

Sample

(Insert Company Name)

Respiratory Protection Program

Program Administrator: **(Insert Name)**

**Provided by:
Michigan Department of Licensing and Regulatory Affairs
Michigan Occupational Safety & Health Administration
Consultation Education & Training Division
(517) 284-7720**

NOTICE:

The purpose of this document is to aid in the development of written programs related to respiratory protection. There is no regulation requiring that an employer use this exact format in setting up a respiratory protection program. In order to be in compliance with 1910.134 as adopted by the Michigan Occupational Health Standards Commission, an employer may use this or any other format that will satisfy all the requirements of the standard. This program is designed to be adapted to each individual employer's need; forms should be shortened, expanded, or duplicated as needed. It does not substitute for a full reading of the standard.

PURPOSE

It is the policy of (**YOUR COMPANY NAME**) to provide its employees with a safe and healthy work environment. The guidelines established in this program are designed to help reduce employee exposure to occupational air contaminants. The primary objective is to provide employee protection from exposure to any respiratory hazard that may be encountered while performing various work assignments for this company. These hazards include: (i.e., **wood dusts, welding fumes, particulates, and organic vapors -add or subtract as necessary to reflect your site-specific hazards**).

Controlling employee exposures through engineering controls, such as ventilation and substitution of less toxic materials followed by proper work practices that reduce employee exposure are to be implemented first and foremost. When effective engineering controls are not feasible, or while they are being implemented or evaluated, respiratory protection may be required to achieve this goal.

In addition, certain program elements are required for voluntary use of disposable filtering face-piece respirators. In all applicable situations, respiratory protection and the expenses associated with training and medical evaluations is provided at no cost to the employee per the MIOSHA Part 451. Respiratory Protection Standard.

SCOPE & APPLICATION

This policy applies to all (**COMPANY NAME HERE**) employees who may be required to work in hazardous atmospheres in which contaminants that cannot be reduced by engineering controls and requires the utilization of respirators. This may include normal work processes/operations, maintenance activities and during some non-routine or emergency operations such as a spill of a hazardous chemical. All employees working in areas that require the need for respiratory protection (as outlined in the table below) must be enrolled in the company's respiratory protection program.

In addition, any employee who voluntarily wears a respirator when a respirator is not required (i.e., in certain maintenance and coating operations) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with certain information specified in this section of the program. Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluations and respiratory protection equipment will be borne by the company.

PROGRAM ADMINISTRATOR

This respiratory protection program is administered by the (**EMPLOYEE'S JOB TITLE** (i.e., **Safety Manager**)). This individual has the authority to act on any and all matters relating to the operation and administration of this program and is referred to as the Respiratory Protection Program Administrator. This person is responsible for monitoring or conducting exposure assessments of the respiratory hazard, selection of respiratory protection options, developing standard operating procedures and maintaining all records associated with the program. Other responsibilities also include administering the medical surveillance program, training employees of proper use, selection, donning/doffing of the respiratory protection, proper storage and maintenance of respiratory protection equipment, conducting annual program evaluations, conducting annual fit testing and updating this program as necessary.

RESPONSIBILITIES

Management/Supervisors

Supervisors are responsible for ensuring that the Respiratory Protection Program is implemented and followed in their particular areas and ensuring that the program requirements are understood by all employees. Additional duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) have received the medical evaluation, appropriate training and annual fit testing.
- Ensuring the availability of appropriate respirators and accessories.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection program.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitor their work areas and operations to identify hazards.

Employees

Each employee has the responsibility to wear his/her respirator when and where required and in a manner in which they were trained.

Additional responsibilities of the employee include:

- Maintain and store their respirators as instructed in a clean sanitary location.
- Inform their supervisor if the respirator no longer fits well, or new medical conditions arise and request a new evaluation when this occurs.
- Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace.

SELECTION PROCEDURES

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 MIOSHA standards. The Program Administrator will **conduct a hazard evaluation** for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include: an identification of the hazardous substances used in the workplace, by department, or work process and a review of 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. An employee exposure assessment (i.e., breathing zone air sampling) will be conducted to ensure proper respirator selection. In order to determine the employees' exposure level, air samples of the work place representative of the employee exposure will be used. Personal sampling equipment will be used in accordance with accepted industrial hygiene standards. Respiratory protection has been selected based on recent air sampling results.

The exposure assessment will be performed prior to the task requiring respiratory protection. A review of the assessment will be performed periodically to determine if respiratory protection is still required. If respiratory protection is still necessary, respirator selections will be reviewed to assure their continued suitability. Additionally, all respirators must be certified by the National Institute for Occupational Safety and Health (i.e., NIOSH) and shall be used in accordance with the terms of that certification. Respirators are selected and approved for use by the Program Administrator. The selection is based upon the type and concentration of contaminant to be encountered by the employee. Assigned protection factors (APFs) and maximum use concentrations (MUCs) must be determined when determining the appropriate type of respirator.

(NOTE: The employer must describe areas that require the use of respiratory protection here. This should include a brief description of the process, any engineering controls utilized and a description of employee exposure levels.)

AIR SAMPLING TESTING (Sample language to follow)

Air sampling was conducted in the breathing zone of employee(s) working at the **(describe operation)** to evaluate the employee(s) exposure to **(list contaminants)**. The testing results are shown on the attached Air

Contaminant Data Sheet(s). These results indicate that the employee(s) **(was/ or was not – choose one)** exposed to air contaminant(s) in excess of permissible exposure limits (PELs). Employee exposures were equal to _____ mg/m³ or ppm (**circle one**). Employees will be required to wear (**DESCRIBE RESPIRATORY PROTECTION**) as noted in Table 1. Local exhaust ventilation (**choose one – is OR is not**) available for this process.

RESPIRATOR USE

The results of the hazard evaluation are shown in Table 1.

| TABLE 1: VOLUNTARY AND REQUIRED RESPIRATOR USE | | |
|---|---|---|
| Respirator | Required OR Voluntary (circle one) | Department/Process |
| Filtering face-piece (disposable dust mask) | required OR voluntary | Job description + contaminant (i.e., Maintenance – light end of shift sweeping activities) |
| Half-face (elastomeric) air purifying respirator (APR) with N100 filters (i.e., 99.97% efficient) | required OR voluntary | Job description + contaminant (i.e., asbestos, lead, arsenic, cadmium) |
| Half-face (elastomeric) air purifying respirator (APR) with N95 filters (i.e. 95% efficient) | required OR voluntary | Job description + contaminant (i.e., welding fume, wood dust, crystalline silica (could also use a N100)) |
| Half-face (elastomeric) respirator with organic vapor (OV) cartridges | required OR voluntary | Job description + contaminant (i.e., solvents, paint thinner, xylene, glutaraldehyde) |
| Supplied-air respirator (SAR) | required OR voluntary | Job description + contaminant (i.e., carbon monoxide, cyanides, spraying isocyanate containing coatings) |
| Self-contained breathing apparatus (SCBA) or Escape SCBA | required OR voluntary | Job description + contaminant (i.e., fire-fighting, emergency response, emergency escape) |
| | required OR voluntary | Job description + contaminant (i.e., |
| | required OR voluntary | Job description + contaminant (i.e., |

(NOTE: These are samples only. The employer must select and utilize the appropriate respiratory protection for the contaminants present at their worksite. Consult the manufacturers’ respirator selection guide when selecting respirators. Customize the table above by listing site-specific operations and types of respiratory protection that are used at your facility.)

The Program Administrator will provide all employees who *voluntarily* choose to wear either a filtering face-piece or elastomeric style respirator with the information contained in **Appendix D** of the standard (see below).

Appendix D (for voluntary use respirators)

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when employee 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 substances does not exceed the limits set by OSHA/MIOSHA 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 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 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.

Employees voluntarily choosing to wear a half-face-piece APR must also comply with the sections of this program relating to medical evaluation, respirator use, cleaning, maintenance and storage. The Program Administrator shall authorize all voluntary use of respiratory protective equipment as requested by workers on a case-by-case basis. Approval to wear a respirator will depend on specific workplace conditions and the results of the medical evaluation.

Respirators will be purchased from **(SUPPLY COMPANY NAME HERE)**. The following respirators have been approved:

1. 3M Particulate Respirator #8210 - N95 (example - enter respirators used here)
2. 3M Particulate Respirator #8233 - N100
3. _____

Replacement respirators, disposable filtering face-piece APRs and cartridges/filters will be available in/at the **(DESCRIBE LOCATIONS HERE)**.

EMERGENCY PROCEDURES:

(NOTE: Employer should add/subtract these headings as deemed necessary.)

The following work areas have been identified as having potential emergencies:

(_____)

When the emergency alarm sounds/evacuation command given, employees in the affected area must immediately don their emergency escape respirator, shut down their process equipment, and exit the work area to a safe and secure area. All other employees must immediately evacuate the building. **(YOUR COMPANY NAME HERE)** Emergency Action Plan describes these procedures (including proper evacuation routes and safe head-count locations) in greater detail.

Emergency escape respirators are located:

(Describe locations of emergency escape respirators here, if applicable)

(_____)

Employees of **(YOUR COMPANY NAME HERE)** that use escape only respirators, are **not** trained as emergency responders, and are not authorized to act in such a manner. When the evacuation alarm or command is given, all employees will leave the building, gather at the designated safe area or head-count location and wait for an all clear from the designated emergency responders. Once an evacuation command is given employees **are not** permitted to enter back into the building until an all clear command has been established.

If self-contained breathing apparatus (SCBA) respirators are maintained for use in emergency situations they shall be inspected at least monthly. Required documentation of this inspection must include: the unit's identification number, inspection date, inspector's name, findings and any required action.

BREATHING AIR QUALITY

For supplied-air respirators (i.e., SAR), only Grade D breathing air shall be used. Grade D breathing air may be provided in cylinders or by an air compressor system that has routine air quality checks, to ensure the quality of the breathing air being provided. Compressors used to supply breathing air must have suitable in-line air-purifying sorbent beds and filters and must have high heat alarms/shut-off, carbon monoxide monitor/alarm, oil filter/trap, and a water removal trap; in accordance with Part 451. Respiratory Protection. A tag noting the date of most recent filter change must be signed by the employee who performed the change.

MEDICAL EVALUATION

Employees who are either required to wear respirators, or who choose to wear an APR voluntarily, must pass a medical exam before being permitted to wear a respirator on the job. Employees are **not** permitted to wear respirators until a physician or other licensed health care professional (PLHCP) has determined that they are medically able to do so. The only exception to this is the voluntary use of filtering face-piece style (dust mask) respirators. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

A PLHCP at (**INSERT NAME OF MEDICAL CLINIC**) will provide the required respirator medical evaluations. The medical evaluation procedure is as follows:

- The medical evaluation will be conducted using the questionnaire provided in **Appendix C** of Part 451. Respiratory Protection. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations. Employees will be permitted to fill out the questionnaire on company time.
- To the extent feasible, the company 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 PLHCP for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the company PLHCP.
- Follow-up medical exams will be granted to employees as deemed necessary by the PLHCP.
- The Program Administrator has provided the medical clinic PLHCP with a copy of this program, a copy Part 451. Respiratory Protection, the list of hazardous substances by work area, and for each employee requiring evaluation: his or her work area or job title, proposed respirator type and weight, length of time required to wear respirator, expected physical work load (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective clothing required.
- Any employee required for medical reasons to wear a positive pressure air-purifying respirator will be provided with a powered air-purifying respirator.
- After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
 - Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
 - The medical clinic PLHCP or supervisor informs the Program Administrator that the employee needs to be reevaluated.
 - Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
 - A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and the PLHCP.

FIT TESTING

Fit testing is required for employees who are required to wear any tight-fitting respirator and shall be conducted:

- Prior to the employee being allowed to use that type of respirator.
- Annually.
- When there are changes in the employee's physical condition that could affect respiratory fit (i.e., obvious change in body weight, facial scarring, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of PAPRs is to be conducted in the negative pressure mode.

The Program Administrator will conduct qualitative (pass or fail) fit testing using the following the approved protocol (**INSERT FIT TESTING METHOD HERE (i.e., Bitrex Solution Aerosol QLFT)**). Approved fit-testing protocols can be found in **Appendix A** of the Standard. The Program Administrator will evaluate on a case-by-case basis whether quantitative fit testing (QNFT) is required.

USE, MAINTENANCE & STORAGE

Employees assigned to jobs requiring the use of respirators will be instructed by their supervisor relative to their responsibilities in the respiratory protection program. They will be instructed in the need, use, limitations, and care/maintenance of their respirator. If additional information/training is required contact the Program Administrator.

- 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, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- All employees shall conduct **“user seal checks”** (this is **NOT** the same as a “fit test”) **each time** that they wear their 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 Protection Standard**.
- Employees are **not** permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or any condition that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the face to face-piece seal.

Respirators must be properly maintained to retain their original effectiveness. The maintenance program will consist of daily inspection, any necessary repairs, cleaning and proper storage. The wearer of the respirator will inspect it daily prior to use. Supervisors will periodically spot check respirators for fit, usage, proper storage and the respirator's overall condition. The use of a defective respirator is not permitted and must be replaced or repaired.

The following checklist will be used when inspecting respirators:

- **Face-piece:** Examine for cracks, tears, holes, facemask distortion, cracked or loose lenses/face-shield. Head straps: Examine for breaks or tears and broken buckles/connectors.
- **Valves:** Examine for residue or dirt, cracks or tears in valve material.
- **Filters/Cartridges:** Examine for approval designation (i.e., proper cartridge for the hazard), gaskets, cracks or dents in housing.
- **Supplied Air Systems (SAR):** Confirm breathing air quality is at least Grade D, examine the condition of the supply hoses, hose connections and the settings on the regulators, valves and alarms.

For any malfunction of an APR (i.e., such as chemical breakthrough, face-piece leakage, or improperly working valves), the respirator wearer will inform their supervisor that the respirator no longer functions as intended. The supervisor must ensure that the employee receives the needed parts to repair the respirator or is provided with a new respirator. Chemical breakthrough **is not acceptable** and cartridge type respirators **must be changed prior to breakthrough occurring**. Please review the Respirator Cartridge Change-out Schedule.

During cleaning and maintenance, respirators that do not pass inspection will be removed from service and will be discarded or repaired. Repairs must be done with parts designed for the specific respirator in accordance with the manufacturers' recommendations. Respirators (except filtering face-piece types) will be cleaned according to the manufacturer's instructions or at a minimum as described in Appendix B-2 of Part 451. Respiratory Protection.

The following procedure shall be used for cleaning and disinfecting all respirators:

- Disassemble respirator, removing any filters, canisters, or cartridges.
- Wash the face-piece and associated parts in mild detergent with warm water. (Do not use organic solvents. They will deteriorate the face-piece.)
- Rinse completely in clean warm water.
- Wipe the respirator with a disinfectant wipe to kill germs.
- Allow to air dry in a clean area or hand dry with a clean lint-free cloth.
- Reassemble the respirator and replace any defective parts.
- Place in a clean, dry plastic bag or other air tight container.

(NOTE: The Program Administrator will ensure an adequate supply of appropriate cleaning and disinfection materials at the cleaning station. If supplies are low, employees should contact their supervisor, who will inform the Program Administrator.)

Respirators must be stored in a location where they are protected from sunlight, dust, heat, cold, moisture and damaging chemicals. They shall be stored in a manner to prevent deformation of the face-piece and exhalation valve. APRs will be stored in re-sealable bags (i.e., a Ziploc gallon size bag). If the respirator is used by more than one employee, the respirator will be cleaned immediately after each use and properly stored for the next user.

RESPIRATOR CARTRIDGE CHANGE-OUT SCHEDULE

Employees wearing elastomeric face-piece (i.e., rubber or silicone) APRs with particulate filters shall change the cartridges on their respirators when they first begin to experience difficulty breathing (i.e., breathing resistance).

Employees wearing elastomeric face-piece (i.e., rubber or silicone) APRs **with chemical cartridges** shall change the filter cartridges **before** chemical break-through occurs. Break-through is the ability to detect/smell/sense the contaminant while the respirator is in place on the operator's face with an appropriate seal between the employee's face and the respirator's face-piece. Break-through occurs when the chemical cartridge is saturated with the contaminant. This condition allows the contaminant to pass through the cartridge along with the operator's inhaled breath to the inside of the respirator mask and eventually into the operators' lungs/body. The purpose of this change-out schedule is to remove the used chemical cartridges before break-through occurs while the operator is wearing the respirator. Employee exposure levels must be known prior to the development of a proper change-out schedule.

Exposure levels have been evaluated at the (Describe operation) .

The main chemical contaminant of concern is: (Chemical name) .

Exposure levels for this operation/facility were determined to be (Customize and select from below):

1. None Detected, Trace levels or < 20 ppm (i.e., parts per million).

If the concentrations of contaminants are none detected, trace levels or < 20 ppm then the respirator chemical cartridges must be changed weekly.

2. < 200 ppm.

If the concentrations of contaminants are < 200 ppm then the respirator chemical cartridges must be changed after every 8 hours of use.

3. At or in excess of the established limits. Exposure Level = _____.

If the concentrations of contaminants are near, at, or in excess of an established limit, then the chemical cartridges must be changed per the manufacturer's recommendations. These higher levels of contaminants in an operator's breathing zone will require more frequent chemical cartridge change-out to occur (i.e., less than eight hours, possibly as low as one hour maximum, dependent on contaminant, concentration, breathing rate and manufacturer of the cartridges used).

The chemical cartridge change-out requirements for the (Describe operation(s) and then choose one from list below) will be:

1. Cartridges changed every week (i.e., 40 hours of use).
2. Cartridges changed at the end of 8 hours.
3. Other (per manufacturers' calculations): _____

Other considerations for cartridge change-outs that can be utilized:

- If the chemical's boiling point is less than 65C (149F), regardless of low level exposures, the cartridges must be changed at shift end (after every eight hours). Chemicals with this characteristic can desorb from the charcoal overnight and cause exposure to employees donning the respirator the next day.
- If the chemical's boiling point is > 70C (158F) and the concentration is less than 200 ppm, you can expect a cartridge service life of eight hours at a normal work rate.
- Cartridge service life is inversely proportional to work rate. Heavy work efforts will speed up the service life of a chemical cartridge thus reducing its time of usage.
- Reducing concentration by a factor of ten will increase cartridge service life by a factor of five.
- Humidity above 85% will reduce cartridge service life by 50%.
- Some chemical cartridges may be available with an end-of-service life indicator on them.

Mixtures of chemicals currently cannot be utilized to determine a chemical cartridge's change-out schedule. It is recommended to utilize the most toxic component at the highest concentration for the change-out determination and provide additional protection (i.e., reduce the time in use). Use the supplying manufacturers recommended service life. Do not use another manufacturers' recommendation for a chemical cartridge's service life other than that provided by the specific manufacturer.

When chemicals with poor warning properties are present, employees should not utilize air-purifying respirators and an air supplying respirator is the respirator of choice.

TRAINING

The Program Administrator will provide training to respirator users and their supervisors on the contents of this Respiratory Protection Program. Employees will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators.

The training course will cover the following topics:

- The site-specific Company Respiratory Protection Program
- Part 451. MIOSHA's Respiratory Protection standard
- Workplace respiratory hazards encountered and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks
- Fit testing
- Emergency use procedures
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators

Employees will be retrained annually or as needed (i.e., if they change departments and need to use a different respirator). Employees must demonstrate knowledge in that the training they received was effective (i.e., through hands-on exercises, written test). Respirator training will be documented by the Program Administrator.

PROGRAM EVALUATION

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records

DOCUMENTATION & RECORDKEEPING

A written copy of this program and the MIOSHA standard is kept in the Program Administrator's office and is available to all employees who wish to review it. Also maintained are copies of training and fit test records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The Program Administrator will also maintain a copy of the PLHCP written recommendation regarding each employee's ability to wear a respirator (medical evaluation) for all employees covered under the respirator program. The completed medical questionnaire and the PLHCP documented findings are confidential and will remain at the medical clinic.

RESPIRATOR FIT TESTING FORM

IMPORTANT NOTE: Fit testing will **NOT** be performed if there is any interference with the respirator's face-to-face-piece seal (i.e., beards/facial hair growth where face and respirator seal).

Company Name: _____

Employee Name: _____

Employee Number: _____

Job Title: _____

Work Area: _____

Test Date: _____

Test Conductor: _____

Test Location: _____

Supervisor: _____

Respirator Brand/Type/ Model Number: _____

Cartridge/Pre-Filter Type Used: _____

Respirator Size (circle one): S M L XL one-size

Frequency of use (i.e., hours/day, times/month): _____

Expected Physical Workload (circle one): Light Moderate Heavy

High Temperature & Humidity Extremes (circle one): Yes No

Additional Personal Protective Equipment Required: _____

Fit Testing Protocol (circle one below):

Qualitative (QLFT): Bitrex™, Isoamyl Acetate, Irritant Smoke, Saccharin Aerosol

Quantitative (QNFT): Portacount System Other: _____

NOTE: The fit testing methodology used should be described in the written respirator program.

Has a proper face fit been obtained (circle one): Yes No

If at any time you notice that the respirator is damaged, you can taste or smell contaminants, an irritation develops, breathing becomes difficult, or you experience dizziness or distress, please leave the unsafe atmosphere immediately and then remove the respirator. Consult your supervisor immediately. You may have a leak in your respirator, the cartridges may need replacement, or there may be some other problem.

Employee Signature: _____ **Date:** _____



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request to individuals with disabilities.