

**Bureau of Health Services  
Respiratory Protection Program  
Manual**



**Tennessee Department of Health  
June 2005**

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# Bureau of Health Services Respiratory Protection Program

## Policy

The purpose of this program is to ensure that all employees required to wear respiratory protection as a condition of their employment are protected from respiratory hazards through the proper use of respirators.

## Program Components

- Program Administration
- Roles and Responsibilities
- Program Scope/Application
- Identifying Work Hazards
- Respirator Selection
- Medical Evaluations
- Voluntary Respirator Use
- Documentation and Record-keeping
- Proper Respirator Use
- Fit Testing
- PAPR Education
- Cleaning, Disinfecting, Inspecting, Maintenance and Repairs
- Evaluating/Updating Program

## Program Administration

The Central Office Program Administrator is appointed by the State Epidemiologist and the Regional Program Administrators are appointed by each Regional Health Officer.

The employer shall provide respirators, training and medical evaluations at no cost to the employee. The employer shall ensure that an employee using a tight-fitting face-piece respirator (N-95 or PAPR) is fit tested prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

Respiratory Program Administrators are responsible for administering the following guidelines.

## Roles and Responsibilities

### Central Office Respiratory Program Administrator (RPA)

The Respiratory Program Administrator is responsible for administering the respiratory protection program.

Duties of the RPA include:

- Central Office RPA serves as a regional consultant
- Central Office and Regional RPA identify work areas, processes, or tasks that require respiratory protection.

- Central Office RPA monitors OSHA policy and standards for changes, and advises regarding changes to Bureau policies.
- Central Office RPA select respiratory protection products in consultation with appropriate specialist.
- Central Office and Regional RPAs monitor respirator use to ensure that respirators are used in accordance with their certification.
- Central Office and Regional RPAs distribute and evaluate education/medical questionnaire.
- Central Office and Regional RPAs evaluate any feedback information or surveys.
- Central Office and Regional RPAs arrange for and/or conduct training and fit testing.
- Central Office and Regional RPAs ensure proper storage and maintenance of respiratory protection equipment.

### **Regional Respiratory Program Administrators**

Regional Respiratory Program Administrators are responsible for ensuring that the respiratory protection program is implemented in their region. To include scheduling employees for medical evaluation and fit testing as required.

In addition to being knowledgeable about the program requirements for their own protection, Respiratory Program Administrators must also ensure that the program is understood and followed by the employees under their charge.

Regional RPAs should designate duties and oversight to county level (Nursing Supervisor) as appropriate.

Duties of the Regional RPAs include:

- Knowing the hazards in the area in which they work.
- Knowing types of respirators that need to be used.
- Ensuring the respirator program and worksite procedures are followed.
- Enforcing/encouraging staff to use required respirators.
- Regional oversight for ensuring employees receive training and medical evaluations.
- Regional oversight for local level coordinating annual retraining and/or fit testing.
- Regional RPAs notifying Central Office Respiratory Program Administrator with any problems with respirator use, or changes in work processes that would impact airborne contaminant levels.
- Ensure proper storage and maintenance of all respirators.

### **Employee**

- Participate in all training.
- Wear respirator when indicated.
- Maintain equipment.
- Report malfunctions or concerns or significant changes in personal health.

## Program Scope and Application

This program applies to all employees who could potentially be exposed to airborne respiratory illnesses during normal work operations, and during non-routine or emergency situations. Some of the types of work activities where employees are required to wear respirators are outlined in the table below:

Work Process	Location	Type of Respirator
Contact tracing/disease investigation (Airborne Precautions)	Community Settings	N-95 PAPR (powered air-purifying respirator)
Patient contact/care (Airborne Precautions)	Patient Care Areas	N-95 PAPR

## Identifying Work Hazards

The respirators selected will be used for respiratory protection from potentially airborne infectious diseases; they do not provide protection from chemical exposure. Through normal working situations employees may be asked to have contact with clients who could be infected with a potentially airborne infectious agent such as *Mycobacterium tuberculosis*. Examples of other potentially airborne infectious diseases that Public Health employees may be exposed to include: Severe Acute Respiratory Syndrome (SARS), measles, chickenpox, flu, and smallpox.

## Respirator Selection

- Currently in use are the N-95 Respirator and the PAPR
- Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used.
  - N-95 respirators are available for contact tracing, disease investigation and patient contact/care. (Airborne Precautions)
  - A powered air-purifying respirator (PAPR) is available for contact tracing, disease investigation and patient contact/care
    - A PAPR may be selected for use if:
      1. The N-95 respirator choice(s) does not fit
      2. Employee has facial hair or facial deformity that would interfere with mask-to-face seal
      3. The N-95 respirator choice(s) are unsuitable (i.e. claustrophobic)
      4. Desired for high-risk aerosol-generating procedures

## Medical Evaluation

- A Central Office physician, appointed by the HSA Medical Director, will determine individual medical clearance for the central office personnel. Regional Health Officers or their designated alternate will oversee medical clearance for the regional office personnel and local health officers will oversee medical clearance for the local county health departments. Physicians or registered nurses (Physician or licensed health care

professional) (PLHCP) will determine individual medical clearance by a medical questionnaire and/or medical exam. PLHCP's may be assisted in their roles with written protocols as approved by the Regional Health Officers. Employees refusing a medical evaluation will not be allowed to work in conditions requiring respirator use.

- The medical questionnaire has two parts. Part A is mandatory, Part B is only administered at the discretion of the examining nurse or physician. If all responses are negative, the nurse's signature is sufficient. It is suggested that the nurse review the questionnaire and pass along to the physician questionnaires with any positive responses.
- Medical evaluation is a one time requirement unless one of the following circumstances occurs:
  1. Employee reports symptoms that are related to the ability to use a respirator. (wheezing, shortness of breath, chest pain, etc.)
  2. It is identified that an employee is having a problem during respirator use.
  3. The healthcare professional performing the evaluation determines an employee needs to be re-evaluated and the frequency of the evaluation.
  4. A significant change occurs in the workplace conditions or employee health that may result in an increased physiological burden on the employee.
  5. Employee facial size/shape/structure has changed significantly.
- All examinations and questionnaires are to remain confidential between the employee, the PLHCP, and other personnel in the medical evaluation process. The medical evaluation questionnaire form will be in a secured locked location separate from personnel records. Work limitations or restrictions, however, are not confidential.

### **Voluntary Respirator Use**

Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. Those that wish to use a respirator in a voluntary (non-work required) fashion must also undergo the medical approval process.

The Bureau of Health Services is required to ensure that all employees who use a respirator voluntarily are provided with certain basic information on proper use. Additionally, the Bureau must ensure that certain of these workers are included in the program's provision for medical evaluation, and for cleaning, storage and maintenance of respirators.

Voluntary use is when an employee chooses to wear a respirator, even though the use of a respirator is not required by either the Bureau or by any OSHA standard. The Bureau is not required to include in a written respiratory protection program those employees whose only use of the respirators involves the voluntary use of filtering facepieces (dust masks).

### **Information for Voluntary Respiratory Users**

For employees who choose to wear a respirator but are not required to do so, the Bureau of Health Services, is only required to provide the advisory information in Appendix D of OSHA Law. Section 1910.134. See Appendix 4 of this document for this information. This basic information on the proper use of respirators can be presented to the employee either verbally or in written form. Training is not required for employees who are not required to wear respirators, i.e., for employees who are wearing respirators voluntarily.

## **Documentation and Record-keeping**

When the questionnaire has been reviewed, the designated medical reviewer must sign the Medical Evaluation Report. The medical questionnaire should be placed in a sealed envelope with the employee's name on the outside. A copy of the signed Medical Evaluation Report is to be provided to the employee. The sealed envelope and the original signed Medical Evaluation Report should be sent to the RPA. This envelope should be kept in a locked file cabinet designated by the region for this purpose, separate from personnel files and available to TOSHA at their request.

The RPA is responsible for maintaining a log with the dates and names of those who have been fit tested. This log is to be kept in the locked file cabinet with the copies of the signed signature sheets.

## **Proper Respirator Use**

- Knowledge of Respiratory Protection Program
- Employees will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected model(s). In addition, the respirator shall not be used in a manner for which the National Institute does not certify it for Occupational Safety and Health (NIOSH) or by its manufacturer.
- All employees shall conduct positive and negative pressure user seal checks each time they wear a respirator.
- All employees shall leave a potentially contaminated work area to clean (PAPR) or change (N-95 - disposable) their respirator if the respirator is impeding their ability to work.

## **Fit Testing** *(only required for N-95 respirator)*

TDH uses the N-95 fit testing kit made by 3M (model number FT-30) for fit testing. Detailed instructions for fit testing are included in the fit testing kit. Any employee who has read the provided instructions may perform a fit test. Two N-95 respirators used by TDH are 3M, Model #9210 (for those individuals who do not wear glasses) and 3M Model #9211 (for those who wear glasses). These models are “one size fits all” and collapsible for easier storage and transport. Companies that carry the 3M brand may be found on state contract. Other brands are acceptable, this is just an example.

Following a successful medical questionnaire review and fit testing, the staff member should be given **two N-95 respirators**, one to be stored at work and the other at home, car, briefcase, etc. This precaution helps to better prepare staff in case of an emergency during non-business hours. In addition, the staff member should be given a copy of the user instructions included within the 3M fit testing kit for future reference.

Each region is responsible for having proper fit testing equipment available. At the end of each fit testing session, or at least every four hours, discard the unused solutions from the nebulizers. **Do NOT pour unused solutions back into bottles.** Rinse the nebulizer with warm water to prevent clogging and shake dry. Wipe out the inside of the hood with a damp cloth or paper towel to remove any deposited Test Solution. Respirator cleaning wipes may be used to clean

non-disposable type respirator face pieces between fit tests. Please also reference manufacturer's guidelines for further instructions.

### **PAPR Education**

- Workers will be trained prior to the use of a PAPR and thereafter annually.
- Training will include:
  - Hazards, potential exposure to these hazards, and health effects of hazards.
  - Limitations, and capabilities for maintenance, usage, cleaning, and storage.
  - Inspecting and air flow checks and battery checks.
  - Explaining respirator program (policies, procedures, OSHA standard, resources).

### **Cleaning, Disinfecting, Inspecting, Maintenance and Repairs**

\*All types of respirators should be inspected prior to use.

- **N-95 Respirator**
  1. Examine the face piece of the disposable respirator to determine if it has structural integrity. Discard if there are nicks, abrasions, cuts, or creases in seal area or if the filter material is physically damaged or soiled.
  2. Check the respirator straps to be sure they are not cut or otherwise damaged.
  3. Make sure the metal nose clip is in place and functions properly (if applicable).
  4. No cleaning required. Discard if soiled, if breathing becomes labored, or if structural integrity is compromised or in contact with patient with communicable disease.
  5. Disposable respirators are not to be stored after becoming soiled or damaged. They are to be discarded if patient is in Airborne Precautions and also Contact Precautions (e.g., SARS, smallpox, TB).
- **PAPR**
  1. Inspect the breathing tube and body of the High Efficiency Particulate Air (HEPA) filter for damage.
  2. Examine the hood for physical damage (if parts are damaged, contact the Respiratory Program Administrator).
  3. Check for airflow prior to use.
  4. Follow manufacturer's recommendations on maintenance, including battery recharging.
  5. If a PAPR part is in need of repair or replacement, please contact the Central Office RPA.
  6. Recommendation on cleaning and disinfections differ among manufacturers. See manufacturer's recommendations.

### **Evaluating/Updating Program**

The Central Office Respiratory Program Administrator will complete an annual evaluation of the respiratory protection program.

- Evaluate any feedback information or surveys.
- The Respiratory Program Administrator will review any new hazards or changes in policy that would require respirator use.

- The Respiratory Program Administrator will make recommendations for any changes needed in the respiratory protection program.

## References

- NIOSH Respiratory Protection Program (<http://www.cdc.gov/niosh/topics/respirators/>)
- US Department of Health and Human Services, 1999, OSHA Technical Manual: Respiratory Protection 29 CFR 1910.134 (<http://www.osha.gov/SLTC/etools/respiratory/oshfiles/otherdocs.html>)

## Appendix 1

### OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Can you read (check one):  Yes  No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it. (Not applicable if the Regional Health Care Professional is your supervisor.)

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

1. Today's date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  2. Your name: \_\_\_\_\_
  3. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
  4. Sex (check one):  Male  Female
  5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
  6. Your weight: \_\_\_\_\_ lbs.
  7. Your job title: \_\_\_\_\_
  8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_
  9. The best time to phone you at this number: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.
  10. Has your employer told you how to contact the health care professional ..... Yes  No
  11. Check the type of respirator you will use (you can check more than one category):
    - a.  N, R, or P disposable respirator (filter-mask, non- cartridge type only).
    - b.  Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
  12. Have you worn a respirator (check one):..... Yes  No  
If "yes," what type(s): \_\_\_\_\_
- 

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

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

**2. Have you ever had any of the following conditions?**

- a. Seizures (fits):.....  Yes  No
- b. Diabetes (sugar disease):.....  Yes  No
- c. Allergic reactions that interfere with your breathing:.....  Yes  No
- d. Claustrophobia (fear of closed-in places):.....  Yes  No
- e. Trouble smelling odors:.....  Yes  No

**3. Have you ever had any of the following pulmonary or lung problems?**

- a. Asbestosis:.....  Yes  No
- b. Asthma:.....  Yes  No
- c. Chronic bronchitis:.....  Yes  No
- d. Emphysema:.....  Yes  No
- e. Pneumonia:.....  Yes  No
- f. Tuberculosis:.....  Yes  No
- g. Silicosis:.....  Yes  No
- h. Pneumothorax (collapsed lung):.....  Yes  No
- i. Lung cancer:.....  Yes  No
- j. Broken ribs:.....  Yes  No
- k. Any chest injuries or surgeries:.....  Yes  No
- l. Any other lung problem that you've been told about:.....  Yes  No

**4. Do you currently have any of the following symptoms of pulmonary or lung illness?**

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

**5. Have you ever had any of the following cardiovascular or heart problems?**

- a. Heart attack:.....  Yes  No
- b. Stroke:.....  Yes  No
- c. Angina:.....  Yes  No
- d. Heart failure:.....  Yes  No
- e. Swelling in your legs or feet (not caused by walking):.....  Yes  No
- f. Heart arrhythmia (heart beating irregularly):.....  Yes  No
- g. High blood pressure:.....  Yes  No
- h. Any other heart problem that you've been told about:.....  Yes  No

**6. Have you ever had any of the following cardiovascular or heart symptoms?**

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

**7. Do you currently take medication for any of the following problems?**

- a. Breathing or lung problems:.....  Yes  No
- b. Heart trouble:.....  Yes  No
- c. Blood pressure:.....  Yes  No
- d. Seizures (fits):.....  Yes  No

**8. If you've used a respirator, have you ever had any of the following problems?**

**(If you've never used a respirator, go to question 9:)**

- a. Eye irritation:.....  Yes  No
- b. Skin allergies or rashes:.....  Yes  No
- c. Anxiety:.....  Yes  No
- d. General weakness or fatigue:.....  Yes  No
- e. Any other problem that interferes with your use of a respirator:.....  Yes  No

**9. Would you like to talk to the health care professional who will review this**

**questionnaire about your answers to this questionnaire:.....  Yes  No**

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*Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.*

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

**11. Do you currently have any of the following vision problems?**

- a. Wear contact lenses:.....  Yes  No
- b. Wear glasses:.....  Yes  No
- c. Color blind:.....  Yes  No
- d. Any other eye or vision problem:.....  Yes  No

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

**13. Do you currently have any of the following hearing problems?**

- a. Difficulty hearing:.....  Yes  No
- b. Wear a hearing aid:.....  Yes  No
- c. Any other hearing or ear problem:.....  Yes  No

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

**15. Do you currently have any of the following musculoskeletal problems?**

- a. Weakness in any of your arms, hands, legs, or feet:.....  Yes  No
- b. Back pain:.....  Yes  No
- c. Difficulty fully moving your arms and legs:.....  Yes  No
- d. Pain or stiffness when you lean forward or backward at the waist:.....  Yes  No
- e. Difficulty fully moving your head up or down:.....  Yes  No
- f. Difficulty fully moving your head side to side:.....  Yes  No
- g. Difficulty bending at your knees:.....  Yes  No
- h. Difficulty squatting to the ground:.....  Yes  No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs:.....  Yes  No
- j. Any other muscle or skeletal problem that interferes with using a respirator:.....  Yes  No

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

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

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals:.....  Yes  No  
If "yes," name the chemicals if you know them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

j. Any other hazardous exposures:..... Yes No

If "yes," describe these exposures:\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

5. List your previous occupations:\_\_\_\_\_

\_\_\_\_\_

6. List your current and previous hobbies:\_\_\_\_\_

\_\_\_\_\_

7. Have you been in the military services?..... Yes No

If "yes," were you exposed to biological or chemical agents (either in training or combat):..... Yes No

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

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications):..... Yes No

If "yes," name the medications if you know them:\_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters:..... Yes No

b. Canisters (for example, gas masks):..... Yes No

c. Cartridges:..... Yes No

11. How often are you expected to use the respirator(s) (check "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue):..... Yes No

b. Emergency rescue only:..... Yes No

c. Less than 5 hours **per week**:..... Yes No

d. Less than 2 hours **per day**:..... Yes No

e. 2 to 4 hours per day:..... Yes No

f. Over 4 hours per day:..... Yes No

12. During the period you are using the respirator(s), is your work effort:

a. **Light** (less than 200 kcal per hour): ..... Yes No

If "yes," how long does this period last during the average shift:\_\_\_\_\_hrs.\_\_\_\_\_mins.

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

b. **Moderate** (200 to 350 kcal per hour):.....  Yes  No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. **Heavy** (above 350 kcal per hour):.....  Yes  No

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling; standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator:.....  Yes  No  
If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

\_\_\_\_\_

**Reviewer Signature:** \_\_\_\_\_

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

## Appendix 2

### MEDICAL REVIEW DOCUMENTATION



STATE OF TENNESSEE  
**DEPARTMENT OF HEALTH**  
Medical Services Section  
CORDELL HULL BUILDING  
425 5<sup>th</sup> AVENUE NORTH  
NASHVILLE, TENNESSEE 37247

### OSHA Medical Evaluation Report

Date:

Employee Name:

Employee's age:

Employee's Job Title:

<b>Cleared for use</b> (circle one)	<b>Yes</b>	<b>No</b>
<b>Limitations</b>	<b>Yes</b>	<b>No</b>
	Hours/day	
	Temperature max.	
	Exertion	
<b>Follow-up medical evaluation</b>	<b>Yes</b>	<b>No</b>
<b>Copy of report provided to employee</b>	<b>Yes</b>	<b>No</b>

\_\_\_\_\_ MD RN

Medical Services Section

Appendix 3

# Tennessee Department of Health Annual Fit testing and/or Training Form



I have received annual fit testing for an N-95 Respirator and/or annual training for a Powered Air-Purifying Respirator (PAPR). I have been educated about proper use, maintenance and storage, and employee responsibilities.

I understand that as an employee I am responsible for the following:

1. Participation in all training
2. Wear the respirator when indicated
3. Maintenance of equipment
4. Report malfunctions or concerns to my Respiratory Program Administrator (RPA)
5. Contact my RPA for medical re-evaluation if there is a change in my health status (that may result in an increased physiological burden) or a change in facial size, shape, or structure

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fit tester/trainer

\_\_\_\_\_  
Date

## Appendix 4

### Appendix D to Sec.1910.134 (Mandatory) Information for Employees Using Respirators When Not required Under the Standard

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.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
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, certified 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.
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.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.