

SUBJECT: Respiratory Protection Procedure	Effective Date: 4/18/12	Procedure Number: FS 2012 EHS0006
	Supersedes:	Page 1 Of 21
	Responsible Authority: Director of Environmental Health and Safety	

APPLICABILITY/ACCOUNTABILITY:

This procedure applies to all departments, support personnel, and functional units within Facilities and Safety in the University of Central Florida (UCF), when using respiratory protection.

PROCEDURE STATEMENT:

This Respiratory Protection Procedure provides information to supervisors, superintendents, and employees for the use of respiratory protection while performing work activities and emergency operations. This procedure was designed to help reduce the employee exposure to occupational air contaminants and oxygen deficiency if other effective engineering controls are not feasible.

All personnel must understand that respirators shall only be used for the intended purpose while performing official duties. This procedure meets the requirements from the Occupational Safety and Health Administration (OSHA) regulation 29 CFR 1910.134 Respiratory Protection.

As stated in the “UCF Design, Construction, and Renovation Standards (09-13-11), Division 1 General Requirements, Section Environmental Health and Safety Construction Information”, contractors are individually responsible for meeting and monitoring their job specific requirements set forth by OSHA.

DEFINITIONS:

Air-purifying respirator: a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

Dust mask: a particulate respirator with a filter as an integral part of the face-piece or with the entire face-piece composed of the filtering medium.

Emergency situation: any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

Employee exposure: exposure to a concentration of an airborne contaminant that would occur if the employees were not using respiratory protection while performing their job duties.

Filter or air purifying element: a component used in respirators to remove solid or liquid aerosols from the inspired air.

Fit-test: the use of a protocol to evaluate qualitatively or quantitatively the fit of a respirator on an individual.

High efficiency particulate air (HEPA) filter: a filter that is at least 99.97% efficient in removing mono-dispersed particles of 0.3 micrometers in diameter.

Immediately dangerous to life or health (IDLH): an atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Major Non-Compliance: the occurrence of an unsafe activity or operation not in accordance with the OSHA requirements or the UCF Safety Procedures, and that does pose an immediate life threatening danger to the employee.

Minor Non-Compliance: the occurrence of an unsafe activity or operation not in accordance with the OSHA requirements or the UCF safety procedures, and that does not pose an immediate life threatening danger to the employee.

Oxygen deficient atmosphere: an atmosphere with oxygen content below 19.5% by volume.

Self-contained breathing apparatus (SCBA): an atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

Supplied-air respirator (SAR) or airline respirator: an atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

RESPONSIBILITIES:

I. The Department of Environmental Health and Safety

- Assists the supervisors and superintendents in identifying the need for the use of respiratory protection for the employees
- Assists the supervisors and superintendents in selecting the types of respiratory protection for the employees
- Offers all necessary training required by this procedure
- Assists the supervisors and superintendents in offering and coordinating the Fit-Test needed before assigning a respirator to an employee
- Maintains records of the Fit-Test for a minimum of three years
- Evaluates and updates this procedure as needed

II. Supervisors and Superintendents

- Arrange for payment of all charges associated with the medical evaluations and training
- Ensure that all supervised personnel are properly trained and knowledgeable of the safety procedures for the use of respiratory protection included in this program
- Ensure that the supervised personnel have all the necessary equipment to do the job in the safest possible way
- Provide the supervised personnel with adequate areas for the storage of the respirators
- Keep records of all training, medical evaluations, and any other document related to this procedure
- Enforce the compliance of supervised personnel regarding this procedure

III. Employees

- Follow safe practices at all times
- Attend all required training and refreshers
- Inform the supervisor or superintendent if they do not understand the information given in the training, or if there is any other safety concern before using the respirator (Only trained personnel can use respirators.)
- Have a medical evaluation before using the respirator
- Provide all necessary information for the medical evaluation and consult with the doctor regarding any health concern about the use of a respirator

- Have the Fit-Test done before the first use of the respirator, annually, and anytime a different type of respirator will be used
- Use, inspect, and maintain the respirators as instructed
- Inform the supervisor or superintendent about any defects or damage in the respirator or any of its components

PROCEDURE:

I. Medical Evaluation

The employees will have an initial medical evaluation and a pulmonary test to determine their ability to wear a respirator. This will be performed by a licensed physician using the “Respirator Medical Evaluation Questionnaire” (*Appendix A*). This medical evaluation shall happen before using any respirator or working in an area where respiratory protection is required.

All the records related to the health condition of the employees will be kept in their personnel files in the Department of Human Resources. The supervisor or superintendent will provide the Department of Environmental Health and Safety with a notification from the physician stating that the employee is physically able to wear a respirator, using the “Doctor’s Consent to Use a Respirator” form (*Appendix B*). No further actions will be taken until this form is filled and signed by the doctor, and received by the Department of Environmental Health and Safety.

The supervisors and superintendents will be responsible for arranging all payments and the coordination of medical evaluations. The medical evaluations shall be conducted during the normal work hours, or at a time and place convenient to employees.

Annual medical re-evaluations are not required. However, a routine medical re-evaluation regime is recommended for employees affected by changes in their physical or health conditions. Medical re-evaluations could also be suggested by the doctor after the initial medical evaluation if there is a health concern that could be affected by the use of a respirator.

II. Training

The employees must be trained before using any respirator. The training will be requested and coordinated by the supervisors or superintendents. Training will be offered by the Department of Environmental Health and Safety. The training will include information on the proper use, inspection, and maintenance of the respirators, as well as other requirements of the regulations.

Training shall include the following topics:

- Requirements from the OSHA Respiratory Protection Standard 29 CFR 1910.134
- Different types of respirators
- Capabilities and limitations of the respirators
- Proper fit, use, inspection, storage, and maintenance of respirators
- Consequences of improper fit, use, and maintenance of respirators
- Proper way of wearing a respirator
- Signs, symptoms, and medical conditions that may affect the use of a respirator
- Use of a respirator
- Situations when additional Personal Protective Equipment (PPE) is needed along with the respirators

Re-training is necessary any time:

- The work conditions and the materials used change
- There are changes in the procedures for the use of a respirator
- Employees demonstrate inadequacies in knowledge or safety procedures
- There is any other situation that might warrant re-training

III. Respirator Selection

Respirators may be used with other Personal Protective Equipment (PPE) as long as the additional PPE does not interfere with the proper use and fitting of the respirator. Examples of other PPE may include safety glasses, hard hat, and noise protection, among others.

The selection of the respirator will be based on the following considerations:

- All respirators must be approved by the National Institute of Occupational Safety and Health (NIOSH)
- All respirators are approved as a unit, so parts from different manufacturers or models shall not be interchanged and modifications are not permitted

The determination of the types of respiratory protection should be based on the:

- Physical and chemical properties of the air contaminants
- Concentration of the air contaminants
- Work requirements and conditions
- Characteristics and limitations of the respirators
- Respirator's assigned rated protection factor
- Time the wearer will spend using the respirator
- Presence of chemicals that may require a specific type of respiratory protection
- Atmosphere the respirator will be used in (e.g. oxygen deficiency)

Air-purifying respirators shall not be used in atmospheres deficient in oxygen, in "Immediately Dangerous to Life and Health" (IDLH) situations, or in emergencies where the concentration and type of air contaminant is unknown.

Employees who have facial hair that comes between the sealing surface of the respirator and the face, or with facial hair that interferes with valve function must not wear tight-fitting face piece respirators.

IV. Fit-Test

Respirators must fit properly to provide protection. The Fit-Test is required and its primary purpose is to determine if the specific type and model of the chosen respirator for each employee provides adequate protection.

The supervisors or superintendents will contact the Department of Environmental Health and Safety to coordinate a Fit-Test only after the medical evaluation is done, the "Doctor's Consent to Use a Respirator" has been received, and the respirator has been selected and acquired. The Department of Environmental Health and Safety will conduct the Fit-Test using the form provided in *Appendix C*.

Employees enrolling in the program must understand the importance of having no facial hair, such as mustaches, beards or sideburns when the Fit-Test is conducted, or when using the respirator to perform their duties. Facial hair can interfere with the proper fitting of the respirators and cause air to leak into the face shield. Thus, a Fit-Test is to be conducted only when an employee has a clean shaved face. The Department of Environmental Health and Safety will maintain the Fit-Test records for three years.

Additional Fit-Tests are required annually and anytime a different type of respirator is used. If any facial changes occurred due to weight loss, new denture, and cosmetic surgery, among others, Re-Fit-Testing is also required.

V. Maintenance and Care of Respirators

The manufacturer's instructions for inspection, cleaning, and maintenance of respirators should be consulted to ensure that the respirator continues to function properly.

A. Cleaning and Storage

A disposable respirator should be discarded after each use. Other types of respirators should be cleaned according to manufacturer's specifications. In addition to cleaning the respirator, employees shall:

- Inspect the respirator for any signs of damage (If damage is found, the respirator must be replaced.)
- Inspect the respirator for any missing parts (If necessary, parts should be ordered from the manufacturer to be replaced as soon as possible. In the meantime, the respirator should be put out of service until the missing part is replaced.)
- Inspect the respirator to make sure it was cleaned properly and dried before stored
- Inspect the respirator if it was used in a hazardous environment to take the necessary precautions while cleaning the equipment (Any hazardous waste produced during the cleaning process should be disposed of in accordance with the "Instructions for Hazardous Waste Disposal" found at the UCF Department of Environmental Health and Safety web page.)

A cleaned respirator should be stored away from dust, in a place free of chemicals and physical agents that can eventually damage its components. After cleaning their respirators, employees shall:

- Place the respirator in a clean zip lock plastic bag or any other storage device provided by the manufacturer
- Seal the bag, and then place it in a cool and dry place where no chemical agents are present (Re-usable respirators can also be stored in a cleaned cabinet or drawer.)
- Never store the respirator by hanging it from its straps in a locker or behind a door

B. Filters, Cartridges and Canisters

Filters, cartridges and canisters shall be clearly identified. To accomplish this, employees shall:

- Use only NIOSH-approved filters, cartridges, and canisters
- Never remove or deface labels on the filters, cartridges, or canisters during use
- Clean the labels after each use so that the information on them remains legible
- Never compromise the integrity or obscure the information of the labels on the filters, cartridges or canisters

C. Cartridges/Filters Replacement Schedule

Oxygen tanks, cartridges, and filters are changed according to the manufacturer's recommendations for their service hours or End-of-Service-Life Indicator (ESLI). To ensure the best protection from the respirators, the employees shall replace and discard any cartridges that are expired, failed, have reached their ESLI, become damaged or wet, or have excessive breathing resistance.

While wearing a respirator and experiencing any odor, taste, irritation, or difficulty in breathing, employees shall:

- Leave the contaminated area immediately
- Replace the filters/cartridges regardless of the ESLI change-out schedule
- Contact the supervisor, superintendent, or the Department of Environmental Health and Safety for possible changes to the existing change-out schedule (The ESLI is probably to be adjusted to a shorter period.)

D. Replacement and Repair

Any repairs of defective parts or replacement of damaged parts shall be done only by a trained and qualified technician. Employees shall not attempt to repair their own respirators. Instead, they shall immediately inform their supervisors or superintendents of the problem with the respirators, and have them taken out of service. The supervisor or superintendent shall ensure that a defective respirator is either repaired or replaced, and will not be used in the interim.

Employees, however, can replace defective or missing valve flaps, gaskets and head straps on air-purifying respirators. This is considered to be part of the routine maintenance and not repair.

VI. Procedure Evaluation and Review

This procedure should be evaluated and updated as needed by the Department of Environmental Health and Safety to meet any changes in the OSHA regulation. Comments from the supervisors, superintendents, and employees are vital for the review and evaluation of this procedure.

The employees, supervisors, or superintendents can request from the Environmental Health and Safety Department a Job Safety Analysis for the use of a respirator. They can also request an evaluation if the use of their current respirator is:

- Affecting their movement, breathing, hearing or vision
- Promoting fatigue and discomfort
- Not performing adequately or not being used correctly
- Affecting the job performance when their work activities change

An Environmental Health & Safety representative will evaluate the work activities and will recommend changing the type of respirators if needed.

ENFORCEMENT:

The Department of Environmental Health and Safety will perform periodic inspections to determine compliance with this procedure. The following section describes the actions to be taken after a Minor Non-Compliance or a Major Non-Compliance.

I. Minor Non-Compliance

If a Minor Non-Compliance is noted, the Department of Environmental Health and Safety (EH&S) shall:

- Send an electronic notification to the supervisor or superintendent within five (5) calendar days with the non-compliance findings and with a request for corrective actions
- Conduct a follow-up inspection within 14 calendar days to ensure corrective actions were implemented
- Send an electronic notification to the Director of the Department requesting a correction plan if the unsafe situation was not corrected after the follow-up inspection
- Conduct a second follow-up inspection within seven (7) calendar days to ensure corrective actions were implemented, if necessary
- Send an electronic notification to the Vice President of the Department requesting a correction plan if the unsafe situation was not corrected after the second follow-up inspection
- Conduct a third follow-up inspection within seven (7) calendar days to ensure corrective actions were implemented, if necessary
- Refer the case to the Provost or the Safety Council for further actions if the unsafe situation has not been corrected after the third follow-up inspection

After receiving the notification from EH&S, the supervisor or superintendent (and the Director of the Department, and the Vice President, if necessary) shall:

- Ensure that all corrective actions recommended by EH&S are implemented
- Coordinate with EH&S to provide re-training on the Safety Procedures, if necessary
- Recommend disciplinary actions for the responsible personnel if the Minor Non-Compliance Safety Violation has not been corrected after the third notification
- Coordinate payment to EH&S of \$50 for the second follow-up inspection and \$100 for the third follow-up inspection, if necessary

II. Major Non-Compliance

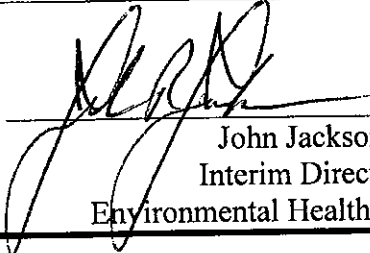
If a Major Non-Compliance is found, the Department of Environmental Health and Safety (EH&S) shall:

- Order or direct the employees to stop immediately the unsafe operation and speak with the supervisor or superintendent
- Send an electronic notification the day of the occurrence to the Director of the Department with a copy to the supervisor or superintendent with the non-compliance findings and with a request for immediate corrective actions

- Conduct a follow-up inspection the next day or before the operation is resumed, to verify corrective actions were implemented
- Send an electronic notification to the Vice President of the Department if the unsafe situation was not corrected after the second follow-up inspection
- Refer the case to the Provost or the Safety Council for further actions

After receiving the notification from the Department of Environmental Health and Safety (EH&S), the supervisor or superintendent (and the Director of the Department, and the Vice President, if necessary) shall:

- Ensure that all corrective actions recommended by EH&S are implemented
- Coordinate with EH&S to provide re-training on the Safety Procedures before sending the employee back to the worksite or procedure that was found in non-compliance
- Recommend disciplinary actions, and possibly job termination for the employee if the Major Non-Compliance has not been corrected after the second notification

Approved By:	Date Approved:
 <hr/> John Jackson Interim Director Environmental Health and Safety	<hr/> 4/18/12

Appendix A

Respirator Medical Evaluation Questionnaire

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 supervisor or superintendent must not look at or review your answers, and he or she 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: _____
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 contact you at this number: _____
10. Has your supervisor or superintendent 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 face-piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator before? (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 (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 (fits): Yes / No
8. If you've used a respirator, have you ever had any of the following problems? Yes / No
- 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: Yes / No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece 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 physician 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: _____

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. ___ min.

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. ___ min.

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. ___ min.

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: _____

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):

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

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:

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):

Appendix B

Doctors Consent to Use a Respirator

The University of Central Florida employee _____ was examined using the "Respirator Medical Evaluation Questionnaire". This medical examination was conducted according to the requirements from the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.134 Respiratory Protection Standard.

The result of the evaluation showed that the employee ___ is / ___ is not capable of using a respirator.

Print Physician's Name and License #

Date

Signature

Appendix C

Respirator Fit Test Record

Employee Name _____ Date _____
Employee ID _____
Employee Job Title _____
Department _____
Location / Address _____
Type of Respirator _____
Manufacturer _____

Conditions that can affect the Fit Test:

Dentures absent Facial scar 1-2 Day beard growth
 2+ Days beard growth Eye glasses Moustache

Comments _____

Fit Check:

Negative Pressure Pass Fail Not Done
Positive Pressure Pass Fail Not Done

Fit Testing:

Quantitative Fit Factor _____
Qualitative Saccharin: Pass Fail
 Bitrex Pass Fail

Comments _____

Employee acknowledgement of test results:

Employee signature _____ Date _____
Test conducted by _____ Date _____