

<b>Safety Policy &amp; Procedure Manual</b>		Section: 2.0	Date: 10-19-2015
		Revision: 0	
Subject: <b>Respiratory Protection Program</b>			

### GENERAL

**Light Tower Rentals, Inc.**, will ensure that respiratory hazards within our facility and projects are evaluated, and that information concerning these hazards is transmitted to all employees. This standard practice instruction is intended to address comprehensively the issues of; evaluating the potential respiratory hazards, communicating information concerning these hazards, and establishing appropriate engineering, work practice, or respiratory protective measures for employees.

### RESPONSIBILITY

The **Senior Safety Manger/Safety Managers** have overall responsibility for the respiratory protection program with the assistance of branch personnel. He/she is solely responsible for all facets of this program and has full authority to make necessary decisions to ensure success of the program. The **Senior Safety Manger/Safety Managers** will develop written detailed instructions covering each of the basic elements in this program, and are the sole person(s) authorized to amend these instructions. This company has expressly authorized the **Senior Safety Manager/Safety Managers** to halt any operation of the company where there is danger of serious personal injury.

### WRITTEN PROGRAM

**Light Tower Rentals, Inc.**, will develop and implement a written respiratory protection program with required worksite-specific procedures and elements for required respirator use. The program will be administered by the **Senior Safety Manager/Safety Managers** who will review and evaluate this standard practice instruction and update, if needed:

- On at least an annual basis.
- When changes occur to governing regulatory sources that require revision.
- When changes occur to any related company procedures that require a revision.
- When facility or project operational changes occur that require a revision.
- When there is an accident or close call that relates to this area of safety.
- Anytime the procedures fail.

Subject:

## Respiratory Protection Program



**NOTE:** Effective implementation of this program requires support from all levels of management within this company. This written program will be communicated to all personnel that are affected by it. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals and objectives.

### EMPLOYER AND EMPLOYEE RESPONSIBILITY

#### **A. Employer's Responsibility**

1. Respirators will be provided by **Light Tower Rentals, Inc.**, when they are necessary to protect employee health.
2. The respirator provided will be suitable for the intended use.
3. This employer will offer at least three types of respirators for employees to select from.
4. This employer will be responsible for establishing and maintaining a respiratory program whenever respirators are used. The program administrators (**Senior Safety Manager/Safety Managers**), who is properly trained and knowledgeable of the complexity of the program, will be appointed to oversee the program, conduct program effectiveness evaluations, and maintain all medical, fit testing, training, and inspection records as well as other required documentation. All records, including this written program, will be maintained at **each affected site as well as electronically on the company share drive.**
5. To verify the written program effectiveness employees will be consulted on the fit, selection, use, maintenance, and any other relevant details regarding respiratory equipment.

#### **Employee's Responsibility**

1. The employee will use the respiratory protection in accordance with instructions and training received or contracted by the Company.
2. The employee will guard against damage to the respirator, and immediately replace suspect respirators.
3. The employee will report any trouble with or malfunction of the respirator to his/her supervisor.

### POLICY STATEMENT

- A. It shall be this company's policy to control and/or minimize the threat of occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors. The primary objective of this program will be to prevent atmospheric contamination. This will be accomplished as far as feasible by accepted engineering control measures (for example, enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials). When effective engineering controls are not feasible, or while they are being instituted, or during emergency situations with high exposure appropriate respirators will be used.

Subject:

## Respiratory Protection Program



- B. Respirators will be provided by the Company when such equipment is necessary to protect the health of the employee. This employer will:
  - 1. Provide NIOSH-certified respirators, which are applicable and suitable for the purpose intended such as against harmful vapors and oxygen deficient atmospheres.
  - 2. Be responsible for the establishment and maintenance of a written respiratory protective program, which will include the requirements outlined in 29 CFR 1910.134.
- C. The employee will use the provided respiratory protection in accordance with instructions and training received.
- D. Respirators will be selected on the basis of hazards to which the worker is exposed.
- E. The user will be instructed and trained in the proper use of respirators and their limitations.
- F. Respirators will be regularly cleaned and disinfected. Those used by more than one worker will be thoroughly cleaned and disinfected after each use.
- G. Respirators will be stored in a convenient, clean, and sanitary location.
- H. Respirators used routinely will be inspected during cleaning. Worn or deteriorated parts will be replaced. Respirators for emergency use such as self-contained devices will be thoroughly inspected at least once a month and after each use.
- I. Appropriate surveillance of work area conditions and degree of employee exposure or stress will be maintained.
- J. There will be regular inspection and evaluation to determine the continued effectiveness of the program.
- K. Employees will not be assigned to tasks requiring use of respirators unless it has been determined that they are physically able to perform the work and use the equipment. A physician will determine what health and physical conditions are pertinent. The respirator user's medical status will be reviewed on an annual basis.
- L. NIOSH approved or accepted respirators will be used when they are available. The respirator furnished will provide adequate respiratory protection against the particular hazard for which it is designed.

Subject:

## Respiratory Protection Program



### **PROGRAM REQUIREMENTS**

This program as a minimum will include the following program elements:

- A. Procedures for selecting respirators for use in the workplace;
- B. Medical evaluations of employees required to use respirators;
- C. Fit testing procedures for tight-fitting respirators;
- D. Procedures for proper use of respirators in foreseeable emergency situations;
- E. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;
- F. Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
- G. Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations.

### **RESPIRATOR SELECTION POLICY**

**Light Tower Rentals, Inc.**, will identify possible hazards and exposures and provide appropriate NIOSH-certified respiratory protection equipment. Actual brands and models will be listed in APPENDIX C. From the provided respirators, employees will be allowed to select from at least three different types of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user. Selection of respirators will be made according to the specific hazard involved, 29 CFR 1910.1000, and will be selected in accordance with the manufacturer's instructions or other related requirements (OSHA or ANSI standards, NIOSH, *etc.*).

#### **A. Filters, Cartridges, and Canisters**

Filter cartridges and canisters will be used and stored according to manufacturers guidelines. Change-out of filters will be done based on the individual job. The "Filter Cartridges and Canisters Change-Out Schedule" (form) will be used to schedule change out time periods.

#### **B. Identification of Filters, Cartridges, and Canisters**

This employer will ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the NIOSH approved label and that the label is not removed and remains legible.

#### **C. Where OSHA Standards Exist**

Each task/job having the potential for respiratory hazards will be evaluated to determine worker protection requirement. The specific OSHA standard will be consulted to determine delineated respiratory requirements. The standards are listed in the "Z" tables to 29 CFR 1910.1000-1101.

Subject:

## Respiratory Protection Program



### D. Where OSHA Standards do not Exist

After all criteria have been identified and evaluated and after the requirements and restrictions of the respiratory protection program have been met, the class of respirators that should provide adequate respiratory protection will be determined.

### E. Air Quality

Compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration will be of high purity. This employer will ensure that compressed air, compressed oxygen, liquid air, and liquid oxygen used for respiration meets the following specifications:

1. Oxygen will meet the requirements of the United States Pharmacopoeia for medical or breathing oxygen.
2. Breathing air will meet at least the requirements of the specification for Grade D breathing air as described in Compressed Gas Association Commodity Specification G-7.1-1966.
3. Compressed oxygen will not be used in supplied-air respirators or in open circuit self-contained breathing apparatus that have previously used compressed air. Oxygen must never be used with air-line respirators. Breathing air may be supplied to respirators from cylinders or air compressors.
  - a. Compressed breathing air will meet at least the requirements for Type 1-Grade D breathing air described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989, to include:
    - Oxygen content (v/v) of 19.5-23.5%;
    - Hydrocarbon (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; and
    - Lack of noticeable odor.

**Note:** Compressed oxygen may not be used in atmosphere-supplying respirators that have previously used compressed air.

4. Compressed oxygen will not be used in supplied-air respirators or in open circuit self-contained breathing apparatus that have previously used compressed oxygen.
5. This employer will ensure that cylinders used to supply breathing air to respirators meet the following requirements:
  - a. 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);
  - b. Cylinders of purchased breathing air have a certificate of analysis from the supplier that the breathing air meets the requirements for Type 1--Grade D breathing air;
  - c. The moisture content in the cylinder does not exceed a dew point of -50 deg.F (-45.6 deg.C) at 1 atmosphere pressure. Cylinders will be tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 178).

Subject:

## Respiratory Protection Program



### F. Supplied Air

Compressors purchased by this Company for supplying air will be equipped with the necessary safety and standby devices. A breathing-air type compressor will be used. The type compressor used will be constructed and situated so as to avoid entry of contaminated air into the system and suitable in-line air purifying sorbent beds and filters installed to further assure breathing air quality. A receiver of sufficient capacity to enable the respirator wearer to escape from a contaminated atmosphere in event of compressor failure, and alarms to indicate compressor failure and overheating will be installed in the system. If an oil-lubricated compressor is used, it will have a high-temperature or carbon monoxide alarm, or both. If only a high-temperature alarm is installed in the system, the air from the compressor will be frequently tested for carbon monoxide to ensure that levels are below the exposure limit for carbon monoxide.

1. Air-line couplings used will be incompatible with outlets for other gas systems to prevent inadvertent servicing of air line respirators with nonrespirable gases or oxygen.
2. Breathing gas containers will be properly marked and stored in accordance with 29 CFR 1910.101.

### G. Breathing Air Quality and Use

This employer will provide employees using atmosphere-supplying respirators (supplied-air and SCBA) with breathing gases of high purity.

### H. Compressors

This employer will ensure that compressors used to supply breathing air to respirators are constructed and situated so as to:

1. Prevent entry of contaminated air into the air-supply system;
2. Minimize moisture content so that the dew point at 1 atmosphere pressure is 10 degrees F (5.56 deg.C) below the ambient temperature;
3. Have suitable in-line air-purifying sorbent beds and filters to further ensure breathing air quality. Sorbent beds and filters will be maintained and replaced or refurbished periodically following the manufacturer's instructions.
4. Have a tag containing the most recent change date and the signature of the person authorized by this employer to perform the change. The tag will be maintained at the compressor.
5. For compressors that are not oil-lubricated, this employer will ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm.
6. For oil-lubricated compressors, this employer will use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high-temperature alarms are used, the air supply will be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.

Subject:

## Respiratory Protection Program



7. This employer will ensure that breathing air couplings are incompatible with outlets for nonrespirable worksite air or other gas systems.
8. This employer will use breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84.
9. This employer will establish and retain written information regarding medical evaluations, fit testing, and the respirator program.
10. Records of medical evaluations will be retained and made available in accordance with 29 CFR 1910.1020.

### **USE OF RESPIRATORS**

**Light Tower Rentals, Inc.**, may provide respirators at the request of employees or permit employees to use their own respirators, if it is determined that such respirator use will not in itself create a hazard. If voluntary respirator use is permissible, this employer will provide the respirator user(s) with the necessary information for safe and effective use. In addition, we will ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. This employer will provide respirators, training, and medical evaluations at no cost to the employee. There are five conditions under which respirators must be used:

- In regulated areas within the facility;
- In emergencies;
- Where engineering and work practice controls are inadequate;
- Where exposures exceed permissible limits, and;
- During maintenance and repair activities during brief or intermittent operations where engineering and work practice controls are not feasible or required.

#### **A. Standard Procedures for Respirator Use**

These will include all information and guidance necessary for their proper selection, use, and care. Possible emergency and routine uses of respirators will be, where possible, anticipated and planned for.

#### **B. Respirator Specifications for Each Job**

The respirator type will be specified in the work procedures by the **Senior Safety Manager/Safety Managers** who supervises the respiratory protective program. The individual issuing them will be adequately instructed to ensure that the correct respirator is issued.

#### **C. Fit Instructions**

Every respirator wearer will receive fitting instructions including demonstrations and practice in how the respirator should be worn, how to adjust it, and how to determine if it fits properly.

Subject:

## Respiratory Protection Program



Respirators will not be worn when conditions prevent a good face seal. Such conditions may be a growth of beard, sideburns, a skull cap that projects under the facepiece, jewelry or temple pieces on glasses. Also, the absence of one or both dentures can seriously affect the fit of a facepiece and interfere with the face-to-facepiece seal or valve function.

### **D. Fit Evaluation (Wearer)**

The facepiece fit will be checked by the wearer each time he/she puts on the respirator. This will be done by following the manufacturer's facepiece fitting instructions.

### **E. Fit Evaluation (Company)**

Periodic checks of employees while wearing respirators will be accomplished by Department/Safety Manager to assure proper protection. This will be done in accordance with the manufacturer's facepiece fitting instructions.

### **F. Hair/Apparel**

If hair growth or apparel interferes with a satisfactory fit, then they will be altered or removed so as to eliminate interference and allow a satisfactory fit. If a satisfactory fit is still not attained, the employee must use a positive-pressure respirator such as powered air-purifying respirators, supplied air respirator, or self-contained breathing apparatus.

### **G. Corrective Vision Requirements (Full-Face Respirators)**

Full-face respirators having provisions for optical inserts will be reviewed for use by this company. These inserts when used will be used according to the manufacturer's specification. When employees must wear optical inserts as part of the facepiece, the facepiece and lenses will be fitted by qualified individuals to provide good vision, comfort, and a gas-tight seal. This company will provide corrective lenses for respirators based on optometry recommendations from an optometrist.

1. Conventional eye glasses. Conventional eye glasses will not be used with full-face respirators. A proper seal cannot be established if the temple bars of eye glasses extend through the sealing edge of the full facepiece.
2. Contact lenses. Contact lenses will not be used with full-face respirators. Wearing of contact lenses in contaminated atmospheres with a respirator will not be allowed.
3. If corrective spectacles or goggles are required, they will be worn so as not to affect the fit of the facepiece. Proper selection of equipment will minimize or avoid this problem.



Subject:

## Respiratory Protection Program



### H. Use of Personal Protective Equipment

If an employee wears corrective glasses or goggles or other personal protective equipment, the equipment must be worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

### I. User Seal Check Procedures

The follow procedures must be performed to ensure that an adequate seal is achieved each time the respirator is put on. Either the positive and/or negative pressure checks listed below will be performed, or the respirator manufacturer's recommended user seal check method is to be used:

#### I. Facepiece Positive and/or Negative Pressure Checks.

A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.

B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

#### II. Manufacturer's Recommended User Seal Check Procedures.

The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that it can be demonstrated that the manufacturer's procedures are equally effective.

### HAZARD EVALUATION

**Light Tower Rentals, Inc.**, will identify and evaluate the respiratory hazard(s) in the workplace using the written "Job Hazard Assessment Program," this evaluation will include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where exposure cannot be identified or reasonably estimated, this employer will consider the atmosphere of the area or location to be immediately dangerous to life or health (IDLH). In the event that one of our clients requires that our employees engage in an operation that necessitates the need for respiratory protection the host client will be responsible for providing all required hazard information. **Senior Safety Manager/Safety Managers** will be responsible for obtaining this information from the host client and distributing the information to all affected employees.

Subject:

## Respiratory Protection Program



### A. IDLH Atmospheres

This employer will provide the following respirators for employee use in IDLH atmospheres:

1. A full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or
2. A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.
3. Respirators provided only for escape from IDLH atmospheres will be NIOSH-certified for escape from the atmosphere in which they will be used.
4. All oxygen-deficient atmospheres will be considered IDLH. Exception: If it can be demonstrated that, under all foreseeable conditions, the oxygen concentration can be maintained within the acceptable ranges specified in 29 CFR 1910.134 (*i.e.*, for the altitudes set out in the table), then any atmosphere-supplying respirator approved by the Safety Manager may be used.

### B. Non-IDLH Atmospheres

This employer will provide a respirator that is adequate to protect the health of the employee and ensure compliance with all other OSHA statutory and regulatory requirements, under routine and reasonably foreseeable emergency situations.

1. The respirator selected will be appropriate for the chemical state and physical form of the contaminant.

### C. Protection Against Gases and Vapors

This employer will provide:

1. An atmosphere-supplying respirator, or
2. An air-purifying respirator, provided that the respirator is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH for the contaminant; or if there is no ESLI appropriate for conditions a change schedule for canisters and cartridges will be implemented that is based on objective information or data that will ensure that canisters and cartridges are changed before the end of their service life. This employer will describe in the respirator program the information and data relied upon and the basis for the canister and cartridge change schedule and the basis for reliance on the data.

### D. Protection Against Particulates

This employer will provide:

1. An atmosphere-supplying respirator; or
2. An air-purifying respirator equipped with a filter certified by NIOSH under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter, or an air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR part 84; or
3. For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH

Subject:

## Respiratory Protection Program



### E. **Dangerous Atmospheres**

Written procedures/checklists for specific routine tasks/jobs will be prepared covering safe use of respirators in dangerous atmospheres that might be encountered in normal operations or in emergencies. Personnel will be made familiar with these procedures and the available respirators.

1. In areas where the wearer, with failure of the respirator, could be overcome by a toxic or oxygen-deficient atmosphere, at least one additional person will be present. Communications (visual, voice, or signal line) will be maintained between both or all individuals present. Planning will be such that one individual will be unaffected by any likely incident and have the proper rescue equipment to be able to assist the other(s) in case of emergency.
2. When a self-contained breathing apparatus or hose masks with blowers are used in atmospheres IDLH, standby personnel must be present with suitable rescue equipment.
3. Employees using air line respirators in atmospheres that are IDLH will be equipped with safety harnesses and safety lines for lifting or removing persons from hazardous atmospheres or other equivalent provisions for the rescue of persons from hazardous atmospheres will be used. Standby personnel with suitable self-contained breathing apparatus (SCBA) will be at the nearest fresh air base for emergency rescue.

### F. **Estimate of Exposures/Contamination Information**

This employer will provide an estimate of exposures and contamination information for each department/project by area or location, as needed, in APPENDIX C. APPENDIX C will also include specific information related to types of respirators provided.

## **INSPECTION, MAINTENANCE, AND CARE OF RESPIRATORY EQUIPMENT**

**Light Tower Rentals, Inc.**, will provide for the cleaning and disinfecting, storage, inspection, and repair of respirators used by our employees. **Senior Safety Manager/Safety Managers** and designees will ensure that respiratory equipment is properly maintained to retain its original state of effectiveness.

### A. **Cleaning and Disinfecting**

This employer will provide each respirator user with a respirator that is clean, sanitary, and in good working order. This employer will ensure that respirators are cleaned and disinfected using OSHA approved procedures or procedures recommended by the respirator manufacturer, provided that such procedures are of equivalent effectiveness. The respirators will be cleaned and disinfected at the following intervals:

### B. **Exclusive Use Respirators**

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

Subject:

## Respiratory Protection Program



### C. **Respirators Issued to More Than One Employee**

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

### D. **Respirators Maintained for Emergency**

Respirators maintained for emergency use will be cleaned and disinfected after each use.

### E. **Respirators Used in Fit Testing**

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

### F. **Storage of Respirators**

Respirators will be stored as follows:

1. All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they will be packed or stored to prevent deformation of the facepiece and exhalation valve.

### G. **Emergency Respirators**

Emergency respirators will be:

1. Kept accessible to the work area;
2. Stored in compartments or in covers that are clearly marked as containing emergency respirators; and
3. Stored in accordance with any applicable manufacturer instructions.

### H. **Inspection**

Respirators will be inspected as follows:

1. All respirators used in routine situations will be inspected before each use and during cleaning in accordance with manufacturer's specifications.
2. All respirators maintained for use in emergency situations will be inspected at least monthly and in accordance with the manufacturer's recommendations, and will be checked for proper function before and after each use; and
3. Emergency escape-only respirators will be inspected before being carried into the workplace for use.
4. A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters; and
5. A check of elastic parts for pliability and signs of deterioration.
6. Self-contained breathing apparatus. In addition to the requirements of above; self-contained breathing apparatus will be inspected monthly. Air and oxygen cylinders will be maintained

Subject:

## Respiratory Protection Program



in a fully charged state and will be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. Regulator and warning devices will be monitored for proper function.

### J. **Respirators Maintained for Emergency Use**

All respirators will be inspected routinely before and after each use. A respirator that is not routinely used but is kept ready for emergency use will be inspected after each use and at least **monthly** to assure that it is in satisfactory working condition. This employer will:

1. Certify the respirator by documenting the following:
  - a. The date the inspection was performed
  - b. The name (or signature) of the inspector
  - c. Notable findings
  - d. Required remedial actions to be taken
  - e. Serial number or other means of identifying the inspected respirator
2. Annotate inspection information on a tag or label that is attached to the storage compartment for the respirator and keep the tag or label with the respirator, or ensure that it is included in inspection reports stored as paper or electronic files. This information will be maintained until replaced following a subsequent certification.

### K. **Repairs**

Respirators that fail an inspection or are otherwise found to be defective will be removed from service, and discarded, repaired or adjusted only by persons appropriately trained to perform such operations and will use only the respirator manufacturer's NIOSH-approved parts designed for the respirator.

### L. **Disassembly, Cleaning, and Maintenance**

Specific procedures for disassembly, cleaning and maintenance of respirators used by this company will be done according the manufacturer's written instructions.

### M. **Random Inspections**

Respiratory protection is no better than the respirator in use, even though it may be worn conscientiously. Frequent random inspections will be conducted to assure that respirators are properly selected, used, cleaned, and maintained. The respirator manufacturers inspection criteria will be used as the basis for the inspections. The **Senior Safety Manager/Safety Managers** and all designee's will be qualified to perform to perform respirator inspections. Inspection records will be maintained on affected site as well as electronically on the company share drive.

Subject:

## Respiratory Protection Program



### **N. Routine Use Respirators**

All routine use respirators will be inspected before and after each use. The respirator manufacturer's inspection criteria will be used as the basis for the inspection. Routinely used respirators will be collected, cleaned, and disinfected as frequently as necessary to ensure that proper protection is provided for the wearer.

1. Routinely used respirators, such as dust respirators, may be placed in plastic bags. Respirators having removable cartridges with imbedded compounds that could evaporate into a sealed bag should be removed so as not to permeate into the rubber parts of the respirator. Respirators should not be stored in such places as lockers or tool boxes unless they are in carrying cases or cartons.

### **RESPIRATORY PROTECTION TRAINING PROGRAM**

**Light Tower Rentals, Inc.**, will develop a standardized training format to meet the requirement for a respiratory protection training program. The training will be comprehensive, understandable, and recur annually, and more often if necessary.

#### **A. Previous Training**

If a new employee is able to demonstrate that he or she has received training within the last 12 months that addresses the training required by 29 CFR 1910.134 the employee will not be required to repeat the training provided that the employee can demonstrate knowledge. Training not repeated initially by this employer must be provided no later than 12 months from the date of the previous training.

#### **B. Basic Advisory Information**

The basic advisory information on respirators, as presented in 29 CFR 1910.134, Appendix D, will be provided by this employer in any written or oral format to employees who wear respirators.

#### **C. Program Evaluation**

This employer will conduct evaluations of the workplace to ensure that the written respiratory protection program is being properly implemented. We will consult employees to determine and ensure that they are using their respirators properly.

#### **D. Workplace Evaluations**

This employer will conduct evaluations of the workplace as necessary to ensure that the provisions of this written program are being effectively implemented and that it continues to be effective.

#### **E. Training Provisions**

Training will be provided to each affected employee:

1. Before the employee is first assigned duties that require respiratory protection.
2. Before there is a change in assigned duties.
3. Whenever there is a change in operations that present a hazard for which an employee has not previously been trained.

Subject:

## Respiratory Protection Program



4. Whenever this employer has reason to believe that there are deviations from established respiratory procedures required by this instruction or inadequacies in the employee's knowledge or use of these procedures.

### **F. Training Content**

Training of employees will as a minimum include:

1. Putting on and removing respirators (donning and doffing).
2. Any limitations on their use.
3. Maintenance requirements.
4. Procedures for regularly evaluating the effectiveness of the program.
5. Where respirator use is not required.

### **G. Demonstration of Knowledge**

This employer will ensure that each employee can demonstrate knowledge of at least the following:

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
2. What the limitations and capabilities of the respirator are;
3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
4. How to inspect, put on and remove, use, and check the seals of the respirator;
5. What the procedures are for maintenance and storage of the respirator;
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
7. The general requirements of 29 CFR 1910.134.

### **H. Employee Involvement**

This employer will regularly consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment will be corrected. Factors to be assessed include, but are not limited to:

1. Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
2. Appropriate respirator selection for the hazards to which the employee is exposed;
3. Proper respirator use under the workplace conditions the employee encounters; and
4. Proper respirator maintenance.

Subject:

## Respiratory Protection Program



### **I. Employee Proficiency**

The training will establish employee proficiency in the duties required by this instruction and will introduce new or revised procedures, as necessary, for compliance with this instruction or when future revisions occur.

### **J. Trainer Qualification**

This employer will designate the **Senior Safety Manager/Safety Managers**, who is qualified by appropriate training or experience that is commensurate with the complexity of the program, to administer or oversee the respiratory protection program and conduct the required evaluations of program effectiveness.

### **K. Training Certification**

This employer will certify that the training required by 29 CFR 1910.134 has been accomplished. The certification will contain each employee's name, the signatures or initials of the trainers, and the dates of training. The certification will be available for inspection by employees and their authorized representatives.

### **RETRAINING AND REFRESHER TRAINING**

Retraining will be administered annually. Retraining will reestablish employee proficiency and introduce new or revised control methods and procedures, as necessary. Retraining will be administered when the following situations occur (as a minimum):

- Changes in the workplace or the type of respirator render previous training obsolete;
- Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or
- Any other situation arises in which retraining appears necessary to ensure safe respirator use.

### **CONTINUING RESPIRATOR EFFECTIVENESS**

Appropriate surveillance will be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the Company will reevaluate the continued effectiveness of the respirator.

A. This employer will ensure that employees leave the respirator use area under the following conditions:

1. To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use; or
2. If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece; or
3. To replace the respirator or the filter, cartridge, or canister elements.



Subject:

## Respiratory Protection Program



4. If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, this employer must replace or repair the respirator before allowing the employee to return to the work area.

### **RESPIRATOR FIT TESTING**

The Company will conduct fit testing using the procedures found in Appendix A to this instruction before an employee is required to use any respirator. The employee must be fit tested with the same make, model, style, and size of respirator that will be used.

#### **A. Fit Test Records**

The Company will maintain a record of the qualitative and quantitative fit tests administered to an employee including:

1. Date of test;
2. Type of fit test performed;
3. The name or identification of the employee tested;
4. Specific make, model, style, and size of respirator tested;
5. Fit test records will be retained for respirator users until the next fit test is administered;
6. The pass/fail results for QLFTs or the fit factor and strip chart recording or other recording of the test results for QNFTs.

#### **B. Tight-Fitting Facepiece Respirators**

This employer will ensure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT). Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators will be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection. Additionally, we will ensure that an employee using a tight-fitting facepiece respirator is fit tested;

1. Prior to initial use of the respirator
2. Whenever a different facepiece (size, style, model or make) is used
3. At least annually thereafter.

#### **C. Additional Fit Test Requirements**

We will conduct an additional fit test whenever changes in the employee's physical condition occur that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight. Additionally, if after passing a QLFT or QNFT, the fit of the respirator is unacceptable, the employee will be given a reasonable opportunity to select a different respirator facepiece and to be retested.

Subject:

## Respiratory Protection Program



### **MEDICAL EVALUATION**

Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. **Light Tower Rentals, Inc.**, will provide a medical evaluation to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. This employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

#### **A. Medical Evaluation Procedures**

This employer will utilize an online medical questionnaire or a Physician or other Licensed Health Care Professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information as the medical questionnaire. Copies of medical questionnaire will be maintained online or at the office of the Physician or other Licensed Health Care Professional.

#### **B. Follow-Up Medical Examination**

This employer will ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in the medical evaluation questionnaire and/or demonstrates the need for a follow-up medical examination. The follow-up medical examination will include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

#### **C. Administration of Medical Questionnaire and Examinations**

The medical questionnaire and examinations will be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire will be administered in a manner that ensures that the employee understands its content. This employer will provide the employee with a copy of the OSHA standard and a copy of the company-specific written respiratory protection program as well as an opportunity to discuss the questionnaire and examination results with the PLHCP.

#### **D. Information Provided to PLHCP**

The following information will be provided to the PLHCP before he or she makes a recommendation concerning an employee's ability to use a respirator:

1. The expected physical work effort;
2. Additional protective clothing and equipment to be worn;
3. Temperature and humidity extremes that may be encountered;
4. The type and weight of the respirator to be used by the employee;
5. The duration and frequency of respirator use (including use for rescue and escape);

Subject:

## Respiratory Protection Program



6. Any supplemental information provided previously to the PLHCP regarding an employee need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same;
7. Copy of the written respiratory protection program;
8. Copy of the 29 CFR 1910.134 plus Appendices.

**Note:** When this employer replaces a PLHCP, we will ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. However, employees do not have to be medically reevaluated solely because a new PLHCP has been selected.

### **E. Medical Determination**

In determining the employee's ability to use a respirator, this employer will accomplish the following:

1. Obtain a written recommendation regarding the employee's ability to use the respirator;
2. Determine any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
3. Determine the need, if any, for follow-up medical evaluations; and
4. Ensure that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.
5. If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if the respirator is used, this employer will provide a powered air-pressure respirator (PAPR) if the PLHCP's medical evaluation finds that the employee can use such a respirator; if a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then this employer is no longer required to provide a PAPR.

### **F. Additional Medical Evaluations**

As a minimum, this employer will provide additional medical evaluations based on the following conditions:

1. If an employee reports medical signs or symptoms that are related to his or her ability to use a respirator;
  2. If a PLHCP, supervisor, or the respirator program administrator informs this employer that an employee needs to be reevaluated;
  3. If information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation;
- or

Subject:

## Respiratory Protection Program



4. If a change occurs in workplace conditions (*e.g.*, physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

### DEFINITIONS

**Air-purifying respirator means:** A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

**Atmosphere-supplying respirator means:** A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, and includes supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

**Canister or cartridge means:** A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

**Demand respirator means:** An atmosphere-supplying respirator that admits breathing air to the facepiece only when a negative pressure is created inside the facepiece by inhalation.

**Emergency situation means:** Any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an airborne contaminant.

**Employee exposure means:** Exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

**End-of-service-life indicator (ESLI) means:** A system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

**Escape-only respirator means:** A respirator intended to be used only for emergency exit.

**Filter or air purifying element means:** A component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering facepiece (dust mask) means:** A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

**Fit factor means:** A quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

**Fit test means:** The use of a protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. (See also Qualitative fit test QLFT and Quantitative fit test QNFT.)

**Helmet means:** A rigid respiratory inlet covering that also provides head protection against impact and penetration.

**High efficiency particulate air (HEPA) filter means:** A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

**Hood means:** A respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

**Immediately dangerous to life or health (IDLH) means:** An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

Subject:

## Respiratory Protection Program



**Interior structural firefighting means:** The physical activity of fire suppression, rescue or both, inside of buildings or enclosed structures, which are involved in a fire situation beyond the incipient stage. (See 29 CFR 1910.155)

**Loose-fitting facepiece means:** A respiratory inlet covering that is designed to form a partial seal with the face.

**Negative pressure respirator (tight fitting) means:** A respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator.

**Oxygen deficient atmosphere means:** An atmosphere with an oxygen content below 19.5% by volume.

**Physician or other licensed health care professional (PLHCP) means:** An individual whose legally permitted scope of practice (*i.e.*, license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by the respiratory protection standard.

**Positive pressure respirator means:** A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator.

**Powered air-purifying respirator (PAPR) means:** An air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

**Pressure demand respirator means:** A positive pressure atmosphere-supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation.

**Qualitative fit test (QLFT) means:** A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

**Quantitative fit test (QNFT) means:** An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

**Respiratory inlet covering means:** That portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

**Self-contained breathing apparatus (SCBA) means:** An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

**Service life means:** The period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

**Supplied-air respirator (SAR) or airline respirator means:** An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

**Tight-fitting facepiece means:** A respiratory inlet covering that forms a complete seal with the face.

**\*User seal check means:** An action conducted by the respirator user to determine if the respirator is properly seated to the face.

Subject:

# Respiratory Protection Program



## APPENDIX A: Respirator Assignment Record

Department/Project:		<b>RESPIRATOR ASSIGNMENT RECORD</b>			
<b>NOTE:</b> The criteria under which a respirator is to be issued and used are specific for the conditions detailed below. If conditions (work practices, contaminants <i>etc.</i> ) change, a new form must be filled out and filed.					
<b>1. EMPLOYEE INFORMATION</b>					
Employee Name:			ID/Clock Number:		
Facility:			Work Location:		
Job Title:			Dept./Phone:		
<b>2. ISSUANCE VALIDITY PERIOD</b>					
Issue Date:		Start Date:		Stop Date:	
<b>3. RESPIRATOR USAGE REQUIREMENTS</b>					
Type Respirator					
Manufacture		Model #			
Size #	Respirator Id Number:				
Type of Respirator to be Issued:					
To be Worn Under the Following Conditions:					
Estimated Cartridge/Filter Replacement Frequency: See Cartridge Change-out Form					
<input type="checkbox"/> Hourly	<input type="checkbox"/> Twice each Shift	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____
<b>4. MEDICAL SURVEILLANCE</b>					
INITIAL EXAMINATION: <input type="checkbox"/> NOT RECOMMENDED FOR RESPIRATOR ISSUANCE					
At this examination on _____ no contraindications to the use of respiratory equipment described above have been identified.					
Physician's Name:			Physician's Signature:		
RE-EXAMINATION: <input type="checkbox"/> NOT RECOMMENDED FOR RESPIRATOR ISSUANCE					
Date:		Contraindications: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:					
Physician's Name:			Physician's Signature:		
RE-EXAMINATION: <input type="checkbox"/> NOT RECOMMENDED FOR RESPIRATOR ISSUANCE					
Date:		Contraindications: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments:					
Physician's Name:			Physician's Signature:		

Subject:

## Respiratory Protection Program



### 5. PROGRAM SURVEILLANCE

REQUIREMENT	DATE	BY WHOM	EMPLOYEE'S SIGNATURE	COMMENT
Informed of Hazard(s)				
Trained in Safe/Proper Work Practice(s)				
Issued Respirator or Given Permission to Draw One				
Trained in Respirator Usage				
Fit Tested (qualitative)				
Fit Tested (quantitative)				
Trained in Emergency Procedure(s)				

### 6. ADDITIONAL COMMENTS

### 7. EMPLOYEE NOTIFICATION

I certify that I have been informed of the requirements detailed on this form. I will contact my supervisor if at any time I am not sure a safe work practice.

\* Further detailed on attachment: Yes  No

Name:	Signature:	
Title:	Date:	Time:

FORM RETENTION INFORMATION		ATTACHMENTS
Permanent Retention File:	Location:	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Filed:	Filed By:	*See Following Pages

Subject:

# Respiratory Protection Program



## APPENDIX B: User Seal Check Procedures

Department/Project:		<b>User Seal Check Procedures For Respirators As Required Under 29 CFR 1910.134 (Mandatory)</b>	
<b>To the employer:</b> The seal check procedures listed below must be accomplished by all employees using respirators.			
<b>To the employee:</b>			
Can you read?	Yes	No	
Your employer is required to have you perform check seal procedures if you are using a respirator. The procedures must be accomplished each time you put on a respirator before entering a hazardous respiratory environment. Ensure you keep a copy of this form for your personal records.			
<b>EMPLOYEE INFORMATION</b>			
Employee Name:		ID/Clock Number:	
Facility:		Work Location:	
Job Title:		Dept./Phone:	
<b>CERTIFICATION:</b> I certify that I have read and understand the below procedures as required by the Occupational Safety and Health Administration (OSHA).			
<b>EMPLOYEE SIGNATURE:</b>		<b>DATE:</b>	
<b>OSHA RESPIRATORY PROTECTION SEAL CHECK PROCEDURES</b>			
<b>To The Respirator User:</b>			
The individual who uses a tight-fitting respirator is to perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. Either the OSHA required positive and negative pressure checks, or the respirator manufacturer's recommended user seal check method must be used. User seal checks are not substitutes for qualitative or quantitative fit tests.			
<b>Facepiece Positive and/or Negative Pressure Checks:</b>			
A. Positive pressure check. Close off the exhalation valve and exhale gently into the facepiece. The face fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air at the seal. For most respirators this method of leak testing requires the wearer to first remove the exhalation valve cover before closing off the exhalation valve and then carefully replacing it after the test.			
B. Negative pressure check. Close off the inlet opening of the canister or cartridge(s) by covering with the palm of the hand(s) or by replacing the filter seal(s), inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.			
<b>Manufacturer's Recommended User Seal Check Procedures:</b>			
The respirator manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures provided that the employer demonstrates that the manufacturer's procedures are equally effective.			
<b>FORM RETENTION INFORMATION</b>		<b>ATTACHMENTS</b>	
Retention File:	Location:	*Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Filed:	Filed By:	*See Following Pages	



Subject:

Respiratory Protection Program



Subject:

Respiratory Protection Program



**APPENDIX C: Respirator Selection Record**

RESPIRATOR SELECTION RECORD						
<b>ASSESSOR INFORMATION</b>						
ASSESSORS TITLE:		LAST NAME		FIRST	MIDDLE INITIAL	
COMPANY NAME				DATE		
EMPLOYEE ID # (if applicable)			WORK PHONE:			
<b>JOB ASSESSMENT INFORMATION</b>						
DEPARTMENT/PROJECT:			AREA/LOCATION:			
DATE	SOURCE OF DATA					
ASSESSORS TITLE				SIGNATURE OF ASSESSOR		
<b>ESTIMATE OF EXPOSURES/CONTAMINATION INFORMATION</b>						
The following entry is listed as an example only. Employees are not currently, nor expected to be, exposed to environments that require respiratory protection.						
<b>RESPIRATOR SELECTION DATA</b>						
Job Title:	Department/Project:	Exposure Means:		Worse Case:	Basis of Data:	Type of Respirator to be used:
		Vapor	Levels	IDLH? Yes No		Brand/Model



Subject:

Respiratory Protection Program



**APPENDIX D: Filter Change-Out Schedule and Record**

<b>FILTER CHANGE-OUT SCHEDULE AND RECORD</b>							
<b>OWNER INFORMATION</b>							
OWNER (if individually issued):		LAST NAME	FIRST		MIDDLE INITIAL		
COMPANY NAME			DEPT:				
EMPLOYEE ID # (if applicable)		WORK PHONE:					
<b>JOB ASSESSMENT INFORMATION</b>							
JOB TITLE			SHIFT		DEPARTMENT/PROJECT:		
DATE		ASSESSORS NAME					
ASSESSORS TITLE		SIGNATURE OF ASSESSOR					
REMARKS							
<b>RESPIRATOR INFORMATION</b>							
RESPIRATOR MODEL			MANUFACTURE		SIZE		
<b>CHANGE-OUT SCHEDULE</b>							
<b>Cartridge/Filter Replacement Frequency:</b>							
<input type="checkbox"/> Hourly	<input type="checkbox"/> Twice each Shift		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Before Each Use	<input type="checkbox"/> After Each Use
<input type="checkbox"/> Other/Specify:							
<b>Conditions Under Which Change-Out Must Occur: (detail specifics for change-out):</b>							

Subject:


Respiratory Protection Program



CHANGE-OUT LOG

Note: If any increase in breathing resistance is encountered prior to change-out report to your supervisor immediately.

Name	Signature	Date/Time	Filter Type	Increased Resistance In Breathing Prior To Change?		Remark/Problems
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
				<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Subject:  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">Respiratory Protection Program</div>	
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**APPENDIX F: Information for Employees Using Respirators When Not Required**

Department/Project:	<b>Information for Employees Using Respirators When Not Required Under 29 CFR 1910.134</b>		
<b>To the employer:</b> The statement below must be read by all employees using respirators not required under the Respiratory Protection Standard.			
<b>To the employee:</b>			
Can you read?	Yes	No	
Your employer is required to have you read the statement below if you are using respirators not required under the Respiratory Protection. Ensure you keep a copy of this form for your personal records.			
<b>EMPLOYEE INFORMATION</b>			
Employee Name:	ID/Clock Number:		
Facility:	Work Location:		
Job Title:	Dept./Phone:		
<b>CERTIFICATION:</b> I certify that I have read and understand the below Respiratory Protection Statement as required by the Occupational Safety and Health Administration (OSHA).			
EMPLOYEE SIGNATURE:		DATE:	
<b>OSHA RESPIRATORY PROTECTION STATEMENT</b>			
<b>To The Respirator User:</b> Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.			
<b>You Should Do The Following:</b>			
<ol style="list-style-type: none"> <li>1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.</li> <li>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.</li> <li>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.</li> <li>4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.</li> </ol>			
<b>FORM RETENTION INFORMATION</b>		<b>ATTACHMENTS</b>	
Retention File:	Location:	*Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date Filed:	Filed By:	*See Following Pages	

Subject:

# Respiratory Protection Program



## APPENDIX G: Respirator Inspection Record

Department/Project:		<b>RESPIRATOR INSPECTION RECORD</b>							
<b>OWNER INFORMATION</b>									
OWNER		LAST NAME		FIRST		MIDDLE INITIAL			
COMPANY NAME					DEPT:				
EMPLOYEE ID # (if applicable)					WORK PHONE:				
<b>RESPIRATOR INFORMATION</b>									
TYPE RESPIRATOR									
MANUFACTURE					MODEL #				
SIZE #			RESPIRATOR ID NUMBER:						
DATE OF INSPECTION						TIME:			
<b>INSPECTION CRITERIA</b>									
Estimated Frequency: (Check all that apply)									
<input type="checkbox"/> Hourly	<input type="checkbox"/> Twice each Shift		<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly		<input type="checkbox"/> Monthly	<input type="checkbox"/> Before Use	<input type="checkbox"/> After Use	
THIS INSPECTION IS BEING CONDUCTED <u>PRIOR</u> TO USE						INITIALS			
THIS INSPECTION IS BEING CONDUCTED <u>AFTER</u> TO USE						INITIALS			
COMPONENT:			DEFECTS FOUND:			CORRECTIVE ACTION TAKEN:			
Cartridge Holder:									
Cartridge Threads/Fittings:									
Cartridge/Canister:									
Cartridge Filter:									
Connections:									
Elastomeric Parts Deteriorating?									
Elastomeric Parts Pliable?									
Exhalation Valve Assembly:									
Facepiece:									
Gaskets:									
Harness Assembly:									
Headbands:									
Hose Assembly:									
Inhalation Valve:									
Nose cup Valves:									
Speaking Diaphragm:									
INSPECTOR'S NAME/TITLE:									
SIGNATURE:					DATE:				
<b>FORM RETENTION INFORMATION</b>						<b>ATTACHMENTS</b>			
Retention File:			Location:			*Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date Filed:			Filed By:			*See Following Pages			

Subject:

# Respiratory Protection Program



## APPENDIX H: Respirator Cleaning Record

Department/Project:		RESPIRATOR CLEANING RECORD				
<b>OWNER INFORMATION</b>						
OWNER	LAST NAME	FIRST	MIDDLE INITIAL			
COMPANY NAME		DEPT:				
EMPLOYEE ID # (if applicable)		WORK PHONE:				
<b>RESPIRATOR INFORMATION</b>						
TYPE RESPIRATOR						
MANUFACTURE		MODEL #				
SIZE #		RESPIRATOR ID NUMBER:				
DATE OF INSPECTION		TIME:				
<b>CLEANING REQUIREMENTS TIGHT FITTING RESPIRATORS</b>						
Estimated Frequency: (Check all that apply)						
<input type="checkbox"/> Hourly	<input type="checkbox"/> Twice each Shift	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Before Use	<input type="checkbox"/> After Use
COMPONENT:	CLEANING REQUIREMENTS (edit in accordance with manufacturers instructions)					
Cartridge Holder:						
Cartridge Threads/Fittings:						
Connections:						
Elastomeric Parts Deteriorating?						
Elastomeric Parts Pliable?						
Exhalation Valve Assembly:						
Facepiece:						
Gaskets:						
Harness Assembly:						
Headbands:						
Hose Assembly:						
Inhalation Valve:						
Nose cup Valves:						
Speaking Diaphragm:						
COMMENTS:						



Subject:

# Respiratory Protection Program



## CLEANING REQUIREMENTS TIGHT FITTING RESPIRATORS - Continued

### Respirator Cleaning Procedures (Mandatory)

These procedures are provided for employee use when cleaning respirators. They are general in nature, and the employee as an alternative may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed in 29 CFR 1910.134 Appendix B-2 (see below). Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth below.

### Procedures for Cleaning Respirators:

- A. Remove filters, cartridges, or canisters. Disassemble facepieces by removing speaking diaphragms, demand and pressure - demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- B. Wash components in warm (43 deg. C [110 deg. F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- C. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain.
- D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
  - 1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43 deg. C (110 deg. F); or,
  - 2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6-8 grams ammonium and/or potassium iodide/100 cc of 45% alcohol) to one liter of water at 43 deg. C (110 deg. F); or,
  - 3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
- E. Rinse components thoroughly in clean, warm (43 deg. C [110 deg. F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on facepieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- F. Components should be hand-dried with a clean lint-free cloth or air-dried.
- G. Reassemble facepiece, replacing filters, cartridges, and canisters where necessary.
- H. Test the respirator to ensure that all components work properly.

INSPECTOR'S NAME/TITLE:

SIGNATURE:

DATE:

### FORM RETENTION INFORMATION

### ATTACHMENTS

Retention File:

Location:

\*Yes  No

Date Filed:

Filed By:

\*See Following Pages