

Michigan Department of Consumer and Industry Services  
Bureau of Safety and Regulation  
Occupational Health Division

# A MODEL FOR A FIRE SERVICE RESPIRATORY PROTECTION PROGRAM

## **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.

BSR-OH-999 (1/99) Authority: P.A. 154 of 1974

## **Purpose:**

General Industry standard 1910.134 of the Michigan Occupational Health Standards requires that a Respiratory Protection Program shall be established whenever respirators are required to be used in an occupational setting. This program is a guideline to prevent employee overexposure to atmospheric contaminants and oxygen deficient atmospheres which are potentially harmful to health.

## **Scope and Application:**

This written respirator program has been prepared for (Fire Department Name). It applies to all employees assigned to wear respirators.

Established: (Date) Signed:

(Chief or Designee)

## **RESPONSIBILITIES**

**Employer:**

- Determine the need for respiratory protection.
- Establish and maintain a Respiratory Protection Program in compliance with all requirements of 1910.134 of the Michigan Occupational Health Standards.
- Provide all employees in the program with respirators appropriate to the purpose intended.

#### **Employees:**

- Wear assigned respirator when and where required and in the manner in which they were trained.
- Care for and maintain their respirators as instructed, and store them in a clean and sanitary location.
- Inform supervisor if the respirator no longer fits well, and request a new one that fits properly.
- Inform supervisor or the Program Administrator of any respiratory hazards that are not adequately addressed in the workplace and of any other concerns regarding the program.

#### **Program Administrator**

The (Fire Department) has designated (Person name/or title) as Program Administrator. This person administers or oversees the respiratory program including evaluating its effectiveness.

**Note: The program administrator may designate other employees to carry out specific functions.**

#### **SELECTION OF RESPIRATORS IN THE WORKPLACE AND PROCEDURES FOR USE IN FIREFIGHTING:**

It is the policy of the Fire Department that all personnel expected to respond and function in toxic atmospheres shall be equipped with SCBA and trained in its proper use and care. These respirators shall be used in accordance with the manufacture's recommendations and Michigan Fire Fighter Training Council performance testing guidelines.

#### **Respirators for IDLH (Immediately Dangerous to Life and Health) Atmospheres:**

Atmosphere supplying respirators operated in a positive pressure mode shall be used by all personnel working in areas where:

The atmosphere is immediately dangerous to life and health (IDLH).

The atmosphere is suspected of being IDLH.

The atmosphere may rapidly become IDLH.

All interior structural fires, hazmat response hot zones and confined space entries shall be considered to be IDLH, unless air monitoring proves otherwise.

The fire department shall provide the following respirators for fire department use in IDLH atmospheres:

A full facepiece pressure demand/positive pressure SCBA certified by NIOSH for a minimum service life of thirty minutes, or,

A combination full facepiece pressure demand/positive pressure supplied-air respirator (SAR) with auxiliary self-contained air supply for emergency escape certified by NIOSH (for confined space rescue).

**Note: Because the federal register 29 CFR part 1910.139 will regulate respiratory protection and exposure to M. Tuberculosis, that matter will be addressed in a separate program.**

## **MEDICAL EVALUATIONS OF EMPLOYEES REQUIRED TO USE RESPIRATORS**

Using a respirator may place physiological burdens on firefighters that vary with the type of work in which the respirator is used and the medical status of the employee. Accordingly, each employee must undergo a medical evaluation to determine the employee's ability to use the respirator. All new employees must undergo a medical evaluation prior to being fit tested or required to use the respirator. Medical evaluations shall be administered to all uniformed employees of the fire department according to the following schedule:

The Department shall identify a Physician or other Licensed Health Care Professional (PLHCP) to administer a medical questionnaire to each firefighter. The questionnaire shall be administered confidentially during a time agreed upon by the employer and employee. The questionnaire will determine the need for a follow-up physical examination.

The department shall use the following PLHCP to administer the questionnaire:

**Note: Based on a written interpretation from the Michigan Department of Community Health, Division of Emergency Medical Services a licensed paramedic may administer and review the questionnaire. The paramedic could review the forms and separate those questionnaires which contain no positive responses to the questions 1-8 in Section 2, Part of Appendix C, 1910.134. Working in conjunction with a physician, the paramedic could then forward on to the physician for his/her signature, the written form to be transmitted to the employer. Those forms which did contain positive responses to questions on the form would be forwarded to the physician for further medical examination.**

The department will be using the following PLHCP for follow-up medical examinations (if needed):

The employee shall have the opportunity to discuss the questionnaire and examination results with the

Physician or Licensed Health Care Professional if so requested.

**NOTE: The following appendices are provided for use in administering the program.**

Appendix I Medical Questionnaire

Appendix II Information to be supplied to the PLHCP by the Fire Department

Appendix III Information supplied by the PLHCP to the Fire Department

After an employee has received clearance and begun to wear the 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 physician 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.

The program administrator, employee and physician would arrange an appropriate time for the exam. All the above exams are paid for by the employer.

## **FIT TESTING PROCEDURES**

All employees wearing respirators must be fit tested with the same make, model, style, and size of respirator that will be used on the job. The Respiratory Protection Program Administrator will oversee the fit testing of fire department employees.

Fit tests will be conducted on all employees who use respirators following the initial medical evaluation, at least annually thereafter, or whenever the employer observes or receives a report of changes in the employee's physical condition that could affect respirator fit, or the employee states that the fit of the respirator is unacceptable.

Factors that may affect mask fit are:

Significant weight change.

Significant facial scarring in the area of the facepiece seal.

Significant dental changes.

Reconstructive or cosmetic facial surgery.

Any other condition that would interfere with mask fit.

Fit tests will be administered using an OSHA-accepted qualitative or quantitative test in the negative pressure mode. The protocol used will be stated on the fit test record for each employee.

**Note: See Appendix IV Fit Testing Record**

## **PROCEDURES FOR PROPER RESPIRATOR USE**

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, 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 each time that they wear their respirator. Employees shall use either the positive or negative pressure check as specified by the manufacturer or as listed 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, beards or other facial hair, or missing dentures, that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, glasses, or other articles that may interfere with the facepiece-to-face seal.

### **Procedures for IDLH (Immediately Dangerous to Life and Health) Atmospheres**

**(2 In/2 Out):**

The following are not meant to preclude an Incident Commander from starting suppression (not entering) or rescue operations (entering) in a structural incident. The requirement intends that the Rapid Intervention Team (RIT) be established as soon as practical to ensure safety of firefighters, yet not detract from the responsibility to provide rescue and suppression to citizens.

Rapid Intervention Team as described in NFPA 1500 6-5:

A rapid intervention crew shall consist of at least two members and shall be available for rescue of a member or a team if the need arises. Rapid intervention crews shall be fully equipped with the appropriate protective clothing, protective equipment, SCBA, and any specialized rescue equipment that might be needed given the specifics of the operation under way.

The composition and structure of rapid intervention crews shall be permitted to be flexible based on the type of incident and the size and complexity of operations. The incident commander shall evaluate the situation and the risks to operating teams and shall provide one or more rapid intervention crews commensurate with the needs of the situation.

In the early stages of an incident, which includes the deployment of a fire department's initial attack assignment, the rapid intervention crew(s) shall be in compliance with NFPA 1500 6-4.4 and 6-4.4.2 and either one of the following:

- (a) On-scene members designated and dedicated as rapid intervention crew(s)
- (b) On-scene members performing other functions but ready to redeploy to perform rapid intervention crew functions. The assignment of any personnel shall not be permitted as members of the rapid intervention crew if abandoning their critical task(s) to perform rescue clearly jeopardizes the safety and health of any member operating at the incident.

While working in IDLH atmospheres, during interior firefighting operations in fires that have progressed beyond the incipient stage, or HazMat operations, employees entering will work in teams having a minimum of two (2) persons who remain in visual or voice contact at all times.

Two firefighters shall be located outside the IDLH atmosphere; Visual, voice, or signal line communication is maintained between the firefighters in the IDLH atmosphere and the firefighters located outside the IDLH atmosphere.

The firefighters located outside the IDLH atmosphere shall be trained and equipped to provide an effective emergency rescue.

The Incident Commander is notified before the RIT located outside the IDLH atmosphere enter the IDLH atmosphere to provide an emergency rescue. When the "two-out" enter to perform rescue, they must first notify the department. The department must immediately provide additional assistance.

Once notified, the RIT provides necessary assistance appropriate to the situation;

Firefighters located outside the IDLH atmospheres are equipped with;

- Positive pressure SCBA's, or a pressure demand SCBA operated in positive pressure or other positive pressure supplied-air respirator with auxiliary SCBA.

Rescuers shall have appropriate retrieval equipment for removing the employee(s) who enter these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry. This could include a charged 1 1/2" or larger hose line.

If a firefighter detects a vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece the firefighter will notify his partner and the IC and leave the area immediately.

Nothing in this rule is meant to preclude firefighters from performing emergency rescue activities before an entire team has assembled, however, such action is not to be considered a standard of operation. Whenever the Two In, Two Out rule is not followed, a written report must be submitted to the Chief, by the individual(s) who were involved in the incident explaining the necessity of doing so.

Departmental standard operating procedure (SOP) for first on scene personnel (less than 4) and SOP

for occupant rescue (include dual dispatch/mutual aid language if applicable):

(Fill in or attach SOP as an Appendix)

## **CLEANING, DISINFECTING, STORING, INSPECTING, REPAIRING, DISCARDING, AND MAINTAINING RESPIRATORS**

The Fire Department shall provide personnel with a respirator that is sanitary, and in good working order. Fire department personnel shall ensure that respirators are cleaned and disinfected using the procedures recommended by the respirator manufacturer. The respirators shall be cleaned and disinfected at the following intervals:

Respirators issued for the exclusive use of a firefighter shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.

Respirators issued to more than one firefighter shall be cleaned and disinfected before being worn by different individuals.

Respirators used in fit testing and training shall be cleaned and disinfected after each use.

Respirator face pieces assigned to personnel (personal facepieces) shall be cleaned and disinfected as required by the user of the facepiece.

The face piece shall be placed in a clean, dry container and stored in a manner which prevents deformation of the face seal, other damage or contamination.

Respirator facepieces are stored in the following location(s) and manner:

The cleaning and disinfecting procedure supplied by the manufacturer/seller of the respirator shall be used by the department (attach as appendix).

If not, the following procedure from 1910.134, Appendix B-2 will be used:

The Program Administrator or designee will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees should contact their supervisor, who will inform .

## **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 will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be performed by the manufacturer or a person certified by the

manufacturer.

Air cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. Fire department personnel shall determine that the regulator and warning devices function properly.

For fire department respirators, fire department personnel shall:

Certify the respirator by documenting the date the inspection was performed (at least monthly), the name (or a signature) of the person who made the inspection, the findings, required remedial action, and a serial number or any other means of identifying the inspected respirator.

Provide this information on a tag or label that is attached to the storage compartment for the respirator, or is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

The fire department shall ensure that respirators that fail an inspection or are otherwise found to be defective are removed from service, and are discarded or repaired or adjusted in accordance with the following procedures:

Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator;

Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and

SCBA repairs including but not limited to reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer or vendor supplying the equipment to the fire department.

## **QUALITY AND QUANTITY OF BREATHING AIR**

Breathing air in the SCBA cylinder shall meet the requirements of the Compressed Gas Association G-7.1-1989, COMMODITY SPECIFICATION FOR AIR, with a minimum air quality of Grade D. Private vendors supplying the Department with compressed breathing air shall provide a copy of the most recent inspection and certification.

The purity of the air from the Fire Department's air compressor shall be checked by a competent laboratory annually.

The Department shall assure that sufficient quantities of compressed air are available to refill SCBA for each incident. This shall be accomplished through mutual aid with Other Departments (or; this shall be accomplished with the use of a mobile air compressor).



Air cylinders for SCBA shall be filled only by trained personnel.

Compressed oxygen shall not be used in open-circuit SCBA.

Standards for breathing air and hazards associated include:

Oxygen content (v/v) of 19.5-23.5%.

Hydrocarbons (condensed) content of 5 milligrams per cubic meter of air or less;

Carbon monoxide (CO) content of 10 ppm or less;

Carbon dioxide content of 1,000 ppm or less;

Lack of a noticeable odor.

The fire department shall ensure that cylinders used to supply breathing air to respirators meet the following requirements:

Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178) test requirements of three years for composite cylinders and five years for steel or aluminum cylinders.

Note: composite cylinders have a maximum use life of 15 years.

The moisture content in the cylinder does not exceed a dew point of -50 degrees F. (-45.6 degrees C.) at 1 atmosphere pressure.

## **RESPIRATORY HAZARDS AND TRAINING ON RESPIRATOR USE**

The Fire Department is required to provide training to those who use respirators. The training must be comprehensive, understandable, and occur annually, and more often if necessary. Documentation of this training shall occur.

The Fire Department shall ensure that each firefighter can demonstrate knowledge of at least the following:

Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

What the limitations and capabilities of the respirator are;

How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;

How to inspect, put on and remove, use, and check the seals of the respirator;

What the procedures are for maintenance and storage of the respirator;

How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators;

The general requirements of this program.

The training shall be conducted in a manner that is understandable to the firefighter.

Retraining shall be administered annually, **or** when the following situations occur:

Changes in the workplace or the type of respirator render previous training obsolete;

Inadequacies in the firefighters knowledge or uses of the respirator indicate that the firefighter has not retained the requisite understanding or skill;

Any other situations arise in which retraining appears necessary to ensure safe respirator use.

## **PROCEDURES FOR EVALUATING THE RESPIRATOR PROGRAM**

Each year (Name or Title) shall initiate a review of the procedures contained in this program. All employees who wear, service or supervise employees wearing respirators shall periodically be asked to provide information on:

- 1) Adequacy of the respirator(s) being used.
- 2) Accidents, incidents in which the respirator failed to provide adequate protection.
- 3) Adequacy of training and maintenance on respirator use.

The Program Administrator shall recommend changes in the program and its implementation based on this information.

## **RECORDKEEPING**

The Department is required to keep the following records to assure compliance with this written program:

1. Medical evaluation records (Appendix II and III)
2. Fit testing records (Appendix IV)

In addition, the Department will maintain records of employee training (e.g., date, attendees, trainer(s), subject matter).

**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: \_\_\_\_\_

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 (circle one): Yes/No

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- 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. Diabetes (sugar disease): Yes/No. Allergic reactions that interfere with your breathing: Yes/No. Claustrophobia (fear of closed-in places): Yes/No. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems? a. Asbestosis: Yes/No. Asthma: Yes/No. Chronic bronchitis: Yes/No. Emphysema: Yes/No. Pneumonia: Yes/No. Tuberculosis: Yes/No. Silicosis: Yes/No. Pneumothorax (collapsed lung): Yes/No. Lung cancer: Yes/No. Broken ribs: Yes/No. Any chest injuries or surgeries: Yes/No. 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?. Shortness of breath: Yes/No. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No. Have to stop for breath when walking at your own pace on level ground: Yes/No. Shortness of breath when washing or dressing yourself: Yes/No. Shortness of breath that interferes with your job: Yes/No. Coughing that produces phlegm (thick sputum): Yes/No. Coughing that wakes you early in the morning: Yes/No. Coughing that occurs mostly when you are lying down: Yes/No. Coughing up blood in the last month: Yes/No. Wheezing: Yes/No. Wheezing that interferes with your job: Yes/No. Chest pain when you breathe deeply: Yes/No. 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. Stroke: Yes/No. Angina: Yes/No. Heart failure: Yes/No. Swelling in your legs or feet (not caused by walking): Yes/No. Heart arrhythmia (heart beating irregularly): Yes/No. High blood pressure: Yes/No. 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?. Frequent pain or tightness in your chest: Yes/No. Pain or tightness in your chest during physical activity: Yes/No. Pain or tightness in your chest that interferes with your job: Yes/No. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No. Heartburn or indigestion that is not related to eating: Yes/No. 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. Heart trouble: Yes/No. Blood pressure: Yes/No. 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. Skin allergies or rashes: Yes/No. Anxiety: Yes/No. General weakness or fatigue: Yes/No. 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 10 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. Wear glasses: Yes/No. Color blind: Yes/No. 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. Wear a hearing aid: Yes/No. 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. Back pain: Yes/No. Difficulty fully moving your arms and legs: Yes/No. Pain or stiffness when you lean forward or backward at the waist: Yes/No. Difficulty fully moving your head up or down: Yes/No. Difficulty fully moving your head side to side: Yes/No. Difficulty bending at your knees: Yes/No. Difficulty squatting to the ground: Yes/No. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No. 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. Silica (e.g., in sandblasting): Yes/No. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No. Beryllium: Yes/No. Aluminum: Yes/No. Coal (for example, mining): Yes/No. Iron: Yes/No. Tin: Yes/No. Dusty environments: Yes/No. 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. Canisters (for example, gas masks): Yes/No. 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. Emergency rescue only: Yes/No. Less than 5 hours *per week*: Yes/No. Less than 2 hours *per day*: Yes/No. 2 to 4 hours per day: Yes/No. 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):

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

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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):

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Fire Department \_\_\_\_\_

Address \_\_\_\_\_

## APPENDIX II

**Information to be Supplied to the Physician or Licensed Healthcare Professional (PLHCP) by the Employer for Use in the Evaluation/Examination.\***

The employee will be wearing an SCBA of the following type and weight: \_\_\_\_\_

Duration and frequency of SCBA use: \_\_\_\_\_

Expected physical work effort : \_\_\_\_\_

Additional protective clothing and equipment: \_\_\_\_\_

Temperature and humidity extremes: \_\_\_\_\_

Additional information: \_\_\_\_\_

\* Employee has provided their assessment of these issues in the medical questionnaire.

Note: This is the information required by 1910.134(e)(5)(i) and (ii). In accordance with 1910.134(e)(5)(iii), the employer is required to provide the PLHCP with a copy of the Respiratory Protection standard (1910.134) and a copy of their written respiratory protection program.

Fire Department \_\_\_\_\_

Address \_\_\_\_\_

### **APPENDIX III**

#### **Information to be Obtained from the Physician or Licensed Health Care Professional (PLHCP)**

The employee is/is not able to wear a Self-Contained Breathing Apparatus (SCBA).

\_\_\_\_\_

Any limitation in the wearing of the SCBA: \_\_\_\_\_

Any follow-up required: \_\_\_\_\_

The employee has been supplied with a copy of this evaluation.

Date: \_\_\_\_\_

Signature



Name of PLHCP\_

Address\_

Phone\_

Fire Department\_\_\_\_\_

Address\_\_\_\_\_

## APPENDIX IV

### Fit Testing Record

Date of Test\_

Employee Fit Tested\_

Make Style

Model Size

Type of Fit Test Performed in accordance with protocols listed in 1910.134 Appendix A - OSHA Accepted Fit Test Protocols.

#### Quantitative (QNFT)

#### Qualitative (QLFT)

Fit Factor

Substance used:

Strip Chart Results (Attached)

Pass Fail

Comments\_

Comments

Person Administering Test:

Name\_\_\_\_\_

Employed by\_\_\_\_\_

Types of exercise performed (for one minute each except grimace) during fit test shall include:

1. Normal breathing

2. Deep breathing
3. Moving head up and down
4. Turning head side to side
5. Talking (rainbow passage)
6. Grimace (15 seconds) - only for QNFT
7. Bending over or jogging in place
8. Normal breathing

Note: The employee's latest fit test record is required to be kept until the next fit test is administered.