with: DHHS (NIOSH) Publication Number 2004-101



GUIDELINES

This checklist applies to the use of either atmosphere-supplying or air-purifying respirators being worn, voluntarily or otherwise, for comfort or to protect health. The checklist is divided into three sections. “Section One” should be used if filtering face piece (dust mask) respirators are voluntarily used. “Section Two” should be used if respirators other than dust masks are voluntarily used. “Section Three” should be used if respirators are required to protect individuals from exposure to air contaminants above applicable limits. This checklist does not deal with respirators for immediately dangerous to life or health (IDLH) atmospheres, for agricultural use, or for emergency escape.

I. VOLUNTARY USE OF FILTERING FACE PIECES

3-Ring Binder

Tab 1: Filtering Face Piece Log

- Name
- Date
- Start Time
- End Time
- Employee Signature

Tab 2: Fit Testing (if applicable)

- Sub-Tab for each employee
 - a. Fit testing record

Tab 3: Appendix D and How to choose

- Sub-Tab Employee sign-off

Tab 4: Inspection checklist: Go over prior to each use

- Filtering Face Piece (FFP) is clean and uncontaminated
- FFP does not interfere with the ability to work safely
- FFP fits properly

II. VOLUNTARY USE OF RESPIRATORS OTHER THAN DUST MASKS

3-Ring Binder

Tab 1: Medical evaluations of individuals who will wear respirators

- Sub-tab: Pre-Evaluation: To be done prior to use. Medical documentation is necessary.
- Sub-tab: Invoices showing cost of evaluations were incurred at the business level.



Tab 2: Fit Testing

- Sub-Tab for each employee
 - a. Fit testing record

Tab 3: Sanitation

- Sub-Tab: Procedure and Process – Applies to shared and exclusive equipment. *Inspections and Cleaning should be done prior and after use; every use, every piece, every time.*
 - a. Cleaning
 - b. Storing
 - c. Repairing
 - d. Discarding
 - e. General Maintenance
- Sub-Tab: Employee Training Sign-Off Sheet
- Sub-Tab: Cleaning Schedule (This should also be posted)

Tab 4: Safety

- Sub-Tab: Each employee
 - a. Putting on and Taking Off Respirators
 - b. Limitations of Usage in Respiratory Equipment
 - c. Air supply: Quantity and Quality
 - d. Hygiene: Facial Hair Restrictions
 - e. Goggles/Protective Eye Wear
- Sub-Tab: Emergency Situations – Training Log
 - a. Potential Hazardous Exposure Disclosure
- Sub-Tab: Air quality Test log (Grade D or better).

Tab 5: Equipment Assignment

- Sub-Tab: Employee Issue Log: New log for each piece of equipment.
 - a. Name of Employee
 - b. Date Assigned
 - c. Equipment Inventory Number
 - d. Signature of Employee

Tab 6: Equipment Damage, Repair and Discard Log- For equipment that fails inspection

- a. Name of Manager Authorizing
- b. Date
- c. Equipment Name
- d. Equipment Inventory Number
- e. Specified reason for removal

TAB 7: Yearly Evaluation of on-site program (signed by a manager)

III. Respirators Required or Respirators Needed to Protect an Individuals Health

3-Ring Binder

Tab 1: Medical evaluations of individuals who will wear respirators

- Sub-Tab: Pre-Evaluation: To be done prior to use. Medical documentation is necessary.
- Sub-Tab: Invoices showing cost of evaluations were incurred at the business level.

Tab 2: Fit Testing

- Sub-Tab: Each employee
 - a. Fit testing record. Each piece of equipment requires fit testing and documentation that it has taken place.

Tab 3: Sanitation

- Sub-Tab: Procedure and Process- Applies to shared and exclusive equipment. *Inspections and cleaning should be done prior and after use; every use, every piece, every time.*
 - a. Cleaning
 - b. Storing
 - c. Repairing
 - d. Discarding
 - e. General Maintenance
- Sub-Tab: Employee Training Sign-Off Sheet
- Sub-Tab- Cleaning Schedule (This should also be posted).

Tab 4: Safety – All Employees Trainings (renew/review annually)

- Sub-Tab: Each employee
 - a. Why Respirators are Important
 - b. Putting on and Taking Off Respirators
 - c. Usage
 - d. Limitations of Usage in Respiratory Equipment
 - e. Air supply: Quantity and Quality
 - f. Hygiene: Facial Hair Restrictions
 - g. Goggles/Protective Eye Wear
 - h. Proper Storage
 - i. Emergency Situations - Training Log
 - j. Potential Hazardous Exposure Disclosure
- Sub-Tab: Air quality Test log (Grade D or better).

Tab 5: Equipment Assignment

- Sub-Tab: Employee Issue Log – New log for each piece of equipment.
 - a. Name of Employee
 - b. Date Assigned
 - c. Equipment Inventory Number

d. Signature of Employee

Tab 6: Equipment Damage, Repair and Discard Log- For equipment that fails inspection

- a. Name of Manager Authorizing
- b. Date
- c. Equipment Name
- d. Equipment Inventory Number
- e. Specified reason for removal

Tab 7: Compressors

- Sub-Tab: Air Quality Testing Log- (Grade D or better)
- Sub-Tab: Compressor Inspection
 - a. Minimum Air Grade Quality Met
 - b. Used to Prevent Contaminants From Entering the Air Supply System.
 - c. Minimal Moisture Content
 - d. Air Purifying Sorbent Beds and Filters
 - e. Tags/Log of Sorbent Bed and Filter Changes
 - f. High temperature Alarm
 - g. Carbon Monoxide Alarm
 - h. Oil Lubricated Compressors
 - i. Date Conducted
 - j. Signature of Inspector
 - k. Filters, Cartridges and Canister Color-Coded Labels and Key.

Tab 8: Yearly evaluation of on-site program (signed by a manager)

Keep all records for 30 years.