

# **CHAPTER 13**

# **RESPIRATORY PROTECTION PROGRAM**

## **PURPOSE**

The standard for respiratory protection is found in Title 8 of the California Code of Regulations, [§5144](#), Respiratory Protection, which requires that a written respiratory protection program be established to effectively control employee occupational exposures to respiratory hazards, with worksite-specific procedures and elements for required respirator use whenever applicable. This Respiratory Protection Program (RPP) includes voluntary respirator use, and Title 8, CCR [§3409](#) Respiratory Protection (Fire fighters) and [§5141.1](#) Protection from Wildfire Smoke.

## **SCOPE**

The guidelines in this program are designed to help Departments reduce employee occupational exposure against dusts, fogs, fumes, mists, gases, smokes, sprays or vapors. The primary objective shall be to prevent atmospheric contamination. This is accomplished as far as feasible by accepted engineering and work practice control measures. When effective engineering controls are not feasible, or while they are being implemented or evaluated, respiratory protection may be required to achieve this goal. In these situations, respiratory protection, training and medical evaluations are provided at no cost to the employee.

## **RESPONSIBILITIES**

### 1. Program Administration

The Shasta County Safety Officer or his or her designee is responsible for the administration of the respiratory protection program.

Contact the Department of Support Services, Risk Management-Loss Prevention unit, 530-225-5141 or County e-mail group: RiskManagement (All).

This individual has the authority to act on any and all matters relating to the operation and administration of the County's respiratory protection program. The County Safety Officer or his or her designee is referred to as the ***Respiratory Protection Program Administrator*** in this program.

Shasta County has adopted a general Respiratory Protection Program (RPP) for all employees and departments of the County. Those County Departments and Agencies that have adopted their own RPP shall have an RPP that is compatible with the County RPP and shall provide a copy to Risk Management.

The Respiratory Protection Program Administrator's responsibilities include but are not limited to providing administrative assistance to Departments for:

- Monitoring or conducting of an exposure assessment of the respiratory hazard, developing worksite-specific procedures for this program, maintaining records, and conducting program evaluations.
- Contaminant identification and measurement, including technical support, air sampling, and laboratory analysis.
- Directing and coordinating engineering projects which are directly related to respiratory protection.
- The selection, issuance, training, and fit testing for respirators used by County employees, and recordkeeping.

## 2. Department

Each department is responsible to determine which specific applications require the use of respiratory protective equipment for their employees and worksites. The Department shall provide proper respiratory protective equipment to meet the needs of each specific application, and ensure its employees are provided with adequate training and instructions on equipment they are provided and are knowledgeable of the RPP including respirator inspection and maintenance when applicable (see §5144(k) with respect to required training and instruction), and are responsible for implementing disciplinary procedures for employees who do not comply.

## 3. Supervisors

Supervisors are responsible for ensuring personnel under their supervision are able to demonstrate knowledge of and adhere to the respiratory protection requirements for the areas in which they work.

## 4. Employees

It is the responsibility of each employee to have an awareness of the respiratory hazards and protection requirements for their work areas. Each employee is also responsible for wearing the appropriate respiratory protective equipment according to proper instructions and for appropriately maintaining that equipment, and following relevant safety procedures.

## **MEDICAL EVALUATION**

Each employee who is being considered for inclusion in the Respiratory Protection Program is required to participate in a medical evaluation. A determination will be made initially upon employment, or change into a job classification requiring respiratory protection, and within 12 months thereafter.

Applicable employees shall fill out the “Medical Questionnaire for Respirator Users” which shall be reviewed by a PLHCP (physician or other licensed health care professional) or undergo an initial medical examination that obtains the same information as the medical questionnaire. A copy of the Medical Questionnaire for Respirator Users is included at the end of this chapter.

A PLHCP shall review the answers to the medical questionnaires and provide a written recommendation regarding the employee’s ability to use a respirator. The written recommendation shall provide only the following information pursuant to §5144 (e)(6)(A):

- 1) 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;
- 2) The need, if any, for follow-up medical evaluations; and
- 3) A statement that the PLHCP has provided the employee with a copy of the PLHCP’s written recommendation.

All written recommendations will be returned to the Department. The written recommendations will be addressed to the Department Head. The Department Head can review the recommendations or delegate someone in the department to carry out the necessary actions to achieve full compliance with any limitations for respirator use rendered by the PLHCP.

A follow-up medical examination may be necessary for the PLHCP to make a medical determination about the employee’s ability to wear a respirator. A follow-up medical examination will be provided for an employee who gives a positive response to any questions 1 through 8 in Section 2, Part A of the “Medical Questionnaire for Respirator Users” or whose initial medical examination demonstrates the need for a follow-up medical examination. The medical examinations will include any medical tests, consultations or diagnostic procedures that the PLHCP deems necessary to make a final determination.

The medical questionnaire and examinations will be administered confidentially during the employee’s normal working hours or at a time and place convenient to the employee. The questionnaire will be returned to the PLHCP after it has been completed. The employee may discuss the questionnaire and examination results with the PLHCP.

The purpose of the questionnaire and the initial and follow-up examination is to assure that the employees are physically and psychologically able to perform their work while wearing respiratory protective equipment. If the PLHCP denies approval, the employee will not be able to participate in the Respiratory Protection Program.

Additional medical evaluations that comply with the requirements of §5144 may be required if:

- A. An employee reports medical signs or symptoms that are related to ability to use a respirator;
- B. A PLHCP, supervisor, or the respirator program administrator informs the employer that an 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, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

Medical Records: Copies of the completed medical evaluation and questionnaire will be kept by the medical provider in accordance with CCR Title 8, §3204.

The following medical providers have been contracted to provide the medical evaluation requirements listed above:

- Redding Occupational Medical Center (ROMC)
- Center for Hearing Health

## **DEPARTMENTAL RESPIRATORY PROTECTION PROGRAM CONTENTS**

### **1. WORK AREA EVALUATION**

Exposure evaluation will be performed on a periodic basis to provide for a continuing healthful environment for employees and to aid in proper respirator selection. In order to determine the exposure level, air samples of the work place representative of the work period; exposure assessment based on analogous processes; or professional judgment will be used. Personal sampling equipment may be used in accordance with accepted industrial hygiene practice or standards to sample each work area. Results of these samples will pinpoint areas where respiratory protection is required.

The exposure assessment will be performed prior to commencing any routine or non-routine task requiring respiratory protection. Periodically thereafter as required by OSHA substance specific standards or every 12 months, a review of the exposure assessment will be made to determine if respiratory protection continues to be required. If respiratory protection is still necessary, the previously chosen respirators will be reviewed to assure that they still provide adequate protection.

Records of all exposure assessments will be kept by the Respiratory Protection Program Administrator.

### **2. RESPIRATOR SELECTION & USE**

Respirators will be selected and approved for use by management. The selection will be based upon the physical and chemical properties of the air contaminants and the

concentration level likely to be encountered by the employee. County departments or their designee will consult with the Respiratory Protection Program Administrator, or his or her designee prior to making respirators available to each employee who is placed as a new hire or a transferee to a job that requires respiratory protection. Replacement respirators/cartridges and filters will be made available as required.

The selection of the proper respirator type will be made following the most current respirator selection information. All respirators shall be NIOSH approved. Respirators will be purchased from various vendors who sell approved respiratory protection equipment.

Maintenance, cleaning, storage, inspection, and repair of respirators shall comply with manufacturer's recommendations and the relevant codes.

## 2. TRAINING

Employees, upon assignment to an area requiring respirators, will be instructed by their Supervisors relative to their responsibilities in the respiratory protection program. They will also be instructed in the need, use, limitations, and care of their respirator. The person responsible for respiratory protection training will provide the specific training content pursuant to this document and the Respiratory Protection Standard.

Retraining will be given at least every 12 months after initial training and when changes in the workplace or the type of respirator make the previous training obsolete, inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill, or any other situation arises in which retraining appears necessary to ensure safe respirator use. Records of the training given each individual will be maintained by the Respiratory Protection Program Administrator.

## 3. FIT TESTING

Employees who use tight fitting half mask air-purifying respirators will be properly fitted and tested for a face seal prior to use of the respirator in a contaminated area. QLFT may only be used to fit test negative pressure air-purifying respirators that must achieve a fit factor of 100 or less and will be performed every 12 months. This will be done by utilizing the mandatory fit test procedures located in OSHA's Appendix A to §1910.134.

Quantitative fit testing will be performed for fit testing of full face piece respirators used in the negative pressure mode for protection greater than 10 times the exposure limit but not to exceed 50 times the exposure limit. If quantitative fit testing is necessary, the testing will comply with the mandatory quantitative fit test protocols in §5144, Appendix A-(C), Title 8 of the California Code of Regulations. Quantitative fit testing must also be performed every 12 months.

Fit testing will be done initially upon employee assignment to an area where respirators are required. All tight fitting respirators (negative and positive pressure) will be fit tested. Positive pressure tight fitting respirators will be fit tested in the negative pressure mode.

Additional fit tests will be conducted whenever the employee reports, or the PLHCP, 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.

If after passing a fit test, the employee subsequently notifies management (e.g., supervisor, program administrator, or PLHCP) that the fit of the respirator is unacceptable, the employee will be given a reasonable opportunity to select a different respirator face piece and to be retested.

Individual fit testing records will be kept on each individual by completing the Qualitative Fit Test Record and may be found on file at the Departmental Safety Representative's Office or by contacting the respiratory protection program administrator. A copy of the Fit Test Record form is included at the end of this chapter.

NOTE: If it is determined that an individual cannot obtain an adequate fit or face seal with any negative pressure respirator, a loose fitting powered air purifying or supplied air respirator will be used instead.

Fit testing of employees with any hair growth such as stubble beard growth, beard or long sideburns that extends under the face seal or interferes with valve function is prohibited.

## 5. EMERGENCY USE RESPIRATORS

Self-contained breathing apparatus will be required in specific areas for emergency use. This equipment will be used only by trained personnel when it is necessary to enter hazardous atmospheres as determined by the employee's Department.

## **VOLUNTARY USE OF RESPIRATORS BY EMPLOYEES**

Employees who voluntarily use filtering face pieces (dust masks) in atmospheres that are validated to be below OSHA permissible exposure levels (PEL) are not required to be included in this Respiratory Protection Program. Approved air sampling methods must be used to validate employee exposure levels.

Air sampling requirements do not apply to biological contaminants such as *Mycobacterium tuberculosis* (*M. tuberculosis*) considering that: 1) *M. tuberculosis* in air represents a health hazard; and 2) OSHA has not established a PEL for *M. tuberculosis*.

Departments must determine that voluntary use of respirators will not in itself create a hazard. The respirator user shall be provided with the information found in [Appendix D](#) of §5144.

## WILDFIRE SMOKE

Protection from Wildfire Smoke, §5141.1, is applicable when employees are reasonably expected to be exposed to wildfire smoke, and the AQI for PM2.5 is expected to be 151 or greater, regardless of the AQI for other pollutants.

1. The following workplaces and operations are exempt from this section:
  - a) Enclosed buildings or structures in which the air is filtered by a mechanical ventilation system and the Department ensures that windows, doors, bays, and other openings are kept closed to minimize contamination by outdoor or unfiltered air.
  - b) Enclosed vehicles in which the air is filtered by a cabin air filter and the Department ensures that windows, doors, and other openings are kept closed to minimize contamination by outdoor or unfiltered air.
  - c) The Department demonstrates that the concentration of PM2.5 in the air does not exceed a concentration that corresponds to a current AQI of 151 or greater by measuring PM2.5 levels at the worksite in accordance with §5141.1, Appendix A.
  - d) Employees exposed to a current AQI for PM2.5 of 151 or greater for a total of one hour or less during a shift.
  - e) Firefighters engaged in wildland firefighting

### 2. Definitions

Current Air Quality Index (Current AQI). The method used by the U.S. Environmental Protection Agency (U.S. EPA) to report air quality on a real-time basis. Current AQI is also referred to as the “NowCast,” and represents data collected over time periods of varying length in order to reflect present conditions as accurately as possible.

The current AQI is divided into six categories as shown in the table below, adapted from Table 2 of Title 40 Code of Federal Regulations, Part 58, Appendix G.

<i>Air Quality Index (AQI)</i>	
<i>Categories for PM2.5</i>	<i>Levels of Health Concern</i>
0 to 50	Good
51 to 100	Moderate
101 to 150	Unhealthy for Sensitive Groups
151 to 200	Unhealthy



201 to 300	Very Unhealthy
301 to 500	Hazardous

NIOSH. The National Institute for Occupational Safety and Health of the U.S. Centers for Disease Control and Prevention. NIOSH tests and approves respirators for use in the workplace.

PM2.5. Solid particles and liquid droplets suspended in air, known as particulate matter, with an aerodynamic diameter of 2.5 micrometers or smaller.

Wildfire Smoke. Emissions from fires in “wildlands,” as defined in Title 8, §3402, or in adjacent developed areas.

3. Identification of harmful exposures. The Department shall determine employee exposure to PM2.5 for worksites covered by this section before each shift and periodically thereafter, as needed to protect the health of the employee, by any of the following methods:

- a) Check AQI forecasts and the current AQI for PM2.5 from any of the following: U.S. EPA AirNow website, U.S. Forest Service Wildland Air Quality Response Program website, California Air Resources Board website, local air pollution control district website, or local air quality management district website; or
- b) Obtain AQI forecasts and the current AQI for PM2.5 directly from the EPA, California Air Resources Board, local air pollution control district, or local air quality management district by telephone, email, text, or other effective method; or
- c) Measure PM2.5 levels at the worksite and convert the PM2.5 levels to the corresponding AQI in accordance with §5141.1, Appendix A.

EXCEPTION: Subsection (c) does not apply where a Department assumes the current AQI for PM2.5 is greater than 500 and uses that assumption to comply with §5141.1(f)(4)(B).

4. Communication. As required by §3203, the Department shall establish and implement a system for communicating wildfire smoke hazards in a form readily understandable by all affected departmental employees, including provisions designed to encourage employees to inform the Department of wildfire smoke hazards at the worksite without fear of reprisal. The system shall include effective procedures for:

- a) Informing employees of:
  - (A) The current AQI for PM2.5 as identified in subsection (c); and
  - (B) Protective measures available to employees to reduce their wildfire smoke exposures.
- b) Encouraging employees to inform the Department supervisor of:
  - (A) Worsening air quality; and
  - (B) Any adverse symptoms that may be the result of wildfire smoke exposure such as asthma attacks, difficulty breathing, and chest pain.

5. Training and instruction. As required by §3203, the Department shall provide employees with effective training and instruction. At a minimum, this shall contain the information in §5141.1, Appendix B.

6. Control of harmful exposures to employees.

- a) In emergencies, including rescue and evacuation, subsections (f)(2) and (f)(3) do not apply, and Departments shall comply with subsection (f)(4). Emergencies include utilities, communications, and medical operations, when such operations are directly aiding firefighting or emergency response.
- b) Engineering Controls. The Department shall reduce employee exposure to PM<sub>2.5</sub> to less than a current AQI of 151 by engineering controls whenever feasible, for instance by providing enclosed buildings, structures, or vehicles where the air is filtered. If engineering controls are not sufficient to reduce exposure to PM<sub>2.5</sub> to less than a current AQI of 151, then the Department shall reduce employee exposures as much as feasible.
- c) Administrative Controls. Whenever engineering controls are not feasible or do not reduce employee exposures to PM<sub>2.5</sub> to less than a current AQI of 151, the Department shall implement administrative controls, if practicable, such as relocating work to a location where the current AQI for PM<sub>2.5</sub> is lower, changing work schedules, reducing work intensity, or providing additional rest periods.
- d) Control by Respiratory Protective Equipment.
  - (A) Where the current AQI for PM<sub>2.5</sub> is equal to or greater than 151, but does not exceed 500, the Department shall provide respirators to all employees for voluntary use in accordance with §5144 and encourage employees to use respirators. Respirators shall be NIOSH-approved devices that effectively protect the wearers from inhalation of PM<sub>2.5</sub>, such as N95 filtering facepiece respirators. Respirators shall be cleaned, stored, maintained, and replaced so that they do not present a health hazard to users. Departments shall use [Appendix B](#) to this section in lieu of Appendix D to §5144 for training regarding voluntary use of respirators.

NOTE: For voluntary use of filtering facepieces, such as N95 respirators, some of the requirements of §5144 do not apply, such as fit testing and medical evaluations.

(B) Where the current AQI for PM<sub>2.5</sub> exceeds 500, respirator use is required in accordance with §5144. The Department shall provide respirators with an assigned protection factor, as listed in §5144, such that the PM<sub>2.5</sub> levels inside the respirator correspond to an AQI less than 151.

**SHASTA COUNTY**  
RESPIRATOR ASSIGNMENT AND FIT TEST RECORD

EMPLOYEE NAME: DEPT: DATE:
JOB DESCRIPTION:
CONTAMINANTS:
RESPIRATOR TYPE, MAKE & MODEL:
<p style="text-align: center;"><b>MEDICAL EVALUATION RESULTS:</b></p> <p>This is to certify that the above named employee was examined in accordance with the provisions of Title 8 CCR Section(s) 1529 and/or 5144. This document provides the results of the medical examination and included as part of a written opinion that I have not detected any medical conditions that: 1) would place any of these employee(s) at an increased risk of material health impairment from exposure to airborne hazards (including asbestos fibers), and 2) would not limit the use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer supplied me with all information required by T8CCR 1529 and/or 5144.</p> <p style="text-align: center;"><input type="checkbox"/> is physically capable</p> <p style="text-align: center;"><input type="checkbox"/> is NOT physically capable</p> <p style="text-align: center;">of using a negative-pressure, air supplied respirator and/or powered air purifying respirator subject to the following restrictions:</p> <p style="text-align: center;">_____</p> <p><input type="checkbox"/> Respirator use should be limited to air-supplied or powered air purifying respirators using positive pressure</p> <p><input type="checkbox"/> No respirator use if wheezing or shortness of breath are evident</p>
<p style="text-align: center;"><b>FIT TEST RESULTS:</b></p> <p style="text-align: center;"><input type="checkbox"/> SATISFACTORY</p> <p style="text-align: center;"><input type="checkbox"/> UNSATISFACTORY</p> <p style="text-align: center;"><i>(attach actual results if the test was performed using Quantitative test methods)</i></p>
REMARKS: Sensitivity Test =

\_\_\_\_\_  
NAME OF PERSON CONDUCTING TEST

\_\_\_\_\_  
SIGNATURE

**Shasta County Respiratory Protection Program**  
**Medical Questionnaire for Respirator Users**

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

Home address: \_\_\_\_\_ Department \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Job Title: \_\_\_\_\_

SSN: \_\_\_\_\_ Number of Years Worked for the Department. \_\_\_\_\_

**To the Employee:** Can you read? (Check one): Yes No

Your Supervisor 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 supervisor 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. Sex (circle one): Male / Female    2. Your height: \_\_\_\_ ft. \_\_\_\_ in.
3. Your weight: \_\_\_\_\_ lbs.
4. Is it okay for the health care professional who reviews this questionnaire to contact you at one of the telephone numbers listed above?    Yes \_\_\_\_\_ No \_\_\_\_\_  
  
If No is checked, please list the telephone number where you can be reached. \_\_\_\_\_
5. What is the best time to reach you at this number? \_\_\_\_\_
6. Has your supervisor told you how to contact the health care professional who will review this questionnaire?    Yes \_\_\_\_\_ No \_\_\_\_\_
7. 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. \_\_\_\_\_ Half- or full-face piece air-purifying type
  - c. \_\_\_\_\_ Powered-air purifying, supplied-air

d. \_\_\_\_\_ Self-contained breathing apparatus (SCBA)

8. Have you worn a respirator? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," what type(s):

- a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
- b. \_\_\_\_\_ Half- or full-face piece air-purifying type
- c. \_\_\_\_\_ Powered-air purifying, supplied-air
- d. \_\_\_\_\_ Self-contained breathing apparatus (SCBA)

**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  
a. If yes, what quantity (how many cigarettes per day)? \_\_\_\_\_  
b. If you did smoke tobacco and quit, how long has it been since you last smoked? \_\_\_\_\_

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 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 incline: Yes No

	Yes	No
c. Shortness of breath when walking with others 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? (If you've never used a respirator, 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

**Part B.**

1. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals? Or have you come into skin contact with hazardous chemicals? Yes No
- If "yes," circle or name them:
- |                                    |     |    |
|------------------------------------|-----|----|
| a. Asbestos:                       | Yes | No |
| b. Silica (e.g., in sandblasting): | Yes | No |
| c. Lead:                           | Yes | No |
| d. Pesticides:                     | Yes | No |
| e. Glues and Adhesives:            | Yes | No |
| f. Clandestine Drug Labs:          | Yes | No |
| g. Dusty Environments:             | Yes | No |
| h. Other: _____                    |     |    |

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

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

- |  |     |    |
|--|-----|----|
| 4. Have you ever worked on a HAZMAT team?  | Yes | No |
| 5. Other than medications 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. 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 |

7. During the period you are using the respirator(s), is your work effort:  
 a. Light? Yes      No

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

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: Yes      No

If "yes," how long does this period last during the average shift?: \_\_\_\_\_ hours. \_\_\_\_\_ minutes.

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 Yes      No

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

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.).

8. Will you be working under hot conditions (temperature exceeding 77 deg. F)?: Yes      No

9. Will you be working under humid conditions?: Yes      No

10. Describe the work you'll be doing while you're using your respirator(s): \_\_\_\_\_

11. 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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**Part C. (Full-Facepiece Respirators and SCBAs)**

**Questions 1 to 6 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.**

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|--|-----|----|
| 1. Have you ever lost vision in either eye (temporarily or permanently)?:        | Yes | No |
| 2. 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 |
| 3. Have you ever had an injury to your ears, including a broken ear drum?        | Yes | No |
| 4. 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 |
| 5. Have you ever had a back injury?:   | Yes | No |
| 6. 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 |

CERTIFICATION: I certify that I have provided true and complete information concerning my health.

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Employee Signature

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Date