Respiratory Protection Plan

Contents: Sample Respiratory Protection Plan

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Introduction

Cal/OSHA requires employers to develop programs to monitor employee exposure to potentially harmful levels of airborne contaminants. Typically, an exposure assessment is performed by an insurance carrier or industrial hygienist. Respirators are required in atmospheres that could contain less than 19.5% or more than 23.5% oxygen, and in atmospheres that could contain dusts, fibers, mists, fumes, gases, or vapors at harmful concentrations. Any employer using a hazardous material that requires a respirator as a protective device in accordance with the Material Safety Data Sheets is also covered. Additional requirements apply to confined spaces and specific contaminants such as asbestos, cotton dust, and regulated carcinogens.

The following sample Respiratory Protection Plan is a copy of a program published by Cal/OSHA as part of its Guide to Respiratory Protection at Work. The sample plan also includes forms from the Guide. The Guide itself, including appendices, may be obtained from Cal/OSHA.

This program includes:

- company policy
- respirator selection
- respirator testing and assignment
- workplace exposure assessment
- respirator evaluation worksheet
- training procedures
- recordkeeping procedures

Employers Covered

Every California employer that requires employees to wear respirators must have a Respiratory Protection Plan. In general, respiratory protection equipment is to be used only when it is impractical to use engineering and administrative controls to reduce employee exposure to acceptable levels, during installation of engineering controls, or in emergencies.
RESPIRATORY PROTECTION PLAN

LASSEN CANYON NURSERY, INC.

company name

1300 Salmon Creek Road

street address

Redding CA 96003

city state ZIP code

Prepared by:

Susie Browning

print name of preparer

Safety Director 530.638.8281

title phone number

signature date
POLICY

Lassen Canyon Nursery, Inc. is committed to maintaining a
injury and illness free workplace, and is making every effort to protect our
employees from harmful airborne substances.

Whenever it is feasible to do so, we accomplish this through engineering
controls such as ventilation or substitution with a less harmful substance,
and through administrative controls limiting the duration of exposure. When
these methods are not adequate, or if the exposures are brief and
intermittent, or simply to minimize employee exposure to airborne
substances, we provide respirators to allow employees to breathe safely in
potentially hazardous environments.

We recognize that respirators have limitations and their successful use is
dependent on an effective respiratory protection program. Our Respiratory
Protection Plan is designed to: identify, evaluate, and control exposure to
respiratory hazards; select and provide the appropriate respirators; and
coordinate all aspects required for proper use, care, and maintenance of the
equipment.

Accomplishing these goals requires a cooperative effort on the part of
employees and of management.

RESPONSIBILITY

Management will provide leadership by example and demonstrate interest by
ensuring that adequate resources are available for effective implementation
of our Respiratory Protection Plan.

We expect all employees to work conscientiously to carry out our Respiratory
Protection Plan, which is an element of our Injury and Illness Prevention
Plan.
To reinforce our commitment we have assigned Joseph Rovito
as the plan administrator who has the authority and responsibility for overall
management and administration of our Respiratory Protection Plan, which
consists of the following:

• preparing, evaluating, and modifying the written respiratory protection plan
• identifying, locating, and maintaining ongoing surveillance and evaluation of airborne exposures
• selecting respirators
• conducting medical screening for potential respirator users
• conducting respirator fit testing and assignment
• training
• recordkeeping

To assist the plan administrator, certain aspects of the program will be delegated to others according to the form Organizational Responsibility Chart. All supervisors are responsible for carrying out the plan for employees under their supervision.

PLAN ELEMENTS

Plan Administration

Our Respiratory Protection Plan begins with this written plan describing the procedures that we practice.

Just as our business is dynamic and needs periodic review, so does our respiratory protection program. Suggestions and comments from employees about exposure conditions, respirators, personal health changes, and training issues will be addressed promptly. Also, we will conduct a formal annual audit of the entire program. The form Respirator Plan Evaluation Worksheet is used to document the evaluation and to record recommended changes.

Workplace Exposure Assessment and Ongoing Surveillance

Our first task in the workplace is an exposure assessment to identify harmful airborne contaminants, their extent and magnitude, and how to control them.

We must ensure that employee exposure does not exceed the permissible concentrations specified in the California Code of Regulations Title 8, Section 5155. This often requires a person who is professionally trained to evaluate the processes and procedures and to conduct exposure monitoring. Consequently, we may need to seek advice and assistance from our
workers’ compensation insurance carrier or an industrial hygiene consulting firm to complete the exposure assessment.

Results of these evaluations will be summarized on the form Identification and Location of Airborne Contaminant Exposures. Additional evaluations are necessary if exposures change due to new materials, process changes, or other conditions increasing the degree of employee exposure or stress, and these evaluations will be added to the form.

**Respirator Selection**

In those instances where engineering and administrative means do not achieve the desired control, or in the case of an emergency, respirators **must** be worn. Different types of respirators are available for a variety of applications, and we must ensure that the proper NIOSH/MSHA-approved respirator is selected and used for the kind of work being performed and hazards involved.

When respirator selection is complex, we may have to seek professional assistance. Otherwise, we will use selection criteria in Appendix F, protection factors in Appendix G, and criteria listed under Respirator Selection of the Elements of an Effective Respiratory Protection Program, in the Guide to Respiratory Protection at Work. [Note: The Guide to Respiratory Protection at Work is published by Cal/OSHA. It includes this sample plan, sample forms, and the appendices listed above.]

The form Respirator Selection Information is to be completed to document the selection process and record the choices.

**Evaluating Respirator Wearer Health Status**

Even with appropriate equipment and adequate training provided, an employee’s health status must be considered before allowing respirator use. The wearer’s physical and medical condition, duration and difficulty of the tasks, toxicity of the contaminant, and type of respirator all affect an employee’s ability to wear a respirator while working. Also, respirators are uncomfortable and may reduce the wearer’s field of vision. Therefore it is prudent for us to evaluate the employee’s physical ability to work while wearing a respirator. Construction work or work with lead, asbestos, cotton dust, and certain carcinogens makes this evaluation mandatory.

We will interview each respirator wearer, using the form Physical Status Questionnaire to determine whether the employee should be given a medical evaluation. When medical review is necessary, the form Referral for Medical
Evaluation, along with the questionnaire and Respirator Selection Information form, are sent to ________________ physician’s name for prompt action. Before any employee is fit tested for a respirator, either the questionnaire or the medical evaluation form must be completed and signed to certify the employee’s ability to wear a respirator.

Respirator Fit Testing and Assignment

After we select the appropriate type of respirator and certify the employee’s ability to work while wearing a respirator, we will conduct a qualitative fit test to choose the best fitting face-piece and determine the specific brand, model, and size for each employee.

Quantitative fit testing numerically measures the face-piece fit and is the preferred alternative to qualitative fitting. Although it requires specialized equipment and trained personnel, some exposures, for example asbestos, require a quantitative fit test.

Qualitative fit testing and assignment will be performed according to procedures in Appendix C of the guide. [Note: Appendix C can be found in the Guide to Respiratory Protection at Work, published by Cal/OSHA.] The form Respirator Fit Testing and Assignment is used to record test results and document respirator assignment. The form Respirator Selection Summary summarizes all respirator assignments.

Training

Once the employee is fitted with the correct respirator for the task, we want to ensure he/she is thoroughly trained in the need, use, limitations, inspection, fit checks, maintenance, and storage of the equipment. Ordinarily, this training is initiated during the fit test and will be completed in accordance with Appendix E. [Note: Appendix E can be found in the Guide to Respiratory Protection at Work, published by Cal/OSHA.]

Detailed instructions for use and care of the respirator are provided by the manufacturer with the equipment, and this information is to be used in the training. The form Respirator User Training and Education is a guide and record of the training received.
**Recordkeeping**

We document each major component of our program to: verify that each activity has occurred; evaluate the success of the program; and satisfy regulatory requirements.

These records include the written program, exposure determination, respirator selection, physical status evaluation, fit testing and respirator assignment, training form, and program assessment.
# ORGANIZATIONAL RESPONSIBILITY CHART

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Program Function</th>
<th>Records (Forms) Maintained</th>
</tr>
</thead>
</table>
| name      | Administration of program | • Organizational Responsibility Chart  
| job title | • preparation  
|           | • evaluation  
|           | • modification | • Respirator Program Evaluation Worksheet  
|           | Workplace evaluation | • Identification and Location of Airborne Contaminant Exposures and Results of Ongoing Surveillance  
| name      | • hazard identification  
| job title | • measurements  
|           | • continual surveillance | • Referral for Medical Evaluation  
|           | Medical evaluation of workers requiring use of respirators | • Respirator Selection Information  
| name      | | • Respirator Selection Information  
| physician | | • Physical Status Questionnaire for Intended Respirator Users  
|           | | • Referral for Medical Evaluation  
| name      | Referral for Medical Evaluation | • Referral for Medical Evaluation  
| job title | Respirator Fit Testing and Assignment | • Respirator Fit Testing and Assignment  
|           | Respirator Selection Summary | • Respirator Selection Summary  
|           | Respirator User Training and Education | • Respirator User Training and Education  

Respiratory Protection Plan
**RESPIRATOR PLAN EVALUATION WORKSHEET**

Name: ___________________  Job Title: ___________________  Date: __________

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are proper types of respirators selected?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Are the employees wearing respirators properly trained?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Are correct respirators used?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Are respirators worn properly?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Are respirators properly maintained and cleaned?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are respirators properly stored?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Is fit testing conducted properly?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Are pertinent records being kept?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Are employees receiving periodic medical screening to determine whether they can safely wear a respirator?</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Has air contaminant monitoring been conducted for raw material or production process changes?</td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Signature: ______________________
### IDENTIFICATION AND LOCATION OF AIRBORNE CONTAMINANT EXPOSURES AND RESULTS OF ONGOING SURVEILLANCE

<table>
<thead>
<tr>
<th>Location</th>
<th>Operation</th>
<th>Airborne Contaminants</th>
<th>Exposure</th>
<th>Date Determined</th>
</tr>
</thead>
</table>

Signature: 

Date: 

Respiratory Protection Plan
**RESPIRATOR SELECTION INFORMATION**

Identification Number: __________________________

**Hazard Information**

1. Oxygen content (%): __________ __________ __________ __________

   *Most of the following obtained from Material Safety Data Sheet*

2. Air contaminants:
   - Chemical name __________ __________ __________ __________
   - Trade name __________ __________ __________ __________
   - Physical state (dust, fume, mist, gas, vapor) __________ __________ __________ __________

3. Exposure limit:
   - OSHA 8-hour TWA __________ __________ __________ __________
   - OSHA ceiling __________ __________ __________ __________
   - ACGIH ceiling __________ __________ __________ __________
   - NIOSH 8-hour TWA __________ __________ __________ __________
   - NIOSH ceiling __________ __________ __________ __________
   - Other __________ __________ __________ __________

4. Warning properties:
   - Eye irritation concentration __________ __________ __________ __________
   - Respiratory irritation concentration __________ __________ __________ __________
   - Odor threshold concentration __________ __________ __________ __________

5. IDLH concentration: __________ __________ __________ __________

6. Can substance be absorbed through skin? __________ __________ __________ __________

7. Can substance cause skin irritation? __________ __________ __________ __________

8. Chemical properties:
   - Vapor pressure __________ __________ __________ __________
   - Lower flammable limit __________ __________ __________ __________
   - Upper flammable limit __________ __________ __________ __________

9. Minimum protection factor needed: __________ __________ __________ __________

**Process/Operation Information**

1. Work description/operation: __________________________________

2. Anticipated use time: _________________________________________

3. Worker activity level: _________________________________________

4. Work area location: __________________________________________

5. Work area characteristics: _____________________________________

6. Location of hazardous area relative to safe area: __________________

**Recommended NIOSH/MSHA Approved Respiratory Protection**

1. ______ TC# _______ 2. _______ TC# _______ 3. _______ TC# _______

Date: __________________________ Signature: _______________________

Make additional copies of this form as needed.

Respiratory Protection Plan
PHYSICAL STATUS QUESTIONNAIRE
FOR INTENDED RESPIRATOR USERS

Employee: ______________________ Social Security #: ______________________

Job description: __________________________________________________________

Work activity while wearing respirator: ______________________________________

Type of respirator and wearing time: _________________________________________

Air contaminant(s) exposed to: ______________________________________________

Age: _________ Height: _________ Weight: _________

Health status: Poor O Fair O Average O Above Average O Excellent O

Have you had a history of the following:

Yes No

O O 1. Lung disease, history of smoking, persistent cough, asthma, emphysema, bronchitis?

O O 2. Heart disease, history of fainting, shortness of breath, high blood pressure, diabetes?

O O 3. Fear of tight enclosed spaces, sensation of smothering, heat exhaustion, or stroke?

O O 4. Poor vision, wearing contact lenses or glasses, defective hearing loss, ruptured ear drum?

O O 5. Continual prescribed medication?

O O 6. Previous difficulty with respirator use, conditions of limited work ability with or without respirator use?

Explain any Yes answer or give additional information from employee interview: ______

________________________

Based on answers to questions above, my interview with the employee, and assessment of his/her ability to work effectively while wearing a respirator, I recommend:

O respirator use inadvisable

O referral for medical evaluation

O referral for respirator fit testing and assignment, subject to equipment and conditions of use given above

Employee: ________________ Supervisor: ________________ Date: ____________

signature

Respiratory Protection Plan
REFERRAL FOR MEDICAL EVALUATION

Dear Dr. ____________________________:

We have discussed respirator use with Mr./Ms. ____________________________ and we feel that before he/she can wear respiratory protection on the job, a medical examination is prudent. Attached is a description of the type of work performed, the respirator to be used, and other relevant information.

Upon completion of your examination, please complete the following and return to this office.

Sincerely yours,

______________________________
company name

Based on my opinion and evaluation, Mr./Ms. ____________________________

○ has a condition that makes respirator use inadvisable

○ is approved for respirator fit testing and assignment subject to the following limitations:

______________________________

______________________________
doctor’s signature date

Make additional copies of this form as needed.
# Respirator Fit Testing and Assignment (Qualitative)

Name: ________________________________ Date: ________________

Job: ________________________________ Glasses worn: ____________________________

Facial hair, dentures, other: ______________________________________________________

Test media (see Appendix C*): Irritant smoke O Isoamyl acetate O Saccharin O

<table>
<thead>
<tr>
<th>Respirator Type</th>
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<tbody>
<tr>
<td>A. Compatible with eye glasses</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>B. Test exercises</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>1. head stationary, normal breathing</td>
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<tr>
<td>2. head stationary, deep breathing</td>
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<tr>
<td>3. head turning side to side</td>
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<tr>
<td>4. head moving up and down</td>
<td></td>
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<tr>
<td>5. talking (rainbow passage) see Appendix H*</td>
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<thead>
<tr>
<th>C. Comfort</th>
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<tbody>
<tr>
<td>1. very comfortable</td>
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<tr>
<td>2. comfortable</td>
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<tr>
<td>3. barely comfortable</td>
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<td>4. uncomfortable</td>
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<td>5. intolerable</td>
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## Assigned Equipment

Type: ________________ Manufacturer: ________________ Model: ________________

Tested by: ________________________________

*Note: Appendix C and Appendix H can be found in the *Guide to Respiratory Protection at Work*, published by Cal/OSHA.

Make additional copies of this form as needed.
## RESPIRATOR SELECTION SUMMARY

<table>
<thead>
<tr>
<th>Location and/or Operation</th>
<th>User Name</th>
<th>Respirator manufacturer, model, size, type</th>
<th>Air Contaminants</th>
<th>Respirator Selection Criteria from Respirator Selection Information form enter criteria &amp; identification #</th>
</tr>
</thead>
</table>

Make additional copies of this form as needed.
Respirator User Training and Education

1. The respirator user will be instructed in the nature of the hazards for which the respiratory protection is being provided, and informed of possible consequences that may occur if exposed to the hazard without adequate protection. Health hazard guidelines are contained in the training program and Material Safety Data Sheets. The respirator user will also be made aware that every reasonable effort is being made to reduce or eliminate the hazard.

2. Instruction will cover the respirator’s capabilities and limitations, and the function and possible malfunction of each part of the respirator.

3. The respirator user will be instructed in his/her responsibility for equipment inspection prior to use. Appropriate points of inspection will be included. Each respirator user will use his/her respirator during this part of the training, and learn how to obtain replacement parts or new equipment.

4. Instruction will be given on donning methods, proper fitting, and adjustment of the equipment.

5. Instruction and training will cover proper respirator storage, cleaning and maintenance, and methods to assure adequate fit and function of the respirator each time it is donned.

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Respirator Type</th>
<th>Use</th>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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Trainer’s Signature—and initial all dates: ____________________________

Make additional copies of this form as needed.