

# RESPIRATORY PROTECTION POLICY

Environmental Health and Safety

Finance and Administration

University of Florida

## OBJECTIVE

The objective of this policy is to prevent adverse health effects from the inhalation of hazardous airborne contaminants through the administration of a comprehensive Respiratory Protection Program.

## AUTHORITY

This program satisfies the requirements of the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard, 29 CFR 1910.134 <sup>(1)</sup>, as adopted by the University of Florida's Handbook on Business Policy, part 2.5.1.1. <sup>(2)</sup> The Division of Environmental Health and Safety (EH&S) administers this program as part of its mission to maintain employee health and safety throughout all University of Florida (UF) locations.

## POLICY

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.

This program impacts all employees, students, volunteers, and contractors (working under direct UF supervision), who are required, or elect, to wear respiratory protection as part of their employment. Respirators shall be provided which are applicable and suitable for the purpose intended. Individuals who voluntarily wear filtering facepieces (dustmasks) are covered by this policy only as addressed in the Voluntary Use section. Additional instructions for respiratory protection may be found in other EH&S policies and programs addressing specific hazards (e.g. Asbestos, Q-Fever, or Confined Space Entry).

## RESPONSIBILITY

- **EH&S** is responsible for the administration of the respiratory protection program, which includes determining the need for respiratory protection, respirator selection, training and fit testing. EH&S also maintains all non-medical records pertaining to this program. An EH&S respiratory protection program administrator is designated to provide guidance and oversight to the program.
- The **Student Health Care Center's (SHCC) Workers' Compensation / Occupational Medicine Department** (Phone: 352-392-1161, Ext. 1-4212) provides for medical evaluations for on-campus use, administers medical evaluations for off-campus use, and maintains all medical records associated with this program. <sup>(3)</sup>
- **Departments** are responsible for assisting EH&S in identifying employees required to wear a respirator by:
  - (1) Keeping EH&S apprised of new potential hazards entering the work area, and
  - (2) Utilizing the computerized Health Assessment Management System (HAMS) <sup>(4)</sup> for both new hire employees and for those having a change in their job duties.
- The **Supervisors and Principle Investigators** (P.I.'s) shall ensure that employees in the program have had a medical evaluation at no cost to the employee, and receive yearly training and fit testing.
- **Affected employees, students, volunteers, and contractors** (working under direct UF supervision), herein called respirator wearers, are responsible for obtaining a medical clearance to wear a respirator, be fit tested and receive training. The respirator wearer shall use the respirator when required by the specified work activity, and ensure that the respirator is cleaned, stored and maintained according to the provisions of this program.

**UNIVERSITY OF FLORIDA  
RESPIRATORY PROTECTION PROGRAM**

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## **RESPIRATOR SELECTION AND GENERAL USE**

Respirators will be worn when at least one of the following conditions apply:

- Environmental Health and Safety (EH&S) Division, with assistance from the employee's supervisor, has identified potential respiratory hazards and has determined the need for respiratory protection based on:
  1. Quantitative Exposure Assessments, or
  2. A reasonable estimate of the employee's exposure to respiratory hazard(s) given the contaminant's chemical state and physical form.
- Employees are working in areas where contaminant levels may become unsafe without warning, such as in emergency response situations to an unknown spill of hazardous material. In these situations where exposures cannot be identified or reasonably estimated, the work area shall be considered immediately dangerous to life or health (IDLH). These IDLH atmospheres require air-supplied respirators along with specialized training.
- The Material Safety Data Sheet (MSDS) or chemical label specifically requires the use of a respirator for the task being performed.
- Areas where significant levels of infectious biological contaminants may become aerosolized. The EH&S Biosafety Officer will determine the appropriate level of respiratory protection that may be required.
- Employees engaged in activities addressed in other EH&S policies which may require the use of respiratory protection (such as asbestos, certain other chemical, biological, or radiological hazards, or confined space entry).

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH), under the provisions of 30 CFR Part 11 and 42 CFR Part 84, 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.

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

Respirators that do not rely on a tight face seal, such as hoods or helmets, *may* be used by bearded individuals when appropriate to the hazard presented.

Each department is responsible for providing respirators, replacement parts, and cartridge/filters as necessary to employees who have been identified as needing respirators. If possible, tight fitting respirators manufactured by North, Willson, MSA, 3M or Scott should be used.

A more detailed explanation of the respirator selection process can be found in **Appendix A, Respirator Selection Guidelines**, and by calling the EH&S Respiratory Protection Program Administrator, at 352-392-3393.

## **VOLUNTARY USE OF RESPIRATORS**

- **Filtering Facepieces (Dust Masks)**

If EH&S has determined that no respiratory hazard exists but the employee wants to use filtering facepieces (dust masks), the information contained in **Appendix B** must be provided to the employee. No other provisions of this program need to be followed.

- **Tight Fitting Respirators**

If EH&S has determined that no respiratory hazard exists but the employee wants to voluntarily use a tight fitting-filter-cartridge respirator, the employee must pass an initial medical evaluation before use (see next section), along with the completion of a yearly medical update form. The supervisor will insure the respirator is cleaned, stored and maintained so that its use does not present a health hazard to the wearer. No other provisions of this program need to be followed.

## **MEDICAL EVALUATIONS**

The use of a respirator places unusual stress on the wearer to the extent that employees entering this program must be evaluated by a physician or other licensed health care professional. The purpose of the evaluation is to screen employees for pre-existing conditions not conducive to respirator use and confirm that the individual can handle the additional stress caused by the respirator. After an initial medical evaluation, the wearer will have their medical status monitored periodically (at least yearly) for changes that may affect respirator use.

**Employees in health care or animal care activities using only the N-95 filtering facepiece respirator are only required to complete a one-time abbreviated medical evaluation form.**

Specific instructions and forms for initial and periodic medical evaluations are included in **Appendix C**.

## **FIT TESTING**

All employees required to wear respirators that rely on a mask-to-face seal are fit tested annually with either a qualitative or quantitative fit test. Fit testing is used to insure the wearer is provided a respirator with the proper brand and size that maximizes the seal between the face and the facepiece, and also that the wearer can use and maintain the respirator as designed. Qualitative fit test procedures rely on a subjective sensation (taste, irritation, smell) of the respirator wearer to a particular test contaminant, while a quantitative fit test uses measuring instruments to measure face seal leakage.

For most tight-fitting respirator wearers, quantitative fit testing will be completed at least every other year, with qualitative fit testing performed during the alternate years. Additional fit testing may be required sooner if a change in the facial structure of a wearer occurs or a different make/model of respirator is purchased.

All fit testing is provided through EH&S. If a position is filled that requires the use of a respirator, please contact EH&S after successfully completing the medical evaluation to set up a fit test time at 352-392-3393. A record of the fit test shall be kept by EH&S and retained until the next fit test is administered.

### Additional Fit Testing Requirements:

- Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators (PAPR's) shall be accomplished by performing quantitative or qualitative fit testing in the *negative pressure mode*.
- Tight-fitting elastomeric full-face piece respirator users are not allowed to wear eye glasses having a protruding earpiece extending beyond the face piece seal. Individuals requiring corrective lenses are requested to wear contact lenses or have the sponsoring department purchase an adapter set of prescription lenses to mount on the front of the respirator.
- At locations outside of Alachua County, a qualitative fit test for first time wearers may be conducted by an individual in the department who has been trained by an EH&S Coordinator.
- Yearly quantitative fit tests must always be completed for:
  1. employees who are categorized as asbestos workers, or
  2. for individuals potentially exposed to lead.
- Filtering Face Pieces, commonly called dust masks, which are **required** for the work activity and hazard present, are considered respirators and must be fit tested.
- **All N-95 filtering face-piece users must be qualitatively fit tested initially and yearly thereafter.**
- If in the opinion of the EH&S Respiratory Protection Program Coordinator sufficient hazards exists regarding an exposure or conditions of use, a quantitative fit test may be required annually.

### TRAINING

Training is required for **all** respirator wearers prior to initial use, and annually thereafter, covering the following elements:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- What the limitations and capabilities of the respirator are;
- *If applicable*, wearers should know how to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- How to inspect, put on and remove, use, and check the seals of the respirator;
- What the procedures are for maintenance and storage of the respirator;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and

Retraining may be required more than annually if:

- workplace conditions change,
- new types of respirators are used, or
- if the EH&S Coordinator or supervisor determines there are inadequacies in the employee's knowledge or use.

EH&S (or a competent person designated by EH&S) will conduct the training. A record of the training shall be kept by EH&S and the Department.

## FIT CHECKS

Each time a respirator is placed in position on the face (donned), the wearer shall conduct a negative and positive pressure fit check to ensure a proper fit. This ensures the respirator is adjusted properly and sealed against the face. The advantages are that the wearer can do this alone in the field and the check can be repeated any time the seal is in question. 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 facepiece and try again. 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. Air will escape through any gaps in the seal. If this should happen, readjust the facepiece and try again.

## INSPECTION AND MAINTENANCE

Supervisory personnel shall insure respirators are used and worn correctly. If problems are observed corrective measures shall be taken immediately. If the respirator is not appropriate for the hazard, the wearer shall leave the area, cease work or take other action to eliminate further exposure.

Each person issued a respirator shall inspect the respirator prior to each use to ensure that it is in good condition. This inspection shall include a check of the tightness of the connections and the condition of the facepiece, headbands, valves, and cartridges. The mask itself shall be inspected for signs of deterioration. 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.

## CLEANING AND SANITIZING

All tight fitting respirators shall be cleaned and sanitized after each use by the respirator wearer. This shall be done in accordance with the manufacturer's recommendations.

## STORAGE

When not in use, respirators shall be placed in individual sealable 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, tool boxes, or hanging from hooks out in the open workroom.

## EMERGENCY USE

All respirators maintained for use in emergency situations, with the exception of SCBA's, shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use. These inspections shall be logged using the checklist in **Appendix D**.

SCBA's shall be inspected utilizing the checklist found in **Appendix E**.

Employees who may need to use emergency respirators should refer to specific programs that address these emergencies. **Note: Emergency use of respirators requires additional response training.**

## **CARTRIDGE CHANGEOUT**

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 OSHA's methods of estimating service: Rule-of-thumb, mathematical models, or by experimental testing. <sup>(5)</sup>

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 the air resistance becomes for further assistance in making these determinations please contact the Respiratory Protection Program Coordinator.

## **PROGRAM EVALUATION**

A yearly evaluation of the program shall be done by the EH&S Respirator Coordinator. Comments relating to this policy and program can be made by contacting the EH&S Respiratory Protection Program Administrator at 352-392-3393.

## **REFERENCES**

- 1) *Respiratory Protection Standard*, 29 CFR 1910.134. U.S. Department of Labor, Occupational Safety and Health Administration.  
[http://www.osha.gov/SLTC/respiratory\\_advisor/oshfiles/1910\\_0134.html](http://www.osha.gov/SLTC/respiratory_advisor/oshfiles/1910_0134.html)
- 2) *Handbook on Business Policy*, part 2.5.1.1 University of Florida.  
<http://www.admin.ufl.edu/handbook/default.asp?doc=2.5>
- 3) Student Health Care Center's (SHCC) Occupational Health and Worker's Compensation Department, University of Florida.  
<http://www.hsc.ufl.edu/shcc>
- 4) *Health Assessment Management System (HAMS)*, University of Florida, Environmental Health and Safety Division, Occupational Medicine Program.  
<http://www.EH&S.ufl.edu/OCCMED/default.asp>
- 5) *Respirator Change-out Schedules*, U.S. Department of Labor, Occupational Safety & Health Administration (OSHA).  
<http://www.osha.gov/SLTC/respiratoryprotection/changeout.html>

## APPENDIX A

### RESPIRATOR SELECTION GUIDELINES

The following information provides only *a brief summary* of the respirator selection process, and is included in this appendix for educational purposes. For more information, go to the web links provided at the end of this section, or call the Respiratory Protection Program Administrator, at 352-392-3393.

The first step in selecting the appropriate respirator is to identify the activity or process the employee will be engaged in. The concentration of the air-borne contaminant should be determined either through exposure assessments using air sampling methods, or by making a reasonable estimate of the concentration encountered in the work area. These results are then compared to established “safe levels of exposure” using published TLV, PEL, STEL, IDLH, C (ceiling), STEL or any other available exposure limits for the particular contaminant.

Additional steps in the process include:

- Assessing the respirator’s assigned protection factors,
- The time the wearer will spend using the respirator,
- Researching existing standards for a chemical that may require a specific type of respiratory protection,
- The atmosphere the respirator will be used in (e.g. oxygen deficiency), and
- The physical and filtering limitations of the respirator.

Respirators can be tight fitting or loose fitting, as outlined below:

Tight Fitting Coverings	
<b>Half Mask</b> 	<b>Full Facepiece</b> 
Loose Fitting Coverings	
<b>Hood</b> 	<b>Loose-Fitting Facepiece</b> 

Respirators can be further categorized into two additional groups; air purifying and air supplied.

## Air-Purifying Respirators

These respirators remove air contaminants as they pass through the respirator filter. This respirator is to be used only where adequate oxygen (19.5 to 23.5 percent by volume) is available. Air-purifying respirators are subdivided into the following types:

1. **Particulate Removing Respirators:** These respirators use a filtering device that physically filter out dusts, fibers, fumes and mists. These respirators may be single-use disposable respirators, (known as filtering facepieces or dust masks) or respirators having replaceable filters. The current filter classification system is broken into two categories: (1) filter efficiency and (2) its ability to use in the presence or absence of oil particles.

### Classes of Filters

- The current classification system for Part 84 classifies particulate filters by efficiency and performance characteristics against non-oil and oil-containing hazards.
- There are nine classes of filters (three levels of filter efficiency, each with three categories of resistance to filter efficiency degradation)
- Levels of filter efficiency are 95%, 99%, and 99.97%
- Categories of resistance to filter efficiency degradation are labeled N, R, and P
- Use of the filter will be clearly marked on the filter, filter package, or respirator box (e.g., N95 means N-series filter at least 95% efficient)
- Selection of N-, R- and P- series filters depends on the presence or absence of oil particles, as follows:
  - If no oil particles are present, use any series (N, R, or P)
  - If oil particles are present, use *only* R or P series  
If oil particles are present and the filter is to be used for more than one work shift, use *only* P.

Filter Efficiency	N (Not Oil-Proof)	R (Oil Resistant)	P (Oil-Proof)
95%	N95	R-95	P95
99%	N-97	R-97	P97
99.97%	N-100	R-100	P100

## Types of Particulate Removing Respirators

### Filtering Facepiece (Dust Mask)

A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium



### Powered Air-Purifying Respirator (PAPR)

An air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.



### Respiratory Protection for Tuberculosis (TB)

- All nine classes of nonpowered, air-purifying, particulate-filter respirators meet or exceed the CDC filtration efficiency performance criteria [CDC 1994]. The N-95 filtering face piece is used most often.
- Under a separate classification system (30 CFR Part 11) PAPR's used for protection against TB are required to have the "HEPA" designated filters.

***NOTE:*** *Surgical masks are not considered respirators and do not provide adequate protection from air contaminants. They are never to be used in place of an air-purifying respirator*

**2. Gas and Vapor Removing Respirators:** These respirators remove specific individual contaminants or a combination of contaminants by absorption, adsorption or by chemical reaction. Gas masks and chemical-cartridge respirators are examples of gas- and vapor-removing respirators. Combination particulate/gas- and vapor-removing respirators exist which combine the respirator characteristics of both kinds of air-purifying respirators. Typical color codes are as follows:

Respirator Cartridge Color Codes	
Acid Gases	White
Organic Vapors	Black
Ammonia Gas	Green
Acid AND Organic Vapors	Yellow
HEPA or P-100	Magenta (Purple)

All filters, cartridges and canisters used in the workplace must be labeled and color coded with the NIOSH approval label.

The label must not be removed and must remain legible



**NOTE:** Where eye irritation is possible a full facepiece respirator is required.

## B. Air Supplied Respirators

These respirators provide breathing air independent of the environment. Such respirators are to be used when the contaminant has insufficient odor, taste or irritating warning properties, or when the contaminant is of such high concentration or toxicity that an air-purifying respirator is inadequate. The most common respirator type in this class is the Self-Contained Breathing Apparatus (SCBA). While this type of offers the greatest degree of protection, it is also the most complex.

**Training and practice in its use and maintenance is essential, and is used only in emergency situations.**

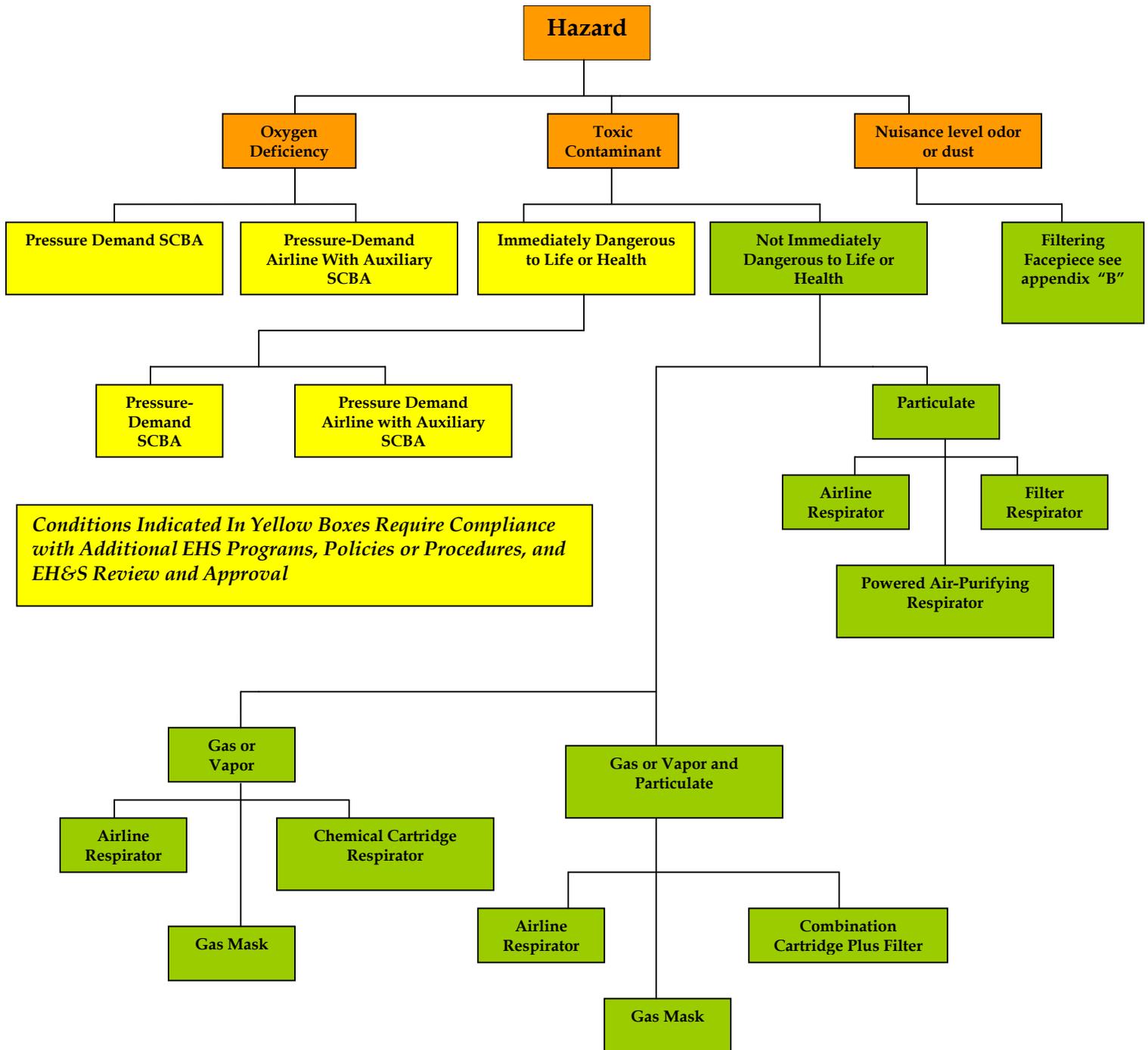


In addition, all work locations where there are atmospheres that are categorized as Immediately Dangerous to Life or Health (IDLH) require a full facepiece, pressure-demand, self-contained breathing apparatus (SCBA), certified by NIOSH for a minimum service life of thirty minutes, or a combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply. All oxygen-deficient atmospheres (less than 19.5% O<sub>2</sub> by volume) shall be considered IDLH.

For more specific information regarding the selection and use of respirators, consult with the following links:

1. CDC- Interim Recommendations for the Selection and Use of Protective Clothing and Respirators Against Biological Agents  
<http://www.bt.cdc.gov/documentsapp/Anthrax/Protective/10242001Protective.pdf>
2. NIOSH Guide to the Selection and Use of Particulate Respirators Certified Under 42 CFR 84 DHHS (NIOSH) Publication No. 96-101, January 1996  
<http://www.cdc.gov/niosh/userguid.html>
3. Respiratory Protection Program In Health Care Facilities Administrator's Guide U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, Public Health Service Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health September 1999 <http://www.cdc.gov/niosh/99-143.html>
4. Respirator Change Schedules, Occupational Safety and Health Administration  
[http://www.osha.gov/SLTC/respiratory\\_advisor/change\\_schedule.html](http://www.osha.gov/SLTC/respiratory_advisor/change_schedule.html)
5. Respiratory Protection Advisor, Occupational Safety and Health Administration  
[http://www.osha.gov/SLTC/respiratory\\_advisor/mainpage.html](http://www.osha.gov/SLTC/respiratory_advisor/mainpage.html)
6. MSA Safety Works. Respiratory Protection and Technical information  
[http://epartner.msanet.com/cgi-bin/hsrun/prd/HahtShop/HahtShop.hjx;start=HahtShop.HsUserFrameset.run?txtLoginID=safetyworks&cboLang=en\\_US](http://epartner.msanet.com/cgi-bin/hsrun/prd/HahtShop/HahtShop.hjx;start=HahtShop.HsUserFrameset.run?txtLoginID=safetyworks&cboLang=en_US)
8. North Safety Products. Respiratory Protection and Technical Information.  
<http://www.northsafety.com/train.htm>
9. 3M Safety Products. Respiratory Protection and Technical Information.  
<http://www.3m.com/occsafety/html/respirators.html>

# Respirator Selection for Routine Use of Respirators



## APPENDIX B

### **Information for Employees Using Respirators When Not Required Voluntary Use of Filtering Facepieces (Dust Masks) Only**

The following information pertains to the voluntary use of disposable dust/HEPA masks, which are considered respirators by OSHA. The use of these masks should not be confused with the voluntary use of respirators with changeable cartridges, which requires the user to comply with the entire respirator program.

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, 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 respirators 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 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 for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.**
- 4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.**

**Initial Medical Questionnaire for Respirator Use  
Occupational Medicine Program**

**Part A Section 1**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ UFID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Sex (circle one): Male/Female Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Position (Title): \_\_\_\_\_ Best time to reach you: \_\_\_\_\_  
 Phone number where the reviewer can reach you: \_\_\_\_\_

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): yes / no

Check the type of respirator you will use (you can check more than one category):  
 \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).  
 \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you ever worn a respirator (circle one): yes/no  
 If "yes," what type(s): \_\_\_\_\_

**Part A Section 2**

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 4. Do you currently have any of the following symptoms:   |                          |                          |
| a. Shortness of breath  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shortness of breath when walking with other people at an ordinary pace on level ground       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have to stop for breath when walking at your own pace on level ground                        | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Shortness of breath when washing or dressing yourself  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Shortness of breath that interferes with your job  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Coughing that produces phlegm (thick sputum)   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Coughing that wakes you early in the morning   | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Coughing that occurs mostly when you are lying down  | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Coughing up blood in the last month  | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Wheezing   | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Wheezing that interferes with your job   | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Chest pain when you breathe deeply   | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Any symptoms you think may be related to lung problems                                       | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 5. Have you ever had any of the following cardiovascular or heart problems: |                          |                          |
| a. Heart attack   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stroke   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angina   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Heart failure  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Swelling in your legs or feet (not caused by walking)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Heart arrhythmia (heart beating irregularly)                             | <input type="checkbox"/> | <input type="checkbox"/> |
| g. High blood pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other heart problem you've been told about                           | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 6. Have you ever had any of the following symptoms:                                  |                          |                          |
| a. Frequent pain or tightness in your chest  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or tightness in your chest during physical activity                          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pain or tightness in your chest that interferes with your job                     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past two years, have you noticed your heart skipping or missing a beat     | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heartburn or indigestion that isn't related to eating                             | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any other symptoms that you think may be related to heart or circulation problems | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 7. Do you currently take medication for any of the following problems: |                          |                          |
| a. Breathing or lung problems  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Heart trouble   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Blood pressure  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Seizures  | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | 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 skip to question 9): |                          |                          |
| a. Eye irritation   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Skin allergies or rashes   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Anxiety  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. General weakness or fatigue  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any other problem that interferes with your use of a respirator  | <input type="checkbox"/> | <input type="checkbox"/> |

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: yes/ no

**\*Questions 10 to 15 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.**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 10. Have you ever lost vision in either eye (temporarily or permanently):  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you currently have any of the following vision problems:            |                          |                          |
| a. Wear contact lenses   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear glasses  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Color blind   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any other eye or vision problem   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had an injury to your ears, including a broken ear drum: | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you currently have any of the following hearing problems:           |                          |                          |
| a. Difficulty hearing  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear a hearing aid  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other hearing or ear problem  | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a back injury:                                       | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 15. Do you currently have any of the following musculoskeletal problems          |                          |                          |
| a. Weakness in any of your arms, hands, legs, or feet                            | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Back pain   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulty fully moving your arms and legs                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pain or stiffness when you lean forward or backward at the waist              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Difficulty fully moving your head up or down                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Difficulty fully moving your head side to side                                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Difficulty bending at your knees  | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Difficulty squatting to the ground  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other muscular or skeletal problem that interferes with using respirator      | <input type="checkbox"/> | <input type="checkbox"/> |

**Part B**

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health professional who will review the questionnaire.

1. 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: \_\_\_\_\_

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 2. Have you ever worked with any of the materials or under any of the conditions, listed below: |                          |                          |
| a. Asbestos   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Silica (e.g. in sandblasting)  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tungsten/cobalt (e.g., grinding or welding this material)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Beryllium  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Aluminum   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Coal (for example, mining)   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Iron   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tin  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Dusty environments   | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other hazardous exposures  | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes," describe these exposures: _____   |                          |                          |

3. List any second jobs or side businesses you have : \_\_\_\_\_
4. List your previous occupations: \_\_\_\_\_
5. List your current and previous hobbies: \_\_\_\_\_

6. 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
7. Have you ever worked on a HAZMAT team: yes / no
8. Other than medications for 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 and the condition they are for:

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9. 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: \_\_\_\_\_

10. Will you be working under hot conditions (temperature exceeding 77 F): yes / no

11. Will you be working under humid conditions: yes / no

12. Describe the work you’ll be doing while you’re using your respirator(s):

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13. 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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14. 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):

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

\_\_\_\_\_  
Date



<b>Name:</b>		<b>UF ID #:</b>		<b>Date of Birth:</b>	
<b>Height:</b>		<b>Weight:</b>		<b>Age:</b>	
<b>Position (Title):</b>			<b>LP#:</b>		
<b>Supervisor:</b>			<b>Department:</b>		
<b>Address:</b>			<b>Work Telephone Number:</b>		
<b>Describe any apparent difficulties noted with respirator use, if any:</b>					
<b>Have you had or do you now have any of the following:</b>		<b>Yes</b>	<b>Within the Last Year?</b>	<b>No</b>	
1. Lung disease					
2. Persistent cough					
3. Shortness of breath					
4. History of fainting or seizures					
5. Heart Trouble					
6. Frequent pain / tightness in chest					
7. Heartburn/indigestion not related to eating					
8. High blood pressure					
9. Diabetes					
10. Fear of tight or enclosed places					
11. Sensation of smothering					
12. Heat exhaustion or heat stroke					
13. Ruptured ear drum					
14. Defective vision					
15. Defective hearing					
16. Wear contact lenses or glasses					
17. Other conditions that might interfere with respirator use or result in limited work ability					
18. Are you taking any medications (prescription or over-the-counter) If Yes, LIST:					
19. Do you currently smoke? If Yes, how many do you smoke per day?					
20. Have you had a significant medical or surgical problem since your last respirator evaluation?					
Please Explain Yes Answers:					
Employee's Signature:				Date:	
<b>Physician Use Only</b>					
<input type="checkbox"/> No Restriction on Respirator Use			<input type="checkbox"/> Further Evaluation Needed		
Physician's Review Signature:				Date:	



*Complete this one-time questionnaire form if you wear N-95 filtering face piece respirators for health care or animal care activities, and do not use any other type of respirator.*

<b>Name:</b>	<b>UF ID:</b>	<b>Date of Birth:</b>
<b>Height:</b>	<b>Weight:</b>	<b>Age:</b>

<b>Position (Title):</b>	<b>LP#:</b>
<b>Supervisor:</b>	<b>Department:</b>
<b>Address:</b>	<b>Daytime Work Number:</b>

**Have You Worn a Respirator Before?**       Yes     No  
If Yes, describe any difficulties noted with respirator use:

**Will you be wearing any other personal protective equipment?**     Yes     No  
If Yes, please describe:

<b>Have you had or do you now have any of the following:</b>	<b>Yes</b>	<b>No</b>
1. Lung Disease		
2. Persistent Cough		
3. Heart Trouble		
4. Shortness of Breath		
5. History of Fainting / Seizures		
6. High Blood Pressure		
7. Diabetes		
8. Feelings of Claustrophobia (Sensation of Smothering)		
9. Skin Problems / Abnormalities		
10. Heat Exhaustion / Heat Stroke		
11. Defective Vision		
12. Defective Hearing		
13. Asthma		
14. Anemia		
15. Epilepsy		
16. Back Problems		
17. Other conditions that might interfere with respirator use		
18. Are you taking any medications (prescription or over-the-counter) If Yes, LIST:		
19. Do you now or have you ever smoked? If Yes, Answer the following:		
• At what age did you start smoking?		
• How long has it been since you quit smoking?		
• How many packs per day did or do you smoke?		

Please Explain Yes Answers: (use back of form if necessary)

<b>Employee's Signature:</b>	<b>Date:</b>
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**Physician Use Only**

**No Restriction on N-95 Filtering Face Piece Respirator Use**       **Further Evaluation Needed**

<b>Physician's Review Signature:</b>	<b>Date:</b>
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**RESPIRATOR INSPECTION LOG  
FOR  
NON-SCBA EMERGENCY USE RESPIRATORS**

For **emergency use respirators**, the following checklist will be used monthly to inspect the respirator. The wearer shall initial and date the log after each inspection. A box has been provided for additional comments to include any repairs made.

**INSPECTION GUIDE**

1. Examine the facepiece for:
  - a) cracks, scratches and holes
  - b) inflexibility of the rubber facepiece
  - c) badly worn threads or a cracked cartridge holder
2. Examine the straps for:
  - a) tears or breaks
  - b) loss of elasticity
  - c) broken buckles or worn straps
3. Examine inhalation/exhalation valves for:
  - a) distortions or tears
  - b) foreign material (e.g. hair or dust) under the valve
  - c) missing valve cover
4. Examine the cartridge for:
  - a) correct cartridge for the hazard
  - b) expired shelf-life date

**ALL INSPECTIONS SHALL BE DOCUMENTED ON THE FORM BELOW**

<b>Manufacturer:</b>	<b>Model:</b>	<b>Size:</b>
<b>Inspector Name</b>	<b>Inspection Date</b>	<b>Comments</b>
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
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		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)

## SELF CONTAINED BREATHING APPARATUS (SCBA) WEEKLY AND MONTHLY CHECKLIST

Weekly Inspection Date:	Comments	Yes	No (if No, remove from service)	Inspected By:
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
Monthly Inspection Date:	Cylinder Pressure OK? Monthly Inspection Requirements:			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			
Weekly Inspection Date:	Comments	Yes	No (if No, remove from service)	Inspected By:
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
Monthly Inspection Date:	Cylinder Pressure OK? Monthly Inspection Requirements:			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			
Weekly Inspection Date:	Comments	Yes	No (if No, remove from service)	Inspected By:
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
Monthly Inspection Date:	Cylinder Pressure OK? Monthly Inspection Requirements:			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			

