

UC Respiratory Protection Program

Purpose

University of Cincinnati has determined that certain employees may be exposed to respiratory (airborne) hazards during routine operations. These hazards include: chemical vapors, biohazards, asbestos and other particulates. The purpose of this UC Respiratory Protection Program is to ensure that all University of Cincinnati employees and students are protected from exposure to these respiratory hazards.

The University recognizes that respiratory protection is *not* the first choice of methods to control exposure to airborne hazards. Changing work practices to limit your exposure and modifying the ventilation system to remove the hazards are both appropriate ways to control exposures and avoid the need for respiratory protection. However, where administrative and engineering controls are not feasible for some of our operations or do not always completely control the identified hazards then respirators and other protective equipment must be used.

Respirators are the last line of defense. Worker knowledge and proper use are critical for respirators to effectively protect employees/students. Constant attention is required to make sure respirators are being used, maintained and stored properly. Workers may become ill from exposure to air contaminants or incapacitated/death from a lack of oxygen when respirators are not used correctly. Not all respirators work in every situation, so it is critical to understand the nature of the air contaminant, the contaminant concentration level, the oxygen-level in the air, and any Occupational Safety and Health Administration (OSHA), American Conference of Governmental Industrial Hygienists (ACGIH), or the National Institute for Occupational Safety and Health (NIOSH) exposure limits.

Some employees have expressed a desire to wear respirators during certain operations that do not require respiratory protection. The University of Cincinnati will review each of these requests on a case-by-case basis. As outlined in the *Program Element* section of this program, voluntary respirator use is also subject to specific requirements.

Scope and Application

This program applies to all University of Cincinnati employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. This includes employees in the Office of Environmental Health and Safety (EH&S), University Health Services (UHS), Facilities Management, and faculty and staff involved in certain research activities. All employees working in these areas and engaged in certain processes or tasks must be enrolled in and comply with the University of Cincinnati's respiratory protection program.

Regulations

The Occupational Safety and Health Administration has two standards for respiratory protection. One (1910.139) applies to respirators used for M. tuberculosis; the other (1910.134) applies to all other use of respirators.

In July 1992, the State of Ohio Public Employer Risk Reduction Program (PERP) mandated the adoption of Federal OSHA regulations by public employees. As a public employer, the University of Cincinnati is required to adopt the OSHA Respiratory Protection Standard (29 CFR 1910.134). Effective April 1998, OSHA promulgated the final standard for respiratory protection, which supersedes the respiratory protection standard originally adopted in 1971. The OSHA final standard can be found at URL: <http://www.osha.gov/comp-links.html>

Prior to 1998, the University of Cincinnati established a Respiratory Protection Advisory Policy (11.1) based on the OSHA Respiratory Protection Standard (29 CFR 1910.134). The University of Cincinnati revised the Respiratory Protection Advisory May 28, 1999 to meet the requirements of the OSHA final standard. The University of Cincinnati is issuing this revised Respiratory Protection Advisory on September 1, 2009 due to the threat of H1N1 influenza and the large number of UC employees that due to their work activities may need to wear N95 respirators.

Responsibilities

Program Administrator

The Office of Environmental Health and Safety is responsible for administering the respiratory protection program. Duties of the program administrator include:

- Providing regulatory guidance and assistance in compliance with OSHA regulations
- Conducting workplace assessments to identify work areas, processes or tasks that require workers to wear respirators, and evaluate hazards.
- Assisting in the selection of NIOSH certified respiratory protection options.
- Providing initial and annual training and perform quantitative fit-tests for employees required to use respirators.
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Maintaining the Respirator Request Forms, fit-testing and training program records.
- Determining when respirator usage is no longer required.

- Evaluating the program and updating the written program to reflect workplace changes that affect respirator use.

University Health Services

University Health services will conduct medical evaluations to determine an employee/student's ability to use a respirator. In some cases UHS will require a scheduled visit to University Health Services for a medical evaluation. If cleared, UHS will provide the supervisor with a written recommendation regarding the employee's ability to use the respirator. Restrictions may be imposed for some individuals for the type of respirator the employee/student can use or performing certain tasks while wearing a respirator.

If not medically cleared, employees and students may *not* work in an environment that requires the use of a respirator. The Respirator Medical Questionnaire is maintained by University Health Services as part of the individual's medical history record.

Supervisors

Any person who directly supervises an employee or student who works at the University of Cincinnati is considered a supervisor. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas [Appendix A - Respirator Request & Approval Process](#). In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees under their charge. Duties of the Supervisor include:

- Identifying tasks and operations that may require respirators.
- Developing and implementing written work-site specific procedures.
- Designating personnel for inclusion in the Program
- In consultation with Environmental Health and Safety, ensuring that they have identified the appropriate types of respiratory protection need by their employees/students.
- Submitting the respirator request form and information for all employees and students and submits this information to University Health Services, [Appendix C University Health Services – Supervisor Checklist](#).
- Ensuring that employees under their supervision (including new hires) have received appropriate annual medical evaluation, training, and fit-testing.
- Ensuring the availability of appropriate respirators, replacement parts and accessories.
- Monitoring the workplace for tasks and work activities that may require the use of respiratory protection.
- Enforcing the proper use of respirators when necessary.

- Adhering to medical restrictions for the employee or student when purchasing respirators and assigning work.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan.
- Coordinating with the Program Administrator on how to address respiratory hazards or other concerns regarding the program.

Employees

Each employee has the responsibility for looking after his/her own safety and to wear his/her respirator when and where required and in an approved manner. Employees must care for and maintain their respirators as instructed, and store them in a clean and sanitary location and inform his/her supervisor if the respirator no longer fits well. In addition, the employee must inform his/her supervisor or the EH&S Industrial Hygienist of any respirator hazard that they feel has not been adequately addressed in the workplace and of any other concerns that they have regarding the program. The employee is responsible for:

- Completing the mandatory OSHA Respirator Medical Evaluation Questionnaire and submitting the documents to University Health Services [Appendix D of Respiratory Protection Standard](#).
- Obtaining approval from University Health Services to wear a respirator.
- Attending initial and annual respirator training and fit-testing.
- Notifying the supervisor of any pertinent problems.
- Reporting any injuries or any difficulty wearing a respirator to the immediate supervisor and University Health Services's Office (584-4457).

Program Elements

The Program Administrator will select respirators to be used on-site, based on the hazards to which workers are exposed and in accordance with all OSHA standards. The Program Administrator will assign an industrial hygienist for the Office of Environmental Health and Safety to evaluate the respiratory request, assess the hazard for each workplace and schedule exposure monitoring if applicable and discuss respiratory training and fit-testing [Appendix B – Respirator Request Form](#). The hazard evaluation will include:

- Identification and development of a list of hazardous substances used in the workplace or work process.
- Review of the work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records and talking with employees and supervisors.

The hazard evaluation may include exposure monitoring to quantify potential hazardous exposures. Monitoring will be conducted if the EH&S industrial hygienist

conducting the evaluation determines that it is required. Monitoring will be conducted by the EH&S staff when needed.

Whenever any type of respirator is worn for any reason, frequency, or duration a formal, written, site specific program meeting the requirements of 29 CFR 1910.134 © is required. This requirement applies even when respirator use is voluntary.

Medical Evaluation

Employees who are required to wear respirators, or have special permission by Environmental Health and Safety to voluntarily wear a reusable N95 respirator must be approved by University Health Services before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until University Health Services has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

Medical evaluations are provided by a physician, or other licensed healthcare professional at one of the following locations:

- Faculty/Staff/Students on the Uptown Campus East: University Health Services, Holmes Building, Room 1007.
- Faculty/Staff/Students on the Uptown Campus West: University Health Services, Richard E. Lindner Hall Athletic Center, Room 336.

Medical evaluations procedures are as follows:

- The medical evaluation will be conducted after the questionnaire provided in ***Appendix D of Respiratory Protection Standard has been completed.*** University Health Services or Environmental Health and Safety will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible the University of Cincinnati will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the University Health Services for a medical evaluation.
- Follow-up medical exams will be granted to employees as required by the standard, or as deemed necessary by the University Health Services.
- All employees will be granted the opportunity to speak with University Health Services provider about their medical evaluation, if they so request.

Employees cleared to wear a respirator will be given a completed Respirator Use Form. Employees will give this form to their supervisor. The employee's supervisor will contact EH&S to request a respirator Fit-Test. Employees must have a medical clearance before they can be trained and fit-tested for a respirator.

Training and Fit-Testing

Fit-testing is required for University of Cincinnati employees who are required to wear respirators. Employees voluntarily wearing respirators must also be fit tested.

Employees who are required to wear an N95 or a half-facepiece air-purifying respirator(s) will be fit tested:

- Prior to being allowed to wear any respirator with a tight fitting facepiece.
- Annually
- When there are changes in the employee's physical condition that could affect the respiratory fit (e.g., obvious change in body weight, facial scarring, etc.)

If the employee has an assigned respirator, bring it to the fit-testing appointment. If you do not have a respirator, do ***not*** buy one before you have been fit-tested. You may need to wear a different model or size of respirator. You must be clean shaven to wear a tight-fitting respirator because facial hair can interfere with the seal of your respirator. Mustaches inside the laugh lines may not interfere and are evaluated on a case-by-case basis. Fit-testing of powered air-purifying respirator (PAPR) shall be conducted in the negative pressure mode if worn with a tight fitting facepiece [Appendix E – Fit Test Report](#).

The Program Administrator or their EH&S designee will provide training to respirator users and their supervisors on the contents of the University of Cincinnati Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard. Workers/Students will be trained prior to using a respirator in the workplace.

The training course will cover the following topics:

- The University of Cincinnati Respiratory Protection Program
- The OSHA Respiratory Protection Program
- Respiratory hazards and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirators donning and user seal (fit) checks
- Fit-testing
- Emergency use procedures (if applicable)
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators

Employees will be retrained annually and as needed (e.g., if they change departments or if they need to use a different respirators). Employees must demonstrate their understanding of the topics covered in the training through a hands-on exercise, e.g. correctly donning and doffing the respirator. Respirator training will be documented by the EH&S industrial Hygienist and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit-tested.

General Use Procedures

Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, all respirators must be certified by the National Institute for Occupational

Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it in use.

All employees using tight-fitting respirators shall conduct user seal checks each time that they wear the respirator. Employees shall use either the positive or negative pressure check (depending on which test works best for them) specified in Appendix B-1 of the Respiratory Standard.

All employees shall be permitted to leave the work area to maintain their respirator for the following reasons: to clean their respirators if the respirator is impeding their ability to work, change filters or cartridges, replace parts, or to inspect respirator if it stops functioning as intended. Employees must notify their supervisor before leaving the area. If the supervisor is unavailable the employee must notify the responsible supervisor's supervisor.

In the event an employee suspects that their respirator is no longer providing adequate protection or an unsafe exposure condition exists the employee should immediately go to an area with fresh air and then notify the responsible supervisor.

N95 Respirator Use

In some situations, exposures can be effectively controlled with an N95 respirator. In other situations (e.g. work with highly toxic chemicals, work with high concentrations of infectious agents, work involving unknown chemicals or environments with low oxygen levels) an N95 respirator does ***not*** provide adequate protection. In order to minimize the potential for inhalation of air contaminants, an N95 respirator must fit the user's face tightly. A surgeon's mask or a dust mask ***cannot*** provide this type of fit, and must ***not*** be used in lieu of an N95 respirator.

The N95 filtering respirators are designed to be disposable; however the respirator may be reused several times, as long as they are maintained in a clean and sanitary manner between uses and not damaged, visibly soiled or wet. An N95 must be inspected prior to each use to ensure the integrity of the components. Inspection includes the following parts: the face seal surface, the nosepiece, the elastic straps and the location where the straps attach to the shell.

All employees wearing an N95 respirator shall conduct a face-fit check before each use. Using two hands mould the nosepiece to the shape of your nose by pushing inward while moving fingertips down both sides of the nosepiece. To check the respirator fit, place both hands completely over the respirator and exhale. If air leaks around the nose, adjust the nosepiece. If air leaks at respirator edges, adjust the straps back along the sides of the head. Recheck

Voluntary Respirator Use

Disposable N95 filtering respirators are the only Voluntary Use respirators permitted by the University of Cincinnati. The University of Cincinnati does not permit its employee to use their own respirators.

The University may provide disposable N95 filtering respirators at no charge to employees for voluntary use for the following work process:

- Employees may wear disposable N95 filtering respirators when working in animal areas.

The Program Administrator will provide all employees who voluntarily choose to wear respirators with a copy of Appendix D of the Respiratory Standard. (Appendix D of the Respiratory Standard details the requirements for voluntary use of respirators by employees and is included in [Appendix F](#) of this document).

The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other University employees on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.

Emergency Use

Whenever it is not possible to determine airborne concentration of contaminants, the environment will be treated as though it is immediately dangerous to life and health (IDLH). The only respirator approved for entry into an IDLH, and all contaminated atmospheres or oxygen deficient atmospheres is a Self-Contained Breathing Apparatus (SCBA) used in the pressure-demand mode. Under no circumstances may an air-purifying respirator be used in an IDLH atmosphere. Currently, only the University of Cincinnati's Office of Environmental Health and Safety HazMat response team is authorized to use respirators in an emergency situation that may require SCBA.

Respirator Maintenance

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts must be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms for atmosphere –supplying respirators will be conducted by a service agent licensed by the manufacturer of the equipment.

Inspection of the respirator must be conducted before every use. The following checklist will be used when inspecting respirators:

Facepiece:

cracks, tears, or holes

facemask distortion

cracked or loose lenses/faceshield

Headstraps:

breaks or tears
broken buckles

Valves:

Residue or dirt
Cracks or tears in valve material

Filters/Cartridges:

approval designation
gaskets
cracks or dents in housing
proper cartridge for hazard

Air Supply Systems:

hose connections
settings on regulators and valves

Respirators that are defective, have defective parts or malfunctions (e.g. such as breakthrough facepiece leakage or improperly working valve) shall be taken out of service and given to the Program Administrator. The respirator wearer must inform his or her supervisor that the respirator no longer functions as intended and obtain a replacement. The supervisor must ensure that the defective respirator is taken out of service, tagged, and given to the Program Administrator in the EH&S office. The employee will be given a replacement of similar make, model and size.

Cleaning

Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Respirators are to be cleaned and disinfected using the following procedures or equivalent procedures recommended by the respirator manufacturer.

- Disassemble respirator, removing any filters, canisters, or cartridges.
- Wash the facepiece and associated parts in a mild detergent with warm water or with a cleaner recommended by the manufacturer.
- Rinse completely in clean warm running water.
- When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
 - a. Hypochlorite solution made by adding approximately one milliliter of laundry bleach to one liter of water

- b. Aqueous solution of iodine made by adding approximately 0.8 milliliters of tincture of iodine to one liter of water
 - c. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is approved by the manufacturer.
- Rinse completely in clean warm running water and air dry in a clean area.
 - Reassemble the respirator and replace any defective parts.
 - Test the respirator to ensure that all components work properly.
 - Place in a clean, dry plastic bag or other air tight container.

Storage

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program and will store their respirator in a plastic bag in their own emergency response bag or other suitable location.

Program Evaluation

The Program Administrator or their EH&S designee will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultation with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records. Findings will be reported to the employee's supervisor and specify corrective actions and target dates for the implementation of the corrections.

Recordkeeping

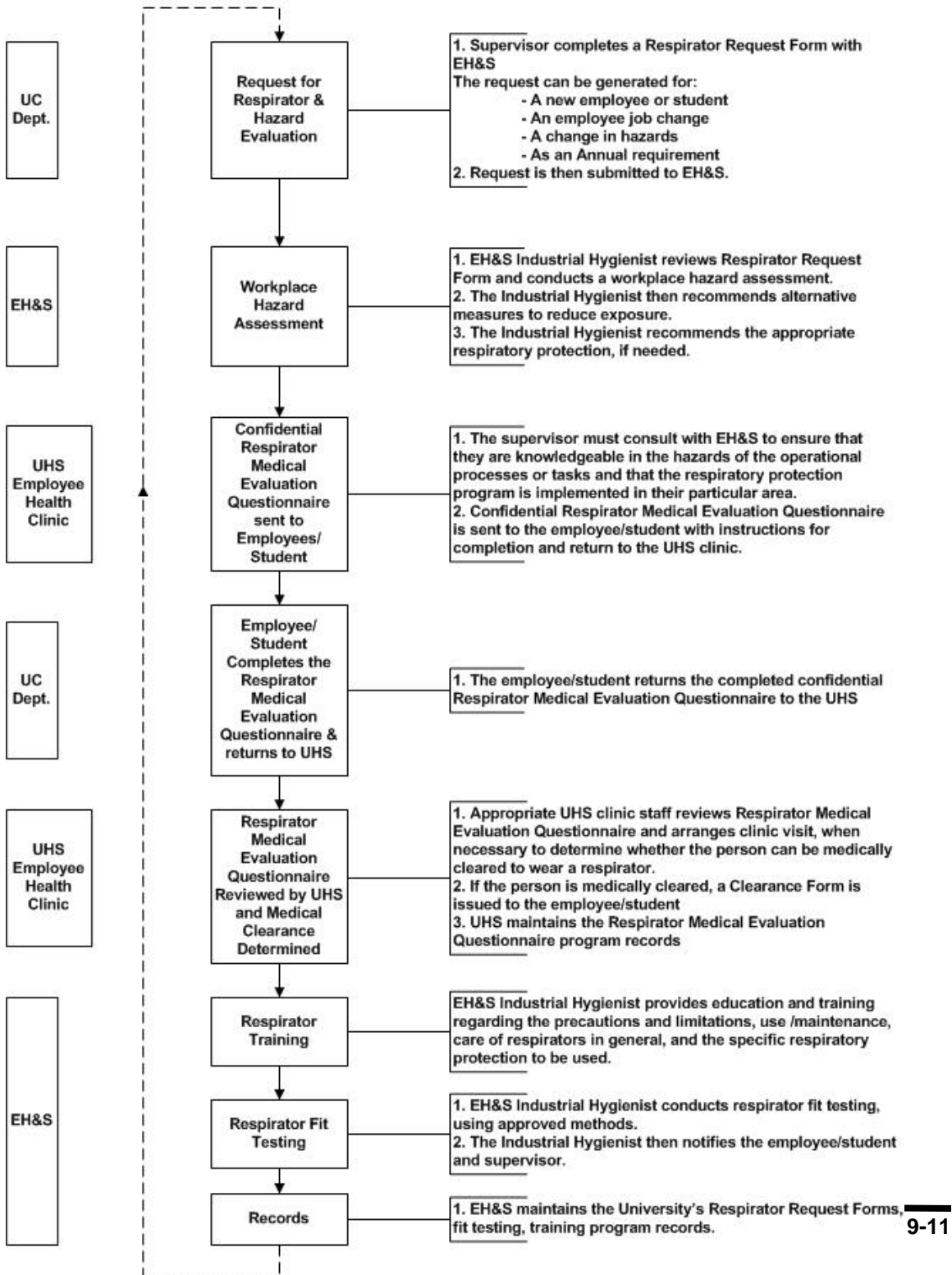
A written copy of this program and the *OSHA standard* is kept in the EH&S office and is available for employees and students who wish to review the documentation. The EH&S office will also maintain copies of training and fit-testing records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

University Health Services will maintain copies of the medical clearance records for all employees covered under the respirator program. The completed medical questionnaire and documented findings are confidential and will remain with University Health Services. EH&S will retain the recommendation regarding each employee's ability to wear a respirator.

APPENDIX A

University of Cincinnati
Environmental Health & Safety

Respirator Request & Approval Process



APPENDIX B Respirator Request Form

Respirator Request Form

Request for Employee/Student Respirator Assignment

Supervisor Information

Submitted to the University's Office of Environmental Health & Safety

Name:	Phone:
Department/Unit/Shop	Campus mail:

Requester/Title (print)

(Signature)

Date

Employee/Student Information

Respirator User Information

1.	Name	Job Title
2.	Name	Job Title
3.	Name	Job Title
4.	Name	Job Title
5.	Name	Job Title
6.	Name	Job Title

Work Information

To be completed by the Supervisor

Describe the Hazards/Agents/Products:

Are current MSDS available? Yes No

(Current MSDS are necessary for hazard assessment and respirator selection)

Describe the Activities/Process

Frequency of Activity/Process:

Rarely Occasionally Frequently Task Specific

Contaminant Form: (Check all that apply)

Particulate Vapor Gas

Current Engineering Controls in place: *(Check all that apply)*

- None Substitution by less toxic material Isolation/enclosure of the process
 General dilution ventilation Tools/Equipment designed to minimize emissions
 Local Exhaust, chemical fume hood or other specialized ventilation system

Current Administrative Controls in place: *(Check all that apply)*

- Employee training SOP (specify) Other

PPE/Other Equipment: *(Check all that apply)*

- None Gloves Hard Hat Face Shield
 Safety Goggles Lab Coat Coveralls Other

Special Uses: *(Check all that apply)*

- None Biological Use Chemical spill clean-up Pesticide application
 Rescue Riot Control Confined space entry Escape only (specify)
 Other

Physical Demands of Work: *(Check all that apply)*

- Constant Intermittant Light (i.e. standing) Moderate (i.e. walking)
 Heavy (i.e. digging) High temperature Low temperature Other

For EH&S Use Only: Industrial Hygienist Assessment

Recommended respirator(s);

- Disposable (N, R, P -95,100) Half face air purifying Supplied air
 PAPR Full face air purifying SCBA

Comments: _____

IH signature:

Date

Note: Return this form to the EH&S Office (campus mail 0218, fax 513-556-4981)

APPENDIX C UNIVERSITY HEALTH SERVICES – Supervisor Checklist

This form should be completed and available to the examining provider at University Health Services Clinic at the time of your medical evaluation.

Employee Name: _____ M Number: _____

Date of Birth: _____ Dept/Div. _____ Contact Telephone _____

Respiratory working conditions and types of respirators			
Duration and Frequency of Respirator Use (circle):	Daily	Occasionally (>1x /week)	
None	Rarely (____ hrs/yr)	Emergency only (____ x /yr)	
Responsible for the Safety of Others:	Yes	No	
Expected level of physical activity:	Light	Moderate	Strenuous
Working in hot or humid environments?	Yes	No	
Agents/Hazards/Products to which Employee may be exposed _____			
Additional personal protective equipment worn while wearing a respirator: _____			
Disposable Filter-Mask (N95, N99, N100)	SCBA	PAPR	
Air purifying Half-face (cartridge filter ½ mask)	Air purifying full-face (cartridge/filter)		

Supervisor's Name: _____ Phone: _____ Fax: _____

Do you work with or have potential exposures to any of the following			
Asbestos/Lead	Yes	No	
Chemicals	Yes	No	
Radiation	Yes	No	
Biological/Infectious Agents	Yes	No	
Environments that are IDLH	Yes	No	
Laboratory Animals	Yes	No	
Noise	Yes	No	
Additional Services			
Physical Exams (circle one)	New Employee	CDL/DOT	None
Urine Drug Testing (circle one)	Federal	non-Federal	None

Supervisor Signature _____

Date _____

Fax form to University Health Services at 584-2222

APPENDIX D Respirator Medical Evaluation - This questionnaire is used in determining whether or not you have a medical condition that may affect your ability to safely wear a respirator. We anticipate being able to approve most people for respirator use based on this questionnaire alone. In some cases we may ask for more information or additional medical testing/evaluation. Fit testing is also required and is done separately. All medical information is considered confidential.

All Information Must Be Completed For Respirator Approval

Name:		Age:	M #		
Department:		Work Phone:	Today's Date		
1) When using a respirator, work is: a) <input type="checkbox"/> Light b) <input type="checkbox"/> Moderate c) <input type="checkbox"/> Heavy		2) Shifts per week respirator is worn: a) <input type="checkbox"/> Less than 1 b) <input type="checkbox"/> 1-4 c) <input type="checkbox"/> Almost every shift			
		Length of time respirator is worn during shift: a) <input type="checkbox"/> Less than 1 hour b) <input type="checkbox"/> 1-5 hours c) <input type="checkbox"/> 5-12 hours			
Medical History	Has a doctor ever told you that you had the following ?				
		Yes	No		
	1. Angina				
	2. Heart Attack				
	3. Heart Disease				
	4. Epilepsy or Seizures				
	5. High Blood Pressure				
	6. Diabetes treated with insulin				
7. Lung Disease			Yes	No	
8. Emphysema					
9. Asthma					
10. Are you allergic to natural latex?					
11. Smoking History			a) <input type="checkbox"/> Smoker		
			b) <input type="checkbox"/> Ex-Smoker	c) <input type="checkbox"/> Never Smoked	
Explain "yes" answers by number					
12. Are you currently taking any medications?		Please list			
		Yes	No		
Review of Systems	13. Are you short of breath at rest?				
	14. Do you get short of breath when walking ?				
	15. Do you get short of breath at work?				
	16. Do you get chest pain with certain activities?				
	17. Do you get chest pain at work?				
	18. Do you have medical problems that might interfere with respirator use?				
	19. Have you ever had problems wearing a respirator?				
	20. Current level of activity/exercise Work/ <input type="checkbox"/> Sedentary <input type="checkbox"/> Non-Sedentary Do you exercise ? <input type="checkbox"/> Yes <input type="checkbox"/> No How Often ?				
	Explain "yes" answers by number				
	Employee Signature				Date:
Medical Department Use Only	<input type="checkbox"/> Approved <input type="checkbox"/> Approved With Restrictions <input type="checkbox"/> Denied <input type="checkbox"/> More Information Needed (Specify)				
	Restrictions Remarks				
	Physicians Signature			Date:	

To the Employer:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the Employee:

Can you read yes no

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and you seal this form and mail it directly to the address below. DO NOT FAX. Call University Health Services at (513) 584-4457 to reach the health care professional who will review this form if you have any questions.

University Health Services

ML 0460

1st floor Holmes Hospital

Section 1 (OSHA Part A Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator **Please Print.**

▪ Are you a UC student? yes no

1. Your name: _____ Employee ID# _____
2. Today's date: _____ DOB _____
3. Your age (to nearest year): _____
4. Gender (circle one): Male Female
5. Your height: _____ft. _____in.
6. Your weight: _____lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (include the Area Code): _____
11. Check the type of Respirator you will use (you can check more than one category):
 - a. _____N, R, or P disposable respirator (filter mask, non-cartridge type only).
 - b. _____Other type (for example, half- of full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus)
12. Have you worn a respirator before?
13. If "yes" what type(s) (not brand name) _____

Section 2 (OSHA Part A Mandatory): Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator please check "yes" or "no".

1. **yes** **no** Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?

2. Have you *ever had* any of the following conditions?
 - a. **yes** **no** Seizures (fits)
 - b. **yes** **no** Diabetes (sugar disease)
 - c. **yes** **no** Allergic reactions that interfere with your breathing
 - d. **yes** **no** Claustrophobia (fear of closed-in places)
 - e. **yes** **no** Trouble smelling odors

3. Have you *ever had* any of the following pulmonary or lung problems?
 - a. **yes** **no** Asbestosis
 - b. **yes** **no** Asthma
 - c. **yes** **no** Chronic bronchitis
 - d. **yes** **no** Emphysema
 - e. **yes** **no** Pneumonia
 - f. **yes** **no** Tuberculosis
 - g. **yes** **no** Silicosis
 - h. **yes** **no** Pneumothorax (collapsed lung)
 - i. **yes** **no** Lung cancer
 - j. **yes** **no** Broken ribs
 - k. **yes** **no** Any chest injuries or surgeries
 - l. **yes** **no** Any other lung problem that you've been told about

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
 - a. **yes** **no** Shortness of breath
 - b. **yes** **no** Shortness of breath when walking fast on level ground or walking up a slight hill or incline

- c. **yes** **no** Shortness of breath when walking with other people at an ordinary pace on level ground
- d. **yes** **no** Have to stop for breath when walking at your own pace on level ground
- e. **yes** **no** Shortness of breath when washing or dressing yourself
- f. **yes** **no** Shortness of breath that interferes with your job
- g. **yes** **no** Coughing that produces phlegm (thick sputum)
- h. **yes** **no** Coughing that wakes you early in the morning
- i. **yes** **no** Coughing that occurs mostly when you are lying down
- j. **yes** **no** Coughing up blood in the last month
- k. **yes** **no** Wheezing
- l. **yes** **no** Wheezing that interferes with your job
- m. **yes** **no** Chest pain when you breathe deeply
- n. **yes** **no** Any other symptoms that you think may be related to lung problems

5. Have you **ever had** any of the following cardiovascular or heart problems?

- a. **yes** **no** Heart attack
- b. **yes** **no** Stroke
- c. **yes** **no** Angina
- d. **yes** **no** Heart failure
- e. **yes** **no** Swelling in your legs or feet (not caused by walking)
- f. **yes** **no** Heart arrhythmia (heart beating irregularly)
- g. **yes** **no** High blood pressure
- h. **yes** **no** Any other heart problem that you've been told about

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

- a. **yes** **no** Frequent pain or tightness in your chest during physical activity
- b. **yes** **no** Pain or tightness in your chest during physical activity
- c. **yes** **no** Pain or tightness in your chest that interferes with your job
- d. **yes** **no** In the past two years, have you noticed your heart skipping or missing a beat
- e. **yes** **no** Heartburn or indigestion that is not related to eating
- f. **yes** **no** Any other symptoms that you think may be related to heart of circulation problems

7. Do you **currently** take medication for any of the following problems?
- a. **yes** **no** Breathing or lung problems
 - b. **yes** **no** Heart trouble
 - c. **yes** **no** Blood pressure
 - d. **yes** **no** Seizures (fits)
8. If you've used a respirator, have you ever had any of the following problems?
(If you've never used a respirator, check here and go to question 9)
- a. **yes** **no** Eye irritation
 - b. **yes** **no** Skin allergies or rashes
 - c. **yes** **no** Anxiety
 - d. **yes** **no** General weakness or fatigue
 - e. **yes** **no** Any other problem that interferes with your use of a respirator
9. **Would you like** to speak with the health care professional who will review this questionnaire about your answers to this questionnaire? **yes** **no**

Questions 10 to 15 below must be answered **by every employee who has been selected to use either**

- **A full-facepiece respirator** *or*
- **Self contained breathing apparatus (SCBA).**

For employees who have been selected to use other types of respirators, answering these questions is voluntary

10. **yes** **no** **Have you ever lost** vision in either eye (temporarily or permanently)
11. **Do you currently have** any of the following vision problems?
- a. **yes** **no** Wear contact lenses:
 - b. **yes** **no** Wear glasses:
 - c. **yes** **no** Color blind:
 - d. **yes** **no** Any other eye or vision problem

12. **yes** **no** *Have you ever had* an injury to your ears, including a broken ear drum?
13. Do you *currently* have any of the following musculoskeletal problems?
- a. **yes** **no** Difficulty hearing:
- b. **yes** **no** Wear a hearing aid:
- c. **yes** **no** Any other hearing or ear problem
14. **yes** **no** *Have you ever had* a back injury?
15. *Do you currently have* any of the following musculoskeletal problems?
- a. **yes** **no** Weakness in any of your arms, hands, legs, or feet:
- b. **yes** **no** Back pain:
- c. **yes** **no** Difficulty fully moving your arms and legs:
- d. **yes** **no** Pain or stiffness when you lean forward or backward at the waist:
- e. **yes** **no** Difficulty fully moving your head up or down:
- f. **yes** **no** Difficulty fully moving your head side to side:
- g. **yes** **no** Difficulty bending at your knees:
- h. **yes** **no** Difficulty squatting to the ground:
- i. **yes** **no** Climbing a flight of stairs or a ladder carrying more than 25 lbs:
- j. **yes** **no** Any other muscle or skeletal problem that interferes with using a respirator:

APPENDIX E **Fit Test Report**

Last Name:

First Name:

ID number _____

Last Name _____

Company _____

Location _____

Test Date _____

Test Time _____

Due Date _____

Respirator _____

Manufacturer _____

Model _____

Mask Style _____

Mask Size _____

Approval _____

Exercise	Duration	Fit Factor	Pass
Normal Breathing			
Deep Breathing			
Head Side to Side			
Talking			
Grimace			
Bend and Touch Toes			
Normal Breathing			
Overall Fit Factor			

Fit Test Operator _____ Date _____

Employee Signature _____ Date _____

APPENDIX F Section 1910.134 (Mandatory); Information for Employees Using Respirators When Not Required Under the Standard

The information in this Appendix is taken from the OSHA standard 29 CFR 1910.134 Appendix D, must be provided to employees who use respirators when such use is not required to prevent exposures above occupational limits. This information is mandatory whether the respirator is provided by the supervisor/employer or by the employee at his/her expense.

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:

- Contact the Office of Environmental Health and Safety (556-4968) prior to working in atmospheres that may require respiratory protection. EH&S will evaluate the types and quantities of contaminants to ensure that occupational limits will not be exceeded and that use is voluntary. If occupational exposure limits may be exceeded without use of a respirator, use is no longer considered voluntary and additional requirements apply.
- If intending to use any type of respirator, contact your supervisor to schedule a medical evaluation with University Health Service (584-4457). Voluntary use is subject to medical qualification.
- Use only 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. The label will provide information as to what the respirator is designed for and how much it will protect you.
- Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care and warnings regarding the respirators limitations.

- 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. If the containment of concern differs from what was originally evaluated call the Office of Environmental Health and Safety to re-evaluate the protection requirements.
- Employee should keep track of your assigned respirator so that you do not mistakenly use someone else's respirator.

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