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Company Name

## **Respiratory Protection Plan**

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Updated

## Disclaimer

This is a sample written program provided only as a guide to assist in complying with 29 CFR 1910.134, the U.S. Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard. It is not intended to supersede the requirements detailed in the standards. Review the standard for individual requirements that apply to the specific situation. Employers will need to delete or add information relevant to their facility and operation to develop an effective, comprehensive respiratory protection plan.

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## 1. INTRODUCTION

This program applies to \_\_\_\_\_ (company name).

Respirators are protective devices that cover the nose and mouth or the entire face or head to guard the wearer against hazardous atmospheres. Respirators of this type include particulate respirators, which filter out airborne particles, and air-purifying respirators with cartridges/canisters which filter out chemicals and gases. For purposes of this policy surgical masks are not considered respirators.

This program applies to both the mandatory and voluntary use of respirators in the workplace.

### 1.1 Definitions

**Cartridge** — A container with a filter, sorbent or catalyst – or any combination of the three – that removes specific contaminants from air passed through the container. Cartridges must have an end-of-service-life indicator, which is typically indicated by changing colors.

**Dust Mask** — Flexible paper pad held over the nose and mouth by elastic or rubber straps for personal comfort against non-toxic nuisance dusts.

**Filtering Facepiece** — A NIOSH-certified, negative pressure, particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium. They differ from other respirators because the filtering media itself is the mask.

**Fitted Respirators** — Respirator that is fit tested to the specific user to confirm the fit of any respirator that forms a tight seal on your face before using it in the workplace in compliance with OSHA (29 CFR 1910.134).

**Fit Test** — A test to determine how effectively a mask or respirator will protect the wearer from inhaled dust, gases, or pathogens.

**Loose-fitting powered air-purifying respirator** — A type of respirator used to safeguard workers against contaminated air.

**Medical Evaluation** — A medical practitioner examines a patient for any possible medical signs or symptoms of a medical condition and provides clinical appraisal of an individual's health.

**N95 Respirator** — A filtering facepiece respirator, commonly abbreviated N95 respirator, is a particulate- filtering facepiece respirator that meets the U.S. National Institute for Occupational Safety and Health N95 classification of air filtration, meaning that it filters at least 95% of airborne particles.

**National Institute of Occupational Safety and Health (NIOSH)** — Is the United States federal agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness.

**Occupational Health and Safety Administration (OSHA)**— A large regulatory agency of the United States Department of Labor that originally had federal visitorial powers to inspect and examine workplaces.

**Surgical Mask** — Also known as a medical face mask, is a personal protective equipment worn by health professionals during medical procedures

## 1.2 Responsibilities

- **Employees are responsible for:**
  - Following the requirements to properly wear a respirator.
  - Adhering to this policy.
  - Properly use the appropriate respirator when required by specific work activity.
  - Ensure the respirator is cleaned, stored and maintained according to this policy and manufacturer instructions.
- **Management:**
  - Determine activities which require respirator use based on risk assessment.
  - Ensure any employee needing a respirator to perform work duties has completed medical evaluation, received training and has been fit tested.
  - Conduct employee retraining and fit testing annually.
  - Provides respirators, replacement parts and cartridges/filters as necessary.
- **Conditions for respirator use:**
  - Personnel who have facial hair that comes between the sealing surface of the face piece and the face or that it interferes with the valve function must not wear tight-fitting face-piece respirators. Respirators that do not rely on a tight seal, such as hoods or helmets, may be used by bearded individuals when appropriate to the hazard presented.
  - Only respirators which are applicable and suitable for the purpose intended shall be used.
  - Since respirators are approved as a unit, parts from different manufacturers or models shall not be interchanged and no modification of a respirator is permitted.

## 2. Procedure (Mandatory Use)

### 2.1 Introduction

- i. The control of potential health hazards caused by breathing air contaminated with harmful levels of chemical, physical or biological agents shall be accomplished as far as feasible by accepted engineering control measures. When effective engineering controls are not feasible, or while they are being instituted, appropriate respiratory protection shall be used.

### 2.2 Respirator Selection

- i. Respirators will be worn when the following conditions apply.
  - (a) Management has identified the need for respiratory protection based on quantitative exposure assessments of a reasonable estimate of the personnel's exposure to respiratory hazard(s).
  - (b) Powered air purifying respirators (PAPR) can be worn as an alternative to standard fitted respirators.
- ii. Types of Respiratory Protection

Type of respiratory protection	Example	Respirator	Medical Evaluation	Fit Test
Filtering facepiece	Surgical mask	No	No	No
Filtering facepiece respirator	Dust mask; N-95 mask	Yes	No	No
Fitted respirator	Elastomeric facepiece respirator	Yes	Yes	Yes
PAPR	PAPR Hood	Yes	Yes	No

iii. Medical Evaluation for employees requiring respirator use

- (a) The employee will contact (position) \_\_\_\_\_ to initiate the medical evaluation.
- (b) Complete **Appendix A** Medical Evaluation Form for respirator use and provide it to the physician or other licensed health care professional.
- (c) Medical evaluation will be performed by a physician or other licensed health care professional prior to use, as the use of a respirator places unusual stress on the wearer.

The purpose is to screen employees for pre-existing conditions not conducive to respirator use, confirm that the individual can handle the additional stress caused by the respirator and re-evaluate the wearer periodically for changes in health and abilities. An additional medical evaluation may be necessary as determined by the health care.

Note: Asthma is not usually a contraindication to respirator use.

This evaluation will be administered confidentially, at no cost to the employee, during the employee's normal working hours or at a time and place convenient to the employee, and in a manner the employee understands. The employee will have an opportunity to discuss the questionnaire and examination results with the health care provider

- (d) The (position) \_\_\_\_\_ will provide the healthcare provider with the following supplemental information.
  - The type and weight of the respirator to be used by the employee.
  - The duration and frequency of respirator use (including use for rescue and escape).
  - The expected physical work effort.
  - Additional protective clothing and equipment to be worn.
  - Temperature and humidity extremes that may be encountered.
  - A copy of this written respiratory protection program.
  - A copy of the respiratory protection standard (29 CFR 1910.134)
- (e) Once cleared by the medical evaluation, the fit testing will be conducted.

iv. Fit Test for employees requiring respirator use

- (a) A fit test is required before initial use and annually thereafter. Fit testing is also required when a change in the facial structure of a wearer occurs, or a different make/model of respirator is purchased.
- (b) Qualitative or quantitative fit tests are used to determine if the respirator mask provides an acceptable fit to the wearer. Qualitative fit test procedures rely on a subjective sensation (taste, irritation, smell) of the respirator wearer to a particular test agent while a quantitative fit test uses measuring instruments to measure face-seal leakage.
- (c) Fit Test for employees requiring respirator use
  - Fit testing of PAPRs shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode. Loose fitting, hood-style PAPRs do not require fit testing.
  - Tight-fitting elastomeric full face-piece respirator users are not allowed to wear eyeglasses having a protruding earpiece extending beyond the face-piece seal. Individuals requiring corrective lenses are requested to wear contact lenses or the purchase by the company of an adapter set of prescription lenses to mount on the front of the respirator.
  - All fitted respirator (N-95) users must be qualitatively fit tested initially and yearly thereafter.

## 2.3 Operation of Respirators

- i. Before each time a respirator is donned, the wearer shall inspect the respirator to ensure that it is in good operating condition. This inspection shall include the following.
  - (a) A check of the tightness of the connections and the condition of the face-piece, headbands, valves and cartridges.
  - (b) The mask itself shall be inspected for signs of deterioration.
  - (c) If any defects are noted, the wearer shall repair the respirator. Replacement parts shall be approved for the specific respirator being repaired. If the repair cannot be made immediately, a replacement respirator of the same model and size shall be provided until such time as the repair can be made
- ii. Each time a respirator is donned, the wearer shall conduct a negative and positive pressure seal check to ensure the respirator is adjusted properly and sealed against the face
  - (a) A negative pressure check is accomplished when the wearer closes off the respirator inlet and inhales. A vacuum and partial inward collapse of the mask should result.
    - If a vacuum cannot be maintained, readjust the face-piece and try again.
  - (b) A positive pressure check is accomplished when the wearer closes off the exhalation valve and breathes out gently. An outward expansion of the respirator should result.
    - If air escapes through any gaps in the seal, readjust the face-piece and try again.
  - (c) All fitted respirators shall be cleaned and sanitized after each use by the respirator wearer. This shall be done in accordance with the manufacturer's recommendations or the procedure in **Appendix B**.
  - (d) Materials for cleaning and sanitizing the respirator will be provided.
- iii. Storage
  - (a) When not in use, respirators shall be placed in individual closable containers to protect them from contamination. Storage shall be in designated storage areas in such a manner that the respirator will not be distorted or damaged. Storage areas to avoid include workbenches, toolboxes or hanging from hooks out in the open.
- iv. Cartridge Changeout
  - (a) Cartridges should be dated when opened and replaced based on the manufacturer's recommendations. If the manufacturer has made no recommendations, changeout should occur based on experimental tests or a math model.
  - (b) If no data exists for the timely replacement of chemical cartridge respirators, respirators will be disposed after 8-hours of use, or for filtering cartridges when there starts to be air resistance. For further assistance in making these determinations please contact management.

## 2.4 Training

- i. Management will provide training to all employees required to wear respirators prior to initial use and annually thereafter, covering the following objectives:
  - (a) Why the respirator is necessary.
  - (b) How improper fit, usage, or maintenance can compromise the protective effect of the respirator.
  - (c) The limitations and capabilities of the respirator.
  - (d) If applicable, wearers should know how to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
  - (e) How to inspect, put on and remove, use, and check the seals of the respirator.
  - (f) What the procedures are for maintenance and storage of the respirator.
  - (g) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
- ii. Retraining may be required more than annually if workplace conditions change, new types of respirators are used, or if management determines there are inadequacies in the employee's knowledge or use.
- iii. A record of the training shall be maintained.

## 2.5 Voluntary Respirator Use

- i. Respiratory protection may be voluntarily worn when not required
  - (a) Filtering facepieces (N-95 Masks, Dust Masks, surgical masks): If management has determined that no respiratory hazard exists but the employee wants to use respiratory protection for comfort, the employee must notify management in writing and receive approval.
  - (b) The employee must be aware of the limitations of the chosen respiratory protection and must not wear respiratory protection in atmospheres containing contaminants for which it is not designed.
  - (c) Fitted elastomeric respirators – any individual wanting to use this type of respirator must comply with Section 2.3 (Medical Evaluation) and Section 3 (Operation) of this document. Fit testing is not required.
  - (d) Complete **Appendix D** Voluntary Respirator Use Form and submit to management for approval

## Appendices

Appendix A – Medical Evaluation Form for Respirator Use

Appendix B – Respirator Cleaning Procedures

Appendix C – Fit Testing Form

Appendix D – Voluntary Respirator Use Form



## Appendix A – Medical Evaluation Form for Respirator Use

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_(ft) \_\_\_\_ (in) Weight: \_\_\_\_\_(lbs)

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Evaluation Status (check one): Initial Medical Evaluation \_\_\_\_\_ Renewal Review \_\_\_\_\_

Type of respirator for use:  Fitted respirator (i.e. N-95 or equivalent)  
 Loose-fitting powered air-purifying respirator (PAPR)

Have you worn a respirator in the past?  Yes  No  
 If yes, what types? \_\_\_\_\_

Maximum amount of time you wear a respirator in a single day? \_\_\_\_\_ hours per day

Have you had any of the following problems while using a respirator?					
	Yes	No		Yes	No
Eye irritation	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Skin allergies or rashes	<input type="checkbox"/>	<input type="checkbox"/>	General weakness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Other problems that interfere with respirator use				<input type="checkbox"/>	<input type="checkbox"/>
If yes to other problems, please explain.					

### MEDICAL QUESTIONNAIRE

<b>Tobacco Usage</b>		
Do you currently smoke tobacco, or have you smoked tobacco in the past month?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, how many packs per day?  <input type="checkbox"/> < 1/2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2
		If yes, how long have you smoked?  <input type="checkbox"/> < 9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30+

<b>Medical Conditions</b> Have you ever had any of the following:					
	Yes	No		Yes	No
Seizures/Fainting	<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Trouble smelling	<input type="checkbox"/>	<input type="checkbox"/>
Allergic reactions that impact breathing	<input type="checkbox"/>	<input type="checkbox"/>	Heat exhaustion/heat stroke	<input type="checkbox"/>	<input type="checkbox"/>
Trouble concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured ear drum	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any above, please explain:

**Medications** Do you currently take medications for any of the following:

	Yes	No		Yes	No
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Heart conditions	<input type="checkbox"/>	<input type="checkbox"/>
Breathing/lung problems	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

**Cardiovascular/heart symptoms** Have you EVER had any of the following symptoms:

	Yes	No		Yes	No
Frequent pain/tightness in your chest	<input type="checkbox"/>	<input type="checkbox"/>	Skipping/missing heartbeat (in last 2 years)	<input type="checkbox"/>	<input type="checkbox"/>
Pain/tightness in chest during physical activity	<input type="checkbox"/>	<input type="checkbox"/>	Pain/tightness in chest that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
Heartburn-like symptoms not related to eating	<input type="checkbox"/>	<input type="checkbox"/>	Any other heart/circulatory symptoms	<input type="checkbox"/>	<input type="checkbox"/>

**Cardiovascular/heart problems** Have you EVER had any of the following conditions:

	Yes	No		Yes	No
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	Heart arrhythmia	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart failure	<input type="checkbox"/>	<input type="checkbox"/>	Any other heart problem you've been diagnosed with	<input type="checkbox"/>	<input type="checkbox"/>
Swelling in legs not caused by walking	<input type="checkbox"/>	<input type="checkbox"/>			

If yes to any cardiovascular/heart problems or symptoms, please explain:

**Pulmonary/lung symptoms:** Have you EVER had any of the following symptoms:

	Yes	No		Yes	No
Shortness of breath when walking fast on level ground or up a slight incline or hill	<input type="checkbox"/>	<input type="checkbox"/>	Having to stop for breath when walking at your own pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
Chest pain when you breathe deep	<input type="checkbox"/>	<input type="checkbox"/>	Coughing that produces phlegm	<input type="checkbox"/>	<input type="checkbox"/>
Coughing that occurs mostly when laying down	<input type="checkbox"/>	<input type="checkbox"/>	Coughing that wakes you early in the morning	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Wheezing that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath when walking at a normal pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>

Coughing up blood in the past month	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pulmonary/lung problems</b> Have you EVER had any of the following conditions:					
	Yes	No		Yes	No
Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>	Silicosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Broken ribs	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Chest injuries/surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax (collapsed lung)	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
If yes to any pulmonary/lung symptoms or problems, please explain:					
Additional comments:					

**TO BE COMPLETED BY MEDICAL PROFESSIONAL (If Necessary)**

The medical questionnaire above has been reviewed

A medical evaluation to determine the employee named above  is  is not physically able to use the selected respirator.

The respirator clearance expires in  1 year  2 years  3 years from date below.

Restrictions/Limitations for respirator use (if applicable):

\_\_\_\_\_

\_\_\_\_\_

Evaluator's name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's signature: \_\_\_\_\_

Has fit testing has been successfully completed? Yes No

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B – Respirator Cleaning Procedures

These procedures are from the mandatory appendix B-2 to 1910.134 provided for employer use when cleaning respirators. They are general in nature, and the employer as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

### I. Procedures for Cleaning Respirators

- A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- B. Wash components in warm (43 °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 respirator 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 that all components work properly

## Appendix C – Fit testing Form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Date of test: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

### 1. Conditions which could affect respirator fit (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Clean shaven         | <input type="checkbox"/> Facial scar     |
| <input type="checkbox"/> 1-2 day beard growth | <input type="checkbox"/> Dentures absent |
| <input type="checkbox"/> 2+ days beard growth | <input type="checkbox"/> Glasses         |
| <input type="checkbox"/> Moustache            | <input type="checkbox"/> None            |

Comments: \_\_\_\_\_

\_\_\_\_\_

### 2. Fit Checks (circle tests performed):

Negative Pressure      pass / fail / not done  
Positive Pressure      pass / fail / not done

### 3. Fit Testing (check all that apply):

- |                                       |                        |              |               |              |
|---------------------------------------|------------------------|--------------|---------------|--------------|
| <input type="checkbox"/> Quantitative | Fit Factor: _____      |              |               |              |
| <input type="checkbox"/> Qualitative  | <u>Isoamyl Acetate</u> | <u>Sweet</u> | <u>Bitter</u> | <u>Smoke</u> |
|                                       | pass / fail            | pass / fail  | pass / fail   | pass / fail  |

Comments: \_\_\_\_\_

\_\_\_\_\_

### 4. Employee acknowledgement of test results:

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

#### Disclaimer

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective device, as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory protective device to provide protection to the individual tested. Test Conductor does not express or imply no guarantee that this or an identical respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper use, maintenance, or application of this or any other respiratory protective device will reduce or eliminate protection.

## Appendix D – Voluntary Respirator Use Form

You have indicated that you wish to voluntarily use a respiratory protection device. OSHA Requires the following information be supplied to all employees who wish to use respiratory protection devices voluntarily. Please read the following information and sign the form to indicate you have received this information.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard - Respirators are an effective method of protection against designated hazards when properly selected and worn. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I acknowledge that I have read Appendix D under 29 CFR 1910.134. I have discussed this document and the limitations of the respirator I will be using. I will receive a signed copy of this document from my supervisor for my records.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_