Republic

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Indemnity

## Republic Indemnity Company of America

## Republic Indemnity Company of California

#### INTRODUCTION

This sample program was developed to assist Republic Indemnity policyholders provide workplace protection for their employees and to reduce losses resulting from accidents and injuries. Remember, this is only a guide. Your business is unique and therefore you must chart your own course to ensure compliance. The material in this publication is based on principles and techniques developed by occupational safety and health professionals and it is intended to provide guidance, rather than prescribe requirements and is not intended as a legal interpretation of any federal, state, city or county standard. The sample program includes some of the more important steps that can be taken by management to establish a Respiratory Protection Program. The guidelines are not considered exhaustive of all measures and controls that can be implemented by management to address all potential loss or injury producing causes. Ultimately it is the responsibility of management to take the necessary steps to provide for employee and customer safety.

This model program must be maintained in order to be effective and may need additional modification to address specific hazards in your work environment.

We strongly encourage you to customize this program by reviewing each section and making appropriate modifications to the program that address all of your particular business operations and hazard exposures.

**SAMPLE RESPIRATORY PROTECTION PROGRAM**

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**PURPOSE**

*Enter Company Name Here* has determined that employees in the *list department(s)* *here* are exposed to respiratory hazards during routine operations. These hazards include: *list hazardous substances here.* The purpose of this program is to ensure that all *Enter Company Name Here* employees are protected from exposure to these respiratory hazards.

The work processes requiring respirator use at *Enter Company Name Here* are outlined in Table 1 Program Elements section of this program.

**SCOPE AND APPLICATION**

This program applies to all employees who are required to wear respirators during normal work

operations, and during non-routine or emergency operations such as a spill of a hazardous

substance. This includes employees in the *list department(s)* *here*. All employees working in these areas and engaged in certain processes or tasks (as outlined in TABLE 1) must be enrolled in the company’s respiratory protection program.

In addition, any employee who voluntarily wears an air purifying respirator (APR), when a respirator is not required, is subject to the requirements of medical evaluation, cleaning, maintenance, and storage elements of this program, and must be provided with certain information specified in this section of the program. Employees who voluntarily use a filtering face piece (dust mask) are not subject to these requirements.

Employees participating in the respiratory protection program do so at no cost to them. The

expense associated with training, medical evaluations and respiratory protection equipment will

be borne by the company.

**RESPONSIBILITIES**

**Program Administrator**

The Program Administrator for *Enter Company Name Here* is *Enter Program Administrator’s name* *here*. The Program Administrator is responsible for administering the respiratory protection program.

Duties of the program administrator include:

* Identifying and evaluating hazards in work areas, processes or tasks that require workers to wear respirators.
* Selection of respiratory protection options.
* Administering the medical surveillance program.
* Arranging for and/or conducting training.
* Conducting qualitative fit testing with Bitrex.
* Monitoring respirator use to ensure that respirators are used in accordance with their

certifications.

* Ensuring proper storage and maintenance of respiratory protection equipment.
* Maintaining records required by the program.
* Evaluating the program.
* Updating written program, as needed.

**Supervisors**

Supervisors are responsible for ensuring that the respiratory protection program is implemented

in areas under their control. In addition to being knowledgeable about the program requirements for

their own protection, supervisors must also ensure that the program is understood and followed

by the employees under their charge. Duties of the supervisor include:

* Ensuring that employees under their supervision (especially newly hired employees) have received appropriate training, fit testing, and annual medical evaluation.
* Ensuring the availability of appropriate respirators and accessories.
* Being aware of tasks requiring the use of respiratory protection.
* Enforcing the proper use of respiratory protection when necessary.
* Ensuring that respirators are properly cleaned, maintained, and stored according to the

respiratory protection plan.

* Ensuring that respirators fit well and do not cause discomfort.
* Continually monitoring work areas and operations to identify respiratory hazards.
* Coordinating with the Program Administrator on how to address respiratory hazards or

other concerns regarding the program.

**Employees**

Each employee has the responsibility to wear his or her respirator when and where required and

in the manner in which they were trained. Employees must also:

* Care for and maintain their respirators as instructed, and store them in a clean sanitary

location.

* Inform their supervisor if the respirator no longer fits well, and request a new one that fits

properly.

* Inform their supervisor or the Program Administrator of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

**PROGRAM ELEMENTS**

**Selection Procedures**

The Program Administrator will select respirators to be used on site, based on the hazards that workers are exposed and in accordance with all OSHA standards. The Program Administrator will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include:

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

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval labels. The label must not be removed or defaced while it is in use.

**TABLE 1**

**The following processes require respirators at** *Enter Company Name Here***:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee position or activity** | **Chemicals or products used** | NIOSH approved respirators assigned | When used (routinely, infrequently, or in emergencies) |
| *(example)* *Prep sanding* | *Respirable wood dust* | *Half face piece APR’s with P100 filters* | *Routinely when sanding wood* |
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**Voluntary Respirator Use**

**TABLE 2**

*Enter Company Name Here* **will provide respirators at no charge to employees for voluntary use for the following work processes:**

|  |  |  |
| --- | --- | --- |
| **Employee position or activity** | NIOSH approved respirators assigned | When used (routinely, infrequently, or in emergencies) |
| *(example)* *Maintenance* | *APR with P100 filter* | *Changing spray booth filter* |
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The Program Administrator shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of the medical evaluations.

Voluntary use of filtering face piece respirators (dust masks), are exempt from the written respiratory requirements, medical evaluations and cleaning, storage and maintenance requirements. Employees electing to voluntarily use such masks will be provided information contained in T8 CCR section 5144 Appendix D.

**Medical Evaluation**

Employees who are either required to wear respirators, or who voluntarily choose to wear an APR, must pass a medical exam before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

A licensed physician at *Enter Medical Clinic name here*, where all company medical services are provided, will provide the medical evaluations. Medical evaluation procedures are as follows:

* The medical evaluation will be conducted using the questionnaire provided in Appendix C of the respiratory protection standard. The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.
* To the extent feasible, the company will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the physician for medical evaluation.
* All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to fill out the questionnaire on company time.
* Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the *Enter Medical Clinic name here* physician.
* All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.
* The Program Administrator has provided the *Enter Medical Clinic name here* physician with:

- a copy of this program, a copy of the Respiratory Protection standard

- a list of hazardous substances by work area

- for each employee requiring evaluation, information pertaining to his or her work area

or job title

- proposed respirator type and weight

- length of time required to wear respirator

- expected physical work load (light, moderate, or heavy)

- potential temperature and humidity extremes, and any additional protective clothing

required

* Any employee required for medical reasons to wear a positive pressure air purifying respirator will be provided with a powered air purifying respirator.
* After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- Employee reports signs and/or symptoms related to their ability to use a

respirator, such as shortness of breath, dizziness, chest pains, or wheezing

- The *Enter Medical Clinic name here* 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.

A list of *Enter Company Name Here* employees currently included in medical surveillance is provided in Table 3 of this program.

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

physician.

**Fit Testing**

Fit testing is required for employees wearing half-face piece APRs and workers who wear a tight fitting SAR. Employees voluntarily wearing half-face piece APRs may also be fit tested upon request. Employees who are required to wear half-face piece APRs will be fit tested:

* Prior to being allowed to wear any respirator with a tight fitting face piece.
* Annually.
* When there are changes in the employee’s physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, facial hair, cosmetic surgery, dental changes, etc.).

Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. *(Protocols for quantitative and qualitative fit testing are outlined in the appendices A and B of the Respiratory Protection standard 29 CFR 1910.234.)*

**Respirator Use**

Respiratory protection is required for the following personnel:

**TABLE 3**

*Enter Company Name Here* **Personnel in Respiratory Protection Program**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Department/Job Description** | **Work Procedure** | **Respirator** |
| *(example)* *Joe Apple* | *Prep Operator* | *Sanding* | *Half Mask APR100* |
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**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 (depending on which test works best for them) specified in Appendix B-1 of the Respiratory Protection Standard.
* All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons: to clean their respirator if the respirator is impeding their ability to work, change filters or cartridges, replace parts, or to inspect respirator if it stops functioning as intended. Employees should notify their supervisor before leaving the area.
* Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures, that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, or other articles that may interfere with the face piece-to-face seal.

**Emergency Procedures:**

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

*(example) Spray Booth Cleaning Area - spill of hazardous waste*

*(example) When the alarm sounds, employees in the affected department must immediately don their emergency escape respirator, shut down their process equipment, and exit the work area. All other employees must immediately evacuate the building. Your Company’s Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail.*

Emergency escape respirators are located at:

*(example) Locker #1 in the Spray Booth Area*

*Storage cabinet #3 in Dip Coat/Drying Area*

**Respirator Malfunction**

In the event of APR respirator malfunction such as breakthrough, face piece leakage, or improperly working valve):

* the respirator wearer should inform his or her supervisor that the respirator no longer functions as intended,
* go to the designated safe area to maintain the respirator,
* the supervisor must ensure that the employee receives the needed parts to repair the respirator, or is provided with a new respirator.

All workers wearing atmosphere-supplying respirators will work with a buddy. In the event of an SAR malfunction, buddies shall assist workers who experience an SAR malfunction as follows:

* the worker should signal to the buddy that he or she has had a respirator malfunction.

The buddy must:

* immediately stop what he or she is doing,
* don an emergency escape respirator,
* aid the worker in immediately exiting the hazardous area,
* escort the employee to a pre-designated safe area.

**IDLH Procedures**

The Program Administrator has identified the following area as presenting the potential for IDLH conditions:

*(example), Dip Coat Tank Cleaning:*

*Maintenance workers will be periodically required to enter the dip tank to perform scheduled or unscheduled maintenance. In such cases, workers will follow the permit required confined space entry procedures specified in the Your Company Confined Space Program. As specified in these procedures, the Program Administrator has determined that workers entering this area shall wear a pressure demand SAR. In addition, an appropriately trained and equipped standby person shall remain outside the dip tank and maintain constant voice and visual communication with the worker. In the event of an emergency requiring the standby person to enter the IDLH environment, the standby person shall immediately notify the Program Administrator and will proceed with rescue operations in accordance with rescue procedures outlined in the Your Company Confined Space Program.*

IDLH conditions may require Confined Space Procedures to be followed. Emergency retrieval equipment will be required to be set up and available for use by trained standby personnel. Refer to *Enter Company Name Here’s* Confined Space Program.

**Air Quality**

The Program Administrator will ensure that:

* For supplied-air respirators, only Grade D breathing air shall be used in the cylinders. Compressed air deliveries from the company’s vendor, *Enter Vendor name here*, will require the vendor to certify that the air in the cylinders meet the specifications of Grade D breathing air.
* For compressed and liquid oxygen used in respiratory equipment, the vendor, *Enter Vendor name here*, will be required to certify that the oxygen meets the United States Pharmacopoeia requirements for medical or breathing oxygen.
* That compressed oxygen is not used in atmosphere-supplying respirators that have been previously used for compressed air.
* Cylinders used to supply breathing air to respirators are tested and maintained in accordance to DOT regulations for transportation (40 CFR 173 & 178).
* The moisture content of cylinders does not exceed a dew point of -50º F at 1 atmosphere.
* Compressors used to supply breathing air to respirators are constructed so as to:
  + prevent entry of contaminated air into the air-supply system
  + minimize moisture content so that the dew point a 1 atmosphere is 10º F below the ambient temperature
  + have suitable in-line air purifying sorbent beds and filters and that these be maintained, replaced, and refurbished periodically according to manufacturer’s instructions
  + have a tag on the compressor indicating the most recent change date and signature of authorized person who performed the change
  + ensure that carbon monoxide levels from compressors that are not oil-lubricated do not exceed 10 ppm
  + include a high-temperature or carbon monoxide alarm, or both on oil-lubricated compressors so as to prevent carbon monoxide in breathing air from exceeding 10 ppm. If only high temperature alarms are used, that the air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.
  + Ensure that breathing air couplings are incompatible with outlets for non-respirable worksite air or other gas lines that could allow asphyxiating substances to be introduced into breathing air lines.
  + Breathing gas containers are marked in accordance with NIOSH respirator certification standard, 42 CFR part 84.
    - All filters, cartridges, and canisters used in the workplace are legibly labeled and color coded according to NIOSH standards.

The Program Administrator will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. *(example)*, In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area. The air for this system is provided by *Enter Company Name Here’s* supplier, and deliveries of new air are coordinated by the Program Administrator.

**Cleaning**

***Cleaning***

Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station located in the *Enter location information here*.

Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary, but at least once a day.

Atmosphere supplying and emergency use respirators are to be cleaned and disinfected after each use.

The following procedure is to be used when cleaning and disinfecting respirators:

* Disassemble respirator, removing any filters, canisters, cartridges, face piece, speaking diaphragms, demand and pressure-demand valve assemblies, hoses, any other components recommended by the manufacturer.
* Wash the face piece and other components in a mild detergent with warm water (43 º F) or with a cleaner recommended by the manufacturer. Do not use organic solvents. If the cleaner used does not contain a disinfecting agent, immerse the parts in a hypochlorite solution for 2 minutes. An aqueous solution of iodine and alcohol may also be used. (Refer to 29 CFR 1910.134 Appendix B-2 for correct formulation of above cleaning solutions)
* Rinse completely in clean warm water.
* Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs.
* Air dry in a clean area.
* Reassemble the respirator and replace any defective parts.
* Place in a clean, dry plastic bag or other air tight container.

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

**Maintenance**

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately to 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 conducted by the manufacturer.

The following items will be checked when inspecting respirators:

* Face piece:

cracks, tears, or holes

facemask distortion

cracked or loose lenses/face shield

* Head straps:

breaks or tears

broken buckles

* Valves:

esidue or dirt

cracks or tears in valve material

* Filters/Cartridges:

approval designation

gaskets

cracks or dents in housing

proper cartridge for hazard

* Air Supply Systems:

breathing air quality/grade

condition of supply hoses

hose connections

settings on regulators and valves

Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include to wash their face and respirator face piece to prevent any eye or skin irritation, to replace the filter, cartridge or canister, and if they detect vapor or gas breakthrough or leakage in the face piece or if they detect any other damage to the respirator or its components.

**Change Schedules**

Employees wearing APRs or PAPRs with P100 filters for protection against wood dust and other particulates shall change the cartridges on their respirators when they first begin to experience difficulty breathing (*(example)*, resistance) while wearing their masks. Based on discussions with our respirator distributor about *Enter Company Name Here* workplace exposure conditions, employees voluntarily wearing APRs with organic vapor cartridges shall change the cartridges on their respirators at the end of each work week to ensure the continued effectiveness of the respirators.

**Storage**

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect his/her own air-purifying respirator in accordance with the provisions of this program and will store their respirator in a plastic bag in his/her own locker. Each employee will have his/her name on the bag and that bag will only be used to store that employee’s respirator.

Atmosphere supplying respirators will be stored in the storage cabinet outside of the Program Administrator’s office.

The Program Administrator will store *Enter Company Name Here*’s supply of respirators and respirator components in their original manufacturer’s packaging in the equipment storage room.

**Defective Respirators**

Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his or her supervisor. Supervisors will give all defective respirators to the Program Administrator. The Program Administrator will decide whether to:

* Temporarily take the respirator out of service until it can be repaired.
* Perform a simple fix on the spot such as replacing a head strap.
* Dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of similar make, model, and size. All tagged out respirators will be kept in the storage cabinet inside the Program Administrator’s office.

**Training**

The Program Administrator will provide training to respirator users and their supervisors on the contents of the company’s Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection standard. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators.

The training course will cover the following topics:

* the *Enter Company Name Here* Respiratory Protection Program
* the OSHA Respiratory Protection standard
* respiratory hazards encountered at *Enter Company Name Here* and their health effects
* proper selection and use of respirators
* limitations of respirators
* how to inspect, put on, remove, use, and check respirator seals
* fit testing
* emergency use procedures
* maintenance and storage procedures
* medical signs and symptoms limiting the effective use of respirators

Employees will be retrained at least annually or as needed (e.g., if they change departments and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by the Program Administrator and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

**PROGRAM EVALUATION**

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring, a review of records, respirator fit, appropriate selection of respirators, proper use for hazard, and maintenance procedures followed by users. Problems identified will be noted in an inspection log and addressed by the Program Administrator. These findings will be reported to *Enter Company Name Here* management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections.

**DOCUMENTATION AND RECORDKEEPING**

A written copy of this program and the OSHA standard is kept in the Program Administrator’s office and is available to all employees who wish to review it.

Also maintained in the Program Administrator’s office are copies of training records, qualitative and quantitative fit test records. Fit testing documentation will include the name of employees tested, type of fit test performed, specific make, model, style, size of respirator tested, date of test, and pass /fail results including fit factor and slip chart recordings. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

The Program Administrator will also maintain copies of the medical recommendation records for all employees covered under the respirator program. The completed medical questionnaire and the physician’s documented findings are confidential and will remain at *Enter Medical Clinic name here*. The company will only retain the physician’s written recommendation regarding each employee’s ability to wear a respirator.

**TABLE 4**

*Enter Company Name Here*  **HAZARD ASSESSMENT** – **DATE OF ASSESMENT**

**Department Contaminants Exposure Level (8 hrs TWA)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department** | **Contaminants** | **Exposure Level**  **(8 hrs TWA)** | **PEL** | **Controls** |
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