

22-006



Yaphank Fire District

Respiratory Protection Program

Revised October 2023

1.0 Purpose

This plan provides written guidance and procedures that are intended to help ensure that at-risk employee/members of Yaphank Fire District are protected from exposure to existing and potential respiratory hazards. This written plan is designed to comply with the requirements of the OSHA Respiratory Protection Standard (29 CFR 1910.134) [Ref.1].

2.0 Scope and Application

This program applies to all employee/members and members of Yaphank Fire District who are required to wear respirators during routine and emergency work operations while performing duties within the scope of their job description.

The classes and models of respirators available at Yaphank Fire District, as well as the operations for which they will be used, are listed in Table 1 below. The specific respirators chosen for Yaphank Fire District are indicated by the checked boxes.

Table 1: RESPIRATORS USED AT Yaphank Fire District

Respirator	Operation
<input type="checkbox"/> N95 Filtering Facepiece Respirators,	Clinical care of, or exposure to, patients with known or suspected infectious diseases requiring airborne precautions.
<input type="checkbox"/> Air Purifying Respirator (Half or full face)	Alternative respirator for individuals unable to pass fit-testing for tight-fitting respirators, and who are involved in the clinical care of, or who may have exposure to, patients with known or suspected infectious diseases requiring airborne precautions. Non-IDLH/low oxygen, non-fire atmospheres.
<input type="checkbox"/> SCBA Facepiece	To be utilized in ALL IDLH atmospheres and for full respiratory protection

3.0 Policies and Responsibilities

3.1 General. The Occupational Safety and Health Administration (OSHA) requires the use of respiratory protection to protect the health of employee/members during any potential worksite exposure to respiratory hazard(s). Each employer is required by OSHA (29 CFR 1910.134) to develop and implement a written Respiratory Protection Plan that addresses when and how respiratory protection should be used. The Yaphank Fire District Respiratory Protection Plan is available for review by all employee/members and members and supersedes previous written policies.

3.2 Program Elements. The Yaphank Fire District Respiratory Protection Plan addresses the following applicable elements:

- Documentation of the major applicable elements of the OSHA Respiratory Protection Standard;
- Designation of a Respiratory Program Administrator(s);
- Hazard identification and evaluation of respiratory hazards in the workplace;
- Medical evaluations of employee/members required to use respirators;
- Fit testing procedures for tight-fitting respirators;
- Procedures for proper use of respirators in routine and emergency situations;
- Procedures and schedules for reuse, storage, inspection, and disposal of respirators
- Training of employee/members and members in the respiratory hazards to which they are potentially exposed during routine and emergency situations;
- Training of employee/members and members in the proper use of respirators, including donning and doffing procedures, maintenance procedures, and limitations of their use;
- Procedures for regularly evaluating the effectiveness of the program;
- Recordkeeping requirements.

3.3 Hazard Evaluation. The Yaphank Fire District Program Manager will evaluate potential respiratory hazard(s) in the workplace, identify relevant workplace and user factors, and base respirator selection on these factors. Further, the Yaphank Fire District Program manager will identify, using name, position, and working title, the number of employee/members who need to use a respirator, and who specifically will participate in the respiratory protection plan. These employee/members and members will be selected based on the Yaphank Fire District's or the OIC's assessment of the number of employee/members/ members needed to respond to infectious diseases or to a biologic event or outbreak requiring respiratory protective equipment. See Appendix A for a list of employee/members who are or may be required to use respirators.

3.4 Affected Employee/members. No employee/member will be required to wear respirator protection unless it is part of the essential tasks of that position/role.

3.5 Program Costs. All employee/members who are required to be fit tested for a respiratory protective device will receive an initial medical evaluation and annual fit testing for the respirator that they will use. The expense associated with the medical evaluation, initial and annual fit testing, respiratory protection equipment, and training will be the responsibility of Yaphank Fire District.

3.6 Employer Responsibilities.

- Overall responsibility for development and implementation of a Respiratory Protection Program, with worksite-specific procedures. The program shall include the elements listed in paragraph 3.2.

- Provide all respirators, medical evaluations, fit testing, and training at no cost to the employee/members. The medical records must be kept in a secure location.
- Assign a suitably trained respiratory program administrator.

3.7 Program Administrator(s) Responsibilities.

The Yaphank Fire District Board of Fire Commissioners are as the Program Administrator(s) for the Yaphank Fire District and will be responsible for implementing this Respiratory Protection Program. He/she serves as the first contact for employee/members concerned with respiratory protection. The Program Administrator's duties include:

- Assessing hazards in the workplace in order to identify those work areas, processes, and tasks that require workers to wear respirators;
- Selecting appropriate respirators based on the hazard assessment;
- Coordinating the medical surveillance program, as outlined in Section 6 below;
- Implementing the fit testing program;
- Developing procedures for proper respirator use;
- Monitoring respirator use to ensure that respirators are used in accordance with their certification.
- Coordinating and/or conducting worker training, at least annually, to include training on potential respiratory hazards and proper respirator use;
- Ensuring proper maintenance of respiratory protection equipment, to include, as applicable, cleaning, disinfecting, storing, inspecting, repairing, and discarding;
- Maintaining records as required by OSHA (see Section 11 below);
- Evaluating the program for compliance and overall effectiveness;
- Updating the written program, as needed.

3.8 Employee/member Responsibilities.

Each employee/member/member of the Yaphank Fire District who is required to use a respirator has the responsibility to:

- Attend all required respiratory protection training;
- Wear his/her respirator when and where required and in accordance with the training provided.
- Perform a user seal check each time a tight-fitting respirator is put on, in order to ensure that an adequate seal is achieved;
 - In the case of the N95 filtering respirator, the manufacturer's recommended user seal check method shall be used.

[Note: User seal checks are not substitutes for qualitative or quantitative fit tests.]

- Where applicable, care for and maintain her/his respirators as instructed;
- Inform the Program Administrator(s) if the respirator no longer fits well or if there have been changes in facial features (e.g., surgery, scars, beard growth) or general physique (e.g., significant weight gain or loss);
- Inform the Program Administrator(s) of any new medical signs/symptoms or that a change in personal medical condition has occurred that may affect the ability to wear a respirator;
- Inform the Program Administrator(s) of any respiratory hazards that he or she feels are not adequately addressed in the performance of work duties and of any other concerns that he or she may have regarding the program.

4.0 Respirator Selection Procedures

The Yaphank Fire District Program Administrator(s) will select the appropriate respirators to be used by personnel based on the respiratory hazards to which the worker is exposed and workplace and user factors that affect respirator performance and reliability. Only respirators, filters, cartridges and canisters that have been certified by the National Institute for Occupational Safety and Health (NIOSH) will be selected. The selection will be based upon the biological, physical, and chemical properties of the air contaminant and the concentration levels likely to be encountered by the employee/member.

The Yaphank Fire District Program Administrator(s) will conduct a hazard assessment for each operation where an airborne contaminant may be present in routine operations or during an emergency, and will update the hazard assessment following significant changes in the work environment. The hazard assessment will include:

- Identification and development of a list of hazardous substances that employee/members may encounter;
- Review of work processes to determine where potential exposures to these hazardous substances may occur;
- Exposure monitoring, if possible, to quantify potential hazardous exposures.

The Yaphank Fire District Program Administrator(s) shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

5.0 Voluntary Respirator Use

The Yaphank Fire District Program Administrators will provide all employee/members and members who voluntarily choose to wear a respirator with a copy of Appendix E, which provides details of the requirements for voluntary use of respirators by employee/members. The Yaphank Fire District will establish and implement those elements of a written respiratory protection program necessary to ensure that any employee/member using a respirator voluntarily, with the exception of an N-95 or other filtering facepiece (dust masks), 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.

[Note: N-95 respirators are filtering facepiece respirators. Employers are not required to include in a written respiratory protection program those employee/members whose only use of respirators involves the voluntary use of filtering facepieces (dust masks), such as an N-95, if it has been determined that they do not have any hazardous respiratory exposures. The OSHA Respiratory Protection standard considers the terms “filtering facepieces” and “dust masks” to be synonymous, even though some dust masks are not tight fitting as are the N-95s.]

6.0 Medical Evaluation

Employee/members who are either required to wear respirators, or who choose to voluntarily don respirator protection other than an N-95 or other filtering facepiece (dust masks), must complete a medical evaluation prior to their initial fit-testing and before being permitted to wear a respirator on the job.

[Note: As explained in paragraph 5.0, voluntary use of a APR would require a medical evaluation, whereas voluntary use of an N-95, would not. Required use of an N-95 would require a medical evaluation.]

The Yaphank Fire District shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire comparable to that in Appendix B of this plan (the “OSHA questionnaire”) or an initial medical examination that obtains the same information as the medical questionnaire. Employee/members are not permitted to wear a respirator until the designated PLHCP has signed the medical recommendation form indicating that they are medically qualified. Any employee/member refusing the medical evaluation will not be allowed to work in an area or operation requiring respirator use.

[Note: Information in the medical questionnaire is considered a medical record and must not be shared with management personnel. The medical evaluation can be performed using an Yaphank Fire District’s in-house physician or other licensed health care professional (PLHCP) or using an outside contract healthcare provider. In general, if an outside provider is not used, the in-house PLHCP assigned to perform the medical evaluation cannot be in the employee/member’s supervisory chain or be considered “management” due to confidentiality requirements.]

Under these provisions The current PLHCP of record is Nassau Diagnostics Inc, City MD, and Safety Environmental Solutions for Fit Testing with commensurate survey. Findings are logged into the RED ALERT NMX database as well as hard copies in members medical folders secured in the district office.

Procedures for medical surveillance of employee/members using respirators are as follows:

- The Program Administrator(s) will provide a copy of the medical questionnaire to all identified employee/members. The medical questionnaire and examinations shall be administered confidentially during the employee/member's normal working hours or at a time and place convenient to the employee/member.
- The employee/member will complete and sign the medical questionnaire according to the directions given and will submit the completed form to a designated PLHCP.
- The PLHCP will review the completed medical questionnaire or will conduct a medical examination obtaining the same information as in the questionnaire. The PLHCP must then make a medical determination and a written recommendation as to the employee/member's ability to use a respirator (see Appendix C for an example of a recommendation form).
- The Yaphank Fire District shall ensure that a follow-up medical examination is provided for an employee/member/member who gives a positive response to any question among questions 1 through 8 of Appendix B, or whose initial medical evaluation demonstrates the need for a follow-up medical examination. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination. *[Note: The follow-up medical "examination" does not necessarily require a physical examination. Some positive responses may only require additional questions/history of the employee/member to make a determination.]*
- In addition, the Yaphank Fire District will provide for an additional medical evaluation for any of the following reasons
 - an employee/member reports medical signs or symptoms that are related to his or her ability to use a respirator;
 - the PLHCP, supervisor, or respirator Program Administrator(s) informs the employer that an employee/member needs to be reevaluated;
 - information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee/member reevaluation; or
 - a change occurs in workplace conditions (e.g., physical work effort, protective clothing, or ambient temperature) that may result in a substantial increase in the physiological burden placed on an employee/member.
- All medical examinations and questionnaires are to remain confidential and be maintained in a secure location.

7.0 Fit Testing

Before any employee/member is required to use a respirator with a negative or positive pressure tight-fitting facepiece, the employee/member must be fit tested with the same make, model, style, and size respirator that will be used. This applies to all tight fitting

respirators, including disposable N-95s and tight fitting PAPRs. Employee/members volunteering to don a respirator may ask to be fit tested.

[Note: The fit testing procedures that should be used can be found in Appendix A of both reference 1 and reference 2. If Yaphank Fire District conducts in-house fit testing, The Bitrex® solution aerosol protocol is the preferred method, with the Saccharin solution aerosol protocol used as a backup; regardless of which protocol is attempted initially, if the test subject fails to detect the initial sensitivity solution, then the alternate fit-test solution will be used.]

Upon completion of the fit test, whether successful or unsuccessful, the person conducting the fit-test shall fill out a form similar to the Fit-Test Evaluation Form (Appendix D) and return the completed form to the Program Administrator. Fit-testing shall be conducted prior to initial use of the respirator, whenever a different respirator facepiece (size, style, model, or make) is used, and at least annually thereafter.

8.0 Respirator Users and General Use Procedures

Appendix A contains a list of employee/members participating in the respiratory protection program at Yaphank Fire District. The names listed in the document signify that they have successfully completed the required medical evaluation, respirator training, and fit-testing as described in this plan and in accordance with 29 CFR 1910.134. Participating employee/members shall be instructed in and shall follow the following general use procedures:

- 8.1 Employee/members 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.
- 8.2 All employee/members shall conduct a user seal check each time that they wear their respirator in accordance with the manufacturer's recommended procedures.
- 8.3 Employee/members are not permitted to wear tight-fitting respirators if they have any condition (e.g., facial scars, facial hair, glasses, or missing dentures) that would prevent them from achieving a good seal. Powered Air Purifying Respirators (PAPRs) may be provided in these cases, at the discretion of the Program Administrator(s) and employer, and with the appropriate medical recommendation from the PLHCP.
- 8.4 For any malfunction of a respirator (e.g., a breakthrough, facepiece leakage, or improperly working valve), the respirator wearer should inform their Program Administrator(s) that the respirator is no longer performing properly

9.0 Employee/member Training

No employee/member will be permitted to work with a respirator until he or she has received training in and can demonstrate knowledge of the respiratory protection program. The training will be provided or coordinated by the Program Administrator(s) and will cover the following topics:

- General requirements of the OSHA standard and the elements of the Respiratory Protection Program, including employee/member responsibilities;
- Explanation of potential work-related respiratory hazards and the risks associated with not wearing respiratory protection;
- Function, capabilities, and limitations of the selected respiratory protection;
- Medical surveillance program and the Medical Recommendation Form;
- Fit testing requirements and the Fit Test Evaluation Form;
- Use of the respirator, including how to put on, check the fit, wear, and remove the respirator properly;
- Medical signs and symptoms that might limit the effective use of respirators.

Training shall be administered annually, and when the following situations occur:

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

10.0 Program Evaluation

The Program Administrator(s) shall conduct periodic evaluations of the workplace and operating conditions to ensure that the provisions of this program are being properly implemented. The evaluation will include regular consultations with employee/members who use respirators. The assessment will include a review of workplace hazards, respirator selection, respirator fit issues, proper use and maintenance of respirators, impact of use of respirators on effective workplace performance, sampling results (if applicable), and the status of records. The Program Administrator, with approval of the Yaphank Fire District, shall make any necessary changes to the program based on the results of these periodic evaluations and shall update the written program in accordance with any revisions recommended or mandated by federal and state standards.

11.0 Documentation and Recordkeeping

For each employee/member assigned a respirator, the following records will be retained in the noted, secure locations:

- Medical records, including the initial medical questionnaire and any follow-up medical evaluations/examinations, are confidential and will be kept by the PLHCP and any referral healthcare providers.

- The medical recommendation (Appendix C, Part 2), after completion by the PLHCP, will be kept by the Program Administrator.
- Training records will be kept by the Program Administrator.
- Fit testing records (i.e., the most current fit-test evaluation form for each respirator used by an employee/member) will be kept by the Program Administrator.

A written copy of the current program must be retained.

APPENDIX B: MEDICAL QUESTIONNAIRE

PART 1. PERSONAL INFORMATION

Date: _____ Name: _____ SS#: _____ <div style="text-align: center; margin-top: -10px;"> <i>(first)</i> <i>(middle)</i> <i>(last)</i> </div>			
Age: _____	Sex (circle one): Male Female	Height: _____ ft. _____ in.	Weight: _____ lbs.
Job Title: _____		Department: _____	
A phone number where you can be reached by the healthcare professional who reviews this questionnaire: _____ The best time to phone you at this number: _____			
Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No			
Type of respirator(s) you will be using (if known): _____ Have you worn a respirator in the past? (circle one): Yes/No If "yes," what type(s): _____			

PART 2. HEALTH QUESTIONS:

Questions 1 through 9 below must be answered by every employee/member who has been selected to use any type of respirator. Please circle "yes" or "no" to the following.
--

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) not associated with a cold: 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 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

e. Other _____

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check here and 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 healthcare professional who will review this questionnaire about your answers to this questionnaire? Yes/No

Questions 10-15 below are mandatory for employee/members using a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For all others, 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
- e. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken eardrum? 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. Difficulties 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. Difficulty 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

16. Do you have any other health conditions or issues you would like the healthcare professional who will be reviewing this questionnaire to know about? Yes/No

APPENDIX B: MEDICAL QUESTIONNAIRE**PART B: OPTIONAL**

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

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

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

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- Asbestos: Yes/No
- Silica (e.g., in sandblasting): Yes/No
- Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- Beryllium: Yes/No
- Aluminum: Yes/No
- Coal (for example, mining): Yes/No
- Iron: Yes/No
- Tin: Yes/No
- Dusty environments: Yes/No
- Any other hazardous exposures: Yes/No

If “yes,” describe these exposures:

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

5. List your previous occupations:

6. List your current and previous hobbies:

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

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

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

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

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

- HEPA Filters: Yes/No
- Canisters (for example, gas masks): Yes/No
- Cartridges: Yes/No

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

- Escape only (no rescue): Yes/No
- Emergency rescue only: Yes/No
- Less than 5 hours per week: Yes/No
- Less than 2 hours per day: Yes/No
- 2 to 4 hours per day: Yes/No
- Over 4 hours per day: Yes/No

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

- *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.

- *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.

- *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, lifethreatening 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):

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A follow-up medical evaluation is required. Employee/member has been referred to:

I have provided the employee/member named above with a copy of this recommendation.

_____/_____
PLHCP (Name) *(Signature)* *Date*

APPENDIX D: FIT-TEST EVALUATION FORM
 (To be completed annually and retained by Program Administrator)

Name of User: _____

Type of respirator to be tested:

- N95 filtering facepiece
- Air Purifying Respirator - APR (tight-fitting)
- Other (describe: _____)

Manufacturer _____ Model number _____ Size _____

NIOSH Approval Number(s): _____

Type of Fit Test: Qualitative (QLFT) Quantitative (QTFT)

Qualitative Fit Test Results:		
Solution Used	Sensitivity/Threshold (circle # of squeezes)	Results of Fit Test
<input type="checkbox"/> Bitrex®	10, 20, 30, or failed	<input type="checkbox"/> Passed / <input type="checkbox"/> Failed
<input type="checkbox"/> Saccharin	10, 20, 30, or failed	<input type="checkbox"/> Passed / <input type="checkbox"/> Failed

Quantitative Fit Test Results:		
Name of Fit Test Used	Overall Fit Factor	Results of Fit Test
		<i>(Attach results of QNFT)</i>

Fitted by: _____ Date: _____
test conductor's signature

Additional Comments:

**APPENDIX E: (MANDATORY) INFORMATION FOR EMPLOYEE/MEMBERS
USING RESPIRATORS WHEN NOT REQUIRED UNDER THE OSHA
STANDARD (Voluntary Use)**

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, 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.
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.

APPENDIX F: REFERENCES

1. (29 CFR 1910.134): Occupational Safety and Health Standards, Subpart I – “Personal Protective Equipment,” section 1910.134 – “Respiratory Protection”
(http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&pid=12716)
2. OSHA Small Entity Compliance Guide for the Revised Respiratory Protection Standard, revised 1999.
(http://www.osha.gov/Publications/SECG_RPS/secg_rps.html)

Re-adopted this 7th day of January 2025 by the Board of Fire Commissioners.