1.0 POLICY:

It is the policy of the City of Winona to protect its employees from hazards caused by breathing contaminated air. The objective of this program is to reduce employee exposure to occupational dusts, fogs, fumes, mists, gases, smokes, sprays or vapor through accepted engineering and work practices. Respiratory protection may be required to achieve the goal of preventing excessive or unexpected exposure to occupational contaminates.

The City of Winona will provide respirators to protect employees' health when they must do tasks that put them at risk of exposure to respiratory hazards. The employees will be provided with instruction on the potential hazards, medical evaluation to determine capability to work with a respirator, training on the use of a respirator, fit testing to determine effectiveness and how to clean/ store this equipment. No hazardous tasks will be undertaken until complete evaluation and training has been accomplished. Training and fit testing will be both initial and annual for all employees who have the potential for respiratory hazard exposure.

Some employees may desire to wear respirators during certain operations that do not require respiratory protection but would provide comfort in task performance. These situations will be reviewed on a case-by-case basis. If the use of a respirator does not jeopardize the health or safety of the workers, use shall be permitted. Voluntary use of a respirator will be subject to requirements within this program. Appendix D of OSHA Standard 1910.134, detailing requirements.

2.0 ORGANIZATIONS AFFECTED:

All departments/divisions

3.0 PROPER SELECTION

Respirators will be selected on the basis of hazards to which the worker is exposed using ANSI 288.2 selection procedure and in accordance with OSHA standards. The determination of necessary use and respirator type will be done by the program administrator who shall receive recommendation from the department head/supervisor and/or safety team. Refer to table 1, "Required and Voluntary Respirator use" for identified departmental hazards and necessary selected respiratory protection for operational tasks. The program administrator will conduct hazard evaluation on all work processes and environments at least annually for respiratory hazards.

Table 1: Required and Voluntary Respirator use and Selection at the City of Winona

Department/Operational Process	Exposure	Recommended Respiratory Type All NIOSH Certified
Voluntary use: All Departments ???	Dust	** filtering facepieces (dust masks)
WWTP/Water Chlorine/SO2 Tank "Valve changes only"	Vapors – chlorine SO2	Full facepiece: cartridge filter or papar w/hood/SCBA
Police/SWAT operations	Tear gas or other	Full facepiece/cartridge
Park Maintenance	Chlorine or herbicides	Full facepiece specific for vapors
Fire/Hazmat, firefighting	Possibly any chemical/smoke, etc. IDLH atmospheres	Full facepiece with cartridge/SCBA

* Atmospheres which are determined to be immediately dangerous to life or health (IDLH) shall not be entered by City of Winona employees other than in emergencies by fire department personnel properly trained and fitted to enter these atmospheres. All work activities requiring entry into IDLH atmospheres shall be done by hired contractors who have demonstrated proper respirator protection program compliance. (City of Winona Fire Department will have additional policy/program requirements).

** Dust mask use permitted by all employees of the City of Winona without being required to be in Respiratory Protection Program.

4.0 RESPONSIBILITIES:

4.1 Administration of the City of Winona's Respirator Protection Program shall be through the Safety and Health Department. The department's coordinator, Susan Priem, COHNS, will have the responsibility for hazard evaluation, selection, medical evaluation, issuance, training, fit testing and record keeping of all respiratory use by City of Winona employees. This program shall be reviewed and updated periodically by the coordinator with the assistance of the City of Winona Safety Team and department heads.

4.2 Department Heads

4.2.1 The Department Heads will be responsible to determine what specific applications require the use of respiratory equipment with the recommendation of the Safety Team (see statement). Department head must also provide proper respiratory equipment to meet the needs of each specific application. Employees must be provided with adequate training, medical evaluation and instructions on all equipment.

4.2.2 Superintendents, supervisors, foremen, or group leaders of each area are responsible for insuring that all personnel under their control are completely knowledgeable of the respiratory protection requirements for the areas in which they work. They are also responsible for insuring that their employees comply with all facets of this respiratory program, including respirator inspection and maintenance. Responsibility for compliance with all aspects of this established program is their responsibility. These individuals must continually monitor work areas and identify any respiratory hazards to department and/or program administrator.

4.2.3 It is the responsibility of the employee to have an awareness of the respiratory protection requirements for their work areas. Employees are also responsible for wearing the appropriate respiratory equipment as trained and for maintaining the equipment in a clean and operable condition. Employees who have not received training, have been medically qualified, and/or fit tested, shall not utilize respirators.

5.0 MEDICAL EVALUATION

All City of Winona employees required to wear respirators must complete an approved medical questionnaire (See 1910.134, Appendix 1) and be evaluated by a licensed health care professional. These individuals will not be permitted to wear respirator until a physician has determined they are medically able to do so. Any employee refusing to complete this medical evaluation will not be able to work in an area requiring respirator use.

Medical Evaluation procedure to be followed:

1. Employee will complete questionnaire (Appendix 1) Form
2. Basic medical evaluation will be completed and completed questionnaire reviewed by

Safety and Health Coordinator.

3. Follow-up medical exams will be assigned or granted for all employees requesting or required by the standard and/or as deemed necessary.
4. A "medical recommendation for use of respirator" form (Appendix 2) from the doctor granting use and defining any limitations to use must be part of the employees health record before respirators can be worn. Form
5. After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
   a) Employees report signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
   b) The employees' physicians or supervisor informs the Program Administrator that the employee needs to be reevaluated.
   c) Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.
   d) A change occurs in workplace conditions that may result in an increase physiological burden on the employee.
   e) More than 3 years since last exam has occurred.

6.0 FIT TESTING

Employees will be required to be fit tested annually wearing the respirator they will be using to perform their job. Several sizes of respirator will be offered to accommodate the need to establish a tight fitting face piece. Facial hair or any item that comes between the sealing surface of the face piece and the face or interferes with any of the respirator valves is not allowed on persons using respirators for CITY OF WINONA employment. Employees will be fit tested with the make, model and size of respirator that they will actually wear. The program administrator or their designee will conduct fit tests using the irritant smoke protocol (Appendix 3) and Respiratory Fit Test Record (Appendix 4) which have been designed to follow OSHA recommendations. A Respirator qualitative Fit Test exercise will be performed passed and recorded for all employees before they can use a respirator at their worksite. This testing must be repeated successfully annually. A seal test must also be successfully performed each time the employee puts on the respirator.

7.0 MAINTENANCE AND CARE

Respirators are to be cleaned and disinfected after every use. The following procedure is to be used when cleaning and disinfecting respirators:

- Disassemble respirator, removing any filters, Canisters or cartridges.
- Wash the facepiece and associated parts in a warm mild detergent wash.
- Rinse completely with clean warm water.
- Air-dry in a clean area.
- Reassemble the respirator and replace any worn or defective parts.
- Place in a clean dry plastic bag and store in a locker or clean place.

All parts to the respirator should be inspected after each use and worn parts replaced prior to breaking whenever possible. Canisters must be replaced after two to three uses or at least every year.

8.0 TRAINING

The program administrator or their designee will provide training before being assigned to a task requiring respirator use and annually. Each participant must have a health care provider's approval or recommendation prior to being trained or assigned a respirator. This training will cover:

- Why the respirator is necessary and how improper fit, usage or maintenance can compromise effectiveness.
- Review of the CITY OF WINONA'S policy and expectations of use.
- How to inspect, clean and properly put on the respirator.
- Seal fit testing checks to be done prior to each use.
- Fit testing requirements and procedure.
- How to recognize personal health signs and symptoms which may limit or prevent the effective use of a respirator.

Respirator training will be documented on each employee successfully completing the training.

9.0 DOCUMENTATION AND RECORD KEEPING

The program administrator will keep confidential records on employees respiratory information. The records to be maintained in the employee's health record will include:

- Medical questionnaire and evaluation recommendations from health care provider.
- Fit test record (annually)
- Respiratory Program Training

10.0 PROGRAM EVALUATION

The Respiratory protection program will be evaluated by the program administrator and the

CITY OF WINONA Safety team on an annual bases and whenever a new hazard is added to the tasks to be done by the CITY OF WINONA employees which may present a respiratory hazard.

APPENDIX 1

City of Winona

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

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 (circle one): 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 your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

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

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: ___ft. ___in.

6. Your weight:____lbs.

7. Your job title/department:_____

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: _____

1 0. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

1 1. 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- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No
    If "yes," what type(s): _____
    _____

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

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

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

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

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

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

6. Have you *ever had* any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest: Yes/No
   b. Pain or tightness in your chest during physical activity: Yes/No
   c. Pain or tightness in your chest that interferes with your job: Yes/No
   d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
   e. Heartburn or indigestion that is not related to eating: Yes/ No
   f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you *currently* take medication for any of the following problems?
   a. Breathing or lung problems: Yes/No
   b. Heart trouble: Yes/No
   c. Blood pressure: Yes/No
   d. Seizures (fits): Yes/No

8. If you've used a respirator, have you *ever had,* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
   a. Eye irritation: Yes/No
   b. Skin allergies or rashes: Yes/No
   c. Anxiety: Yes/No
   d. General weakness or fatigue: Yes/No
   e. Any other problem that interferes with your use of a respirator: Yes/No

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

Questions 1 0 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?
    a. Wear contact lenses: Yes/No
    b. Wear glasses: Yes/No
    c. Color blind: Yes/No
    d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No-@-

13. Do you *currently* have any of the following hearing problems?
    a. Difficulty hearing: Yes/No
    b. Wear a hearing aid: Yes/No
    c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?
    a. Weakness in any of your arms, hands, legs, or feet: Yes/No
    b. Back pain: Yes/No
    c. Difficulty fully moving your arms and legs: Yes/No
    d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
    e. Difficulty fully moving your head up or down: Yes/No
    f. Difficulty fully moving your head side to side: Yes/No

g. Difficulty bending at your knees: Yes/No
h. Difficulty squatting to the ground: Yes/No
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

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

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
   If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. 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: _____
   _____

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

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. 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

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and 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 if you know them: _____

10. Will you be using any of the following items with your respirator(s)?
    a. HEPA Filters: Yes/No
    b. Canisters (for example, gas masks): Yes/No
    c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:
    a. Escape only (no rescue): Yes/No
    b. Emergency rescue only: Yes/No
    c. Less than 5 hours *per week* Yes/No
    d. Less than 2 hours *per day.* Yes/No
    e. 2 to 4 hours per day: Yes/No
    f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:
    a. *Light* (less than 200 kcal per hour): Yes/No
    If "yes," how long does this period last during the average shift: ___hrs. ___mins.
    Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

    b. *Moderate* (200 to 350 kcal per hour): Yes/No
    If "yes, " how long does this period last during the average shift: ___hrs. ___mins.
    Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

    c. *Heavy* (above 350 kcal per hour): Yes/No
    If "yes," how long does this period last during the average shift: ___hrs. ___mins.
    Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling, standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. 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: _____

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

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s): _____
    _____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): _____
    _____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):
    Name of the first toxic substance: _____
    Estimated maximum exposure level per shift: _____
    Duration of exposure per shift _____
    Name of the second toxic substance: _____
    Estimated maximum exposure level per shift: _____
    Duration of exposure per shift: _____
    Name of the third toxic substance: _____
    Estimated maximum exposure level per shift: _____
    Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

_____

_____

19. 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):

_____

_____

APPENDIX 2

City of Winona
Respiratory Protection Program

PLHCP Recommendation for Respirator Use

To: _____
Re: Medical Recommendation for Respirator Use
Date: _____

My opinion, based upon the questionnaire submitted by this employee _____, is that employees of your department: (*Only one may be checked)*

1. _____ does have the medical ability to wear and use a Respirator
2. _____ requires further medical evaluation (see list below);
3. _____ does not have the medical ability to wear and use a Respirator.

The following is a list of limitations (if any) to the use of a respirator due to medical conditions:

No limitations: _____
Limitations: _____

This employee requires the following additional test(s) or examinations(s) in order to adequately evaluate their medical ability to wear and use a Respirator. The results of all tests and examinations must be forwarded to the PLHCP prior to issuance of final determination on medical ability to wear and use a respirator for any job.

Tests or Examinations: _____

_____

This employee does ____ does not ___ require a follow-up medical evaluation. Reevaluate in one (1) year _____ two (2) years _____ three (3) years _____

This employee has been given a copy of this recommendation.

___ yes ___ no

Signed: _____ D.O./M.D./P.A./N.P.

*PLHCP – Physician or other licensed health care professional

APPENDIX 3

Irritant Smoke (Stannic Chloride) Protocol

This qualitative fit test uses a person's response to the irritating chemicals released in the "smoke" produced by a stannic chloride ventilation smoke tube to detect leakage into the respirator.

A) General Requirements and Precautions

1. The respirator to be tested shall be equipped with high efficiency particulate air (HEPA) or PI 00 series filter(s)

2. Only stannic chloride smoke tubes shall be used for this protocol.

3. No form of test enclosure or hood for the test subject shall be used.

4. The smoke can be irritating to the eyes, lungs and nasal passages. The test conductor shall take precautions to minimize the test subject's exposure to irritant smoke. Sensitivity varies, and certain individuals may respond to a greater degree to irritant smoke. Care shall be taken when performing the sensitivity screening checks that determine whether the test subject can detect irritant smoke to use only the minimum amount of smoke necessary to elicit a response from the test subject.

5. The fit test shall be performed in an area with adequate ventilation to prevent exposure of the person conducting the fit test or the build-up of irritant smoke in the general atmosphere.

B) Sensitivity Screen Check

The person to be tested must demonstrate his/her ability to detect a weak concentration of the irritant smoke.

1 The test operator shall break both ends of a ventilation smoke tube containing stannic chloride, and attach one end of the smoke tube to a low flow air pump set to deliver 200 milliliters per minute, or an aspirator squeeze bulb. The test operator shall cover the other end of the smoke tube with a short piece of tubing to prevent potential injury from the jagged end of the smoke tube.

2. The test operator shall advise the test subject that the smoke can be irritating to the eyes, lungs and nasal passages and instruct the subject to keep his/her eyes closed while the test is performed.

3. The test subject shall be allowed to smell a weak concentration of the irritant smoke before the respirator is donned to become familiar with its irritating properties and to determine if he/she can detect the irritating properties of the smoke. The test operator shall carefully direct a small amount of the irritant smoke in the test subject's direction to determine that he/she can detect it.

C) **Irritant Smoke Fit Test Procedure**

1. The person being fit tested shall don the respirator without assistance and perform the required user seal check(s)

2. The test subject shall be instructed to keep his/her eyes closed.

3. Th test operator shall direct the stream of irritant smoke from the smoke tube toward the face seal area of the test subject, using the low flow pump or the squeeze bulb. The test operator shall begin at least 12 inches from the face piece and move the smoke stream around the whole perimeter of the mask. The operator shall gradually make two more passes around the perimeter of the mask, moving to within 6 inches of the respirator.

4. If the person being tested has not had an involuntary response and/or detected the irritant smoke, proceed with the test exercise.

5. The exercises identified in section I.A. 14. of this appendix shall be performed by the test subject while the respirator seal is being continually challenged by the smoke, directed around the perimeter of the respirator at a distance of 6 inches.

6. If the person being fit tested reports detecting the irritant smoke at any time, the test is failed. The person being re-tested must repeat the entire sensitivity check and fit test procedure.

7. Each test subject passing the irritant smoke test without evidence of a response (involuntary cough, irritation) shall be given a second sensitivity screening check, with the smoke from the same smoke tube used during the fit test, once the respirator. has been removed, to determine whether he/she still reacts to the smoke. Failure to evoke a response shall void the fit test.

8. If a response is produced during this second sensitivity check, then the fit test is passed.

APPENDIX 4

Respirator Fit Test Record

A. Employee: _____ Date: _____
Employee Social Security Number: _____
Employee Job Title/Description: _____

B. Employer: _____
Location/Address: _____

C. Respirator Selected: _____ Manufacturer: _____
NIOSH Approval Number: _____
Model: _____

D. Conditions which could affect respirator fit:
Clean shaven ❑ Facial Scar ❑
1-2 Day Beard Growth ❑ Dentures Absent ❑
2 + Days Beard Growth ❑ Glasses ❑
Moustache ❑ None ❑
Comments: _____
_____

E. Fit Checks:
Negative Pressure: Pass ❑ Fail ❑Not Done ❑
Positive Pressure: Pass ❑ Fail ❑Not Done ❑

F. Fit Testing
Quantitative ❑ Fit Factor: _____
Qualitative ❑ Isoamyl Acetate Pass ❑ Fail ❑
Irritant Smoke Pass ❑ Fail ❑

Comments: _____
_____
_____

G. Employees acknowledgement of test results: _____

Employee Signature: _____ Date: _____
Test Conducted By: _____ Date: _____

The above respirator fit test was performed on and by the persons listed. The results indicate the performance of the listed respiratory protective as fitted on the employee named on this record under controlled conditions. Fit testing as performed measures the ability of the respiratory device to provide protection to the individual tested. The Test Conductor express or imply no guarantee that this or a respiratory protective device will provide adequate protection under conditions other than those present when this test was performed. Improper maintenance or application of this or any other respiratory protective device will reduce or eliminate protection.

Fit Testing Exercise

From I.A. 14 Appendix A to 1910.134 Fit Testing Procedures

This exercise is for Qualitative Test *only*.

1. Normal breathing: In a normal standing position, without talking, the subject shall breathe normally.

2. Deep breathing: In a normal standing position, the subject shall breathe slowly and deeply, taking caution so as not to hyperventilate.

3. Turning head side to side: Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.

4. Moving head up and down: Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).

5. Talking: The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared text such as the Rainbow Passage, count backward from 100, or recite a memorized poem or song.

6. Bending over: The test subject shall bend at the waist as if he/she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such a shroud type QNFT or QLFT units that do no permit bending over at the waist.

7. Normal breathing: Same as exercise #1

NOTE: Each test exercise shall be performed for one minute. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment will void the test, and the fit test must be repeated.