

RESPIRATORY PROTECTION POLICY

Environmental Health and Safety

Business Affairs

University of Florida

OBJECTIVE

The objective of this policy is to prevent adverse health effects from the inhalation of hazardous airborne contaminants through the administration of a comprehensive Respiratory Protection Program.

AUTHORITY

This program satisfies the requirements of the Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard, 29 CFR 1910.134, as adopted by the University of Florida's Handbook on Business Policy, part 2.5.1.1. The Division of Environmental Health and Safety (EH&S) administers this program as part of its mission to maintain employee health and safety throughout all University of Florida (UF) locations.

POLICY

The control of potential health hazards caused by breathing air contaminated with harmful levels of chemical, physical or biological agents shall be accomplished as far as feasible by accepted engineering control measures. When effective engineering controls are not feasible, or while they are being instituted, appropriate respiratory protection shall be used.

This program impacts all employees, students, volunteers, and contractors (working under direct UF supervision), who are required, or elect, to wear respiratory protection as part of their employment. Only respirators which are applicable and suitable for the purpose intended shall be used. Individuals who voluntarily wear filtering facepieces (dustmasks) are covered by this policy only as addressed in the **Voluntary Use** section. Additional instructions for respiratory protection may be found in other EH&S policies and programs addressing specific hazards (e.g. Asbestos, Q-Fever, or Confined Space Entry).

RESPONSIBILITY

EH&S is responsible for the administration of the respiratory protection program, which includes determining the need for respiratory protection, respirator selection, training and fit testing. EH&S also maintains all non-medical records pertaining to this program. An EH&S respiratory protection program administrator is designated to provide guidance and oversight to the program.

The **Student Health Care Center's (SHCC) Workers' Compensation / Occupational Medicine Department** (Phone 352-392-0627) provides for medical evaluations and maintains medical records.

Departments are responsible for assisting EH&S in identifying employees required to wear a respirator by keeping EH&S apprised of new potential hazards entering the work area,

utilizing the computerized Health Assessment Management System (HAMS) for both new hire employees and for those having a change in their job duties.

Completing personal protective equipment (PPE) assessments of work processes and tasks, described in the EH&S policy on *Personal Protective Equipment* which is useful for recognizing potential respiratory hazards.

The **Supervisors and Principle Investigators** (P.I.'s) shall ensure that all their employees in the program have had a medical evaluation, receive training and fit testing all on a yearly basis, and provided at no cost to the employee.

Affected employees, students, volunteers, and contractors (working under direct UF supervision), herein called respirator wearers, are responsible for obtaining a medical clearance to wear a respirator, be fit tested and receive training. The respirator wearer shall use the respirator when required by the specified work activity, and ensure that the respirator is cleaned, stored and maintained according to the provisions of this program.

RESPIRATOR SELECTION

Respirators will be worn when the following conditions apply:

Environmental Health and Safety (EH&S) Division, with assistance from the employee's supervisor, has identified and evaluated respiratory hazards and determines the need for respiratory protection based on quantitative exposure assessments or a reasonable estimate of the employee's exposure to respiratory hazard(s) given the contaminant's chemical state and physical form.

Employees are working in areas where contaminant levels may become unsafe without warning, such as in emergency response situations to an unknown spill of hazardous material. In these situations where exposures cannot be identified or reasonably estimated, the work area shall be considered immediately dangerous to life or health (IDLH). These IDLH atmospheres require air-supplied respirators along with specialized training.

The Material Safety Data Sheet (MSDS) or chemical label specifically requires the use of a respirator for the task being performed.

Areas where significant levels of infectious biological contaminants may become aerosolized. The EH&S Biosafety Officer will determine the appropriate level of respiratory protection that may be required.

Employees are engaged in activities that are addressed in other EH&S policies such as asbestos, certain other chemical, biological, or radiological hazards, or for confined space entry, which require the use of respiratory protection.

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH), under the provisions of 30 CFR Part 11 and 42 CFR Part 84, shall be used. Since

respirators are approved as a unit, parts from different manufacturers or models shall not be interchanged, and no modification of a respirator is permitted.

Employees who have facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function must not wear tight-fitting facepiece respirators. Respirators that do not rely on a tight face seal, such as hoods or helmets, *may* be used by bearded individuals when appropriate to the hazard presented.

Each department is responsible for providing respirators, replacement parts, and cartridge/filters as necessary to employees who have been identified as needing respirators. If possible, tight fitting respirators manufactured by North, Wilson, MSA, 3M or Scott should be used.

A more detailed explanation of the respirator selection process can be found in **Appendix A, Respirator Selection Guidelines**, or by calling the EH&S Respiratory Protection Program Administrator, at 352-392-1591.

VOLUNTARY USE OF RESPIRATORS

Filtering Facepieces (Dust Masks): If EH&S has determined that no respiratory hazard exists but the employee wants to use a self-provided filtering facepiece respirator (dust mask) for comfort, a “Medical History Questionnaire for N95 Filtering Facepiece Respirators” (**Appendix B**) form must be completed and submitted to the Student Health Care Center for review and approval. A copy of **Appendix D** covering voluntary respirator use will also be provided to the employee.

Tight Fitting Respirators: Any individual wanting to use this type of self-provided respirator must comply with all aspects of the University’s Respiratory Protection Program.

MEDICAL EVALUATIONS

The use of a respirator places unusual stress on the wearer to the extent that employees entering this program must be evaluated by a physician or other licensed health care professional. The purpose of the evaluation is to screen employees for pre-existing conditions not conducive to respirator use, confirm that the individual can handle the additional stress caused by the respirator and re-evaluate the wearer periodically for changes in health and abilities. Employees in health care or animal care activities using only the N-95 filtering facepiece respirator complete a one-time abbreviated medical evaluation form (**Appendix B**).

After being medically cleared, the respirator wearer will then complete fit testing. Specific instructions and forms for medical evaluations are included in **Appendix C**.

FIT TESTING

All wearers of respirators that rely on a mask-to-face seal must be fit tested before initial use and annually thereafter. Fit testing is also required when a change in the facial structure of a wearer occurs or a different make/model of respirator is purchased.

Qualitative or quantitative fit tests are used to determine if the respirator mask provides an acceptable fit to the wearer. Qualitative fit test procedures rely on a subjective sensation (taste,

irritation, smell) of the respirator wearer to a particular test contaminant while a quantitative fit test uses measuring instruments to measure face-seal leakage.

All fit testing is provided through EH&S. If a position is filled that requires the use of a respirator, please contact EH&S after successfully completing the medical evaluation to set up a fit test time at 352-392-1591. A record of the fit test shall be kept by EH&S and retained until the next fit test is administered.

Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators (PAPR's) shall be accomplished by performing quantitative or qualitative fit testing in the *negative pressure mode*.

Tight-fitting elastomeric full-face piece respirator users are not allowed to wear eye glasses having a protruding earpiece extending beyond the face piece seal. Individuals requiring corrective lenses are requested to wear contact lenses or have the sponsoring department purchase an adapter set of prescription lenses to mount on the front of the respirator.

At locations outside of Alachua County, a qualitative test may be completed during the interim before a quantitative test can be scheduled. This test may be conducted by an individual in the department who has been trained by an EH&S Coordinator. Qualitative fit testing must be performed in accordance with all applicable OSHA requirements.

Yearly quantitative fit tests must be completed for all full-face negative pressure respirator wearers, employees who are categorized as asbestos workers, and for individuals potentially exposed to lead.

Filtering Face Pieces, commonly called dust masks, which are required for the work activity and hazard present, are considered respirators and must be fit tested.

All N-95 filtering face-piece users must be qualitatively fit tested initially and yearly thereafter.

If in the opinion of the EH&S Respiratory Protection Program Coordinator sufficient hazards exists regarding an exposure or conditions of use, a quantitative fit test may be required annually.

TRAINING

Training is required for all respirator wearers prior to initial use, and annually thereafter, covering the following elements:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- The limitations and capabilities of the respirator.

- *If applicable*, wearers should know how to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
- How to inspect, put on and remove, use, and check the seals of the respirator.
- What the procedures are for maintenance and storage of the respirator.
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

Retraining may be required more than annually if workplace conditions change, new types of respirators are used, or if the EH&S Coordinator or supervisor determines there are inadequacies in the employee's knowledge or use.

EH&S (or a competent person designated by EH&S) will conduct the training. A record of the training shall be kept by EH&S and the Department.

FIT CHECKS

Each time a respirator is placed in position on the face (donned), the wearer shall conduct a negative and positive pressure fit check to ensure a proper fit. This ensures the respirator is adjusted properly and sealed against the face. The advantages are that the wearer can do this alone in the field and the check can be repeated any time the seal is in question. A negative pressure check is accomplished when the wearer closes off the respirator inlet and inhales. A vacuum and partial inward collapse of the mask should result. If a vacuum cannot be maintained, readjust the facepiece and try again. A positive pressure check is accomplished when the wearer closes off the exhalation valve and breathes out gently. An outward expansion of the respirator should result. Air will escape through any gaps in the seal. If this should happen, readjust the facepiece and try again.

INSPECTION AND MAINTENANCE

Supervisory personnel shall insure respirators are used and worn correctly. If problems are observed corrective measures shall be taken immediately. If the respirator is not appropriate for the hazard, the wearer shall leave the area, cease work or take other action to eliminate further exposure.

Each person issued a respirator shall inspect the respirator prior to each use to ensure that it is in good condition. This inspection shall include a check of the tightness of the connections and the condition of the facepiece, headbands, valves, and cartridges. The mask itself shall be inspected for signs of deterioration. If any defects are noted, the wearer shall repair the respirator. Replacement parts shall be approved for the specific respirator being repaired. If the repair cannot be made immediately, a replacement respirator of the same model and size shall be provided until such time as the repair can be made.

CLEANING AND SANITIZING

All tight fitting respirators shall be cleaned and sanitized after each use by the respirator wearer. This shall be done in accordance with the manufacturer's recommendations.

STORAGE

When not in use, respirators shall be placed in individual sealable containers to protect them from contamination. Storage shall be in designated storage areas in such a manner that the respirator will not be distorted or damaged. Storage areas to avoid include workbenches, tool boxes, or hanging from hooks out in the open workroom.

EMERGENCY USE

All respirators maintained for use in emergency situations, with the exception of SCBA's, shall be inspected at least monthly and in accordance with the manufacturer's recommendations, and shall be checked for proper function before and after each use. These inspections shall be logged using the checklist in **Appendix F**.

SCBA's shall be inspected utilizing the checklist found in **Appendix G**.

Employees who may need to use emergency respirators should refer to specific programs that address these emergencies. **Note: Emergency use of respirators requires additional response training.**

CARTRIDGE CHANGEOUT

Cartridges should be dated when opened and replaced based on the manufacturer's recommendations. If the manufacturer has made no recommendations, changeout should occur based on OSHA's methods of estimating service: Rule-of-thumb, mathematical models, or by experimental testing.

If no data exists for the timely replacement of chemical cartridge respirators, respirators will be disposed after 8-hours of use, or for filtering cartridges when the air resistance becomes for further assistance in making these determinations please contact the Respiratory Protection Program Coordinator.

PROGRAM EVALUATION

A yearly evaluation of the program shall be done by the EH&S Respirator Coordinator. Comments related to this policy and program can be made by contacting the EH&S Respiratory Protection Program Coordinator at (352)392-1591.

REFERENCES

U.S. Department of Labor, Occupational Safety and Health Administration, *Respiratory Protection Standard*, 29 CFR 1910.134.

http://www.osha.gov/SLTC/etools/respiratory/reg_docs.html

University of Florida, *Handbook on Business Policy*, part 2.5.1.1

<http://www.admin.ufl.edu/handbook/default.asp?doc=2.5>

University of Florida, Student Health Care Center's (SHCC) Occupational Health and Worker's Compensation Department <http://www.hsc.ufl.edu/shcc/>

University of Florida, Environmental Health and Safety Division, Occupational Medicine Program, Health Assessment Management System (HAMS)

<http://www.EH&S.ufl.edu/OCCMED/default.asp>

University of Florida, Environmental Health and Safety Division, Policy on Personal Protective Equipment www.EH&S.ufl.edu/General/ppe.htm

U.S. Department of Labor, Occupational Safety & Health Administration (OSHA), Respirator Change-out Schedules, http://www.osha.gov/SLTC/etools/respiratory/change_schedule.html

Appendix A

RESPIRATOR SELECTION GUIDELINES

The following information provides only a brief summary of the respirator selection process, and is included in this appendix for educational purposes. For more information, follow the web links included at the end of this appendix or contact the EH&S Respiratory Protection Program Manager at 352-392-1591.

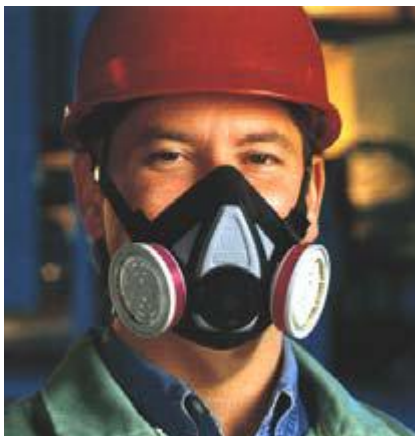
The first step in selecting the appropriate respirator is to identify the activity or process the individual will be engaged in. The concentration of the air-borne contaminant should be determined either through exposure assessments using air sampling methods or by making a reasonable estimate of the concentration encountered in the work area. These results are then compared to established "safe levels of exposure" using published exposure limits and guidelines.

Additional steps in the process include:

- Assessing the respirator's assigned protection factors,
- The time the wearer will spend using the respirator,
- Researching existing standards for a chemical that may require a specific type of respiratory protection,
- The atmosphere the respirator will be used in (e.g. oxygen deficient) and
- The physical and filtering limitations of the respirator.

Respirators can be tight fitting or loose fitting as outlined below.

Tight Fitting Coverings



Half Mask Respirator

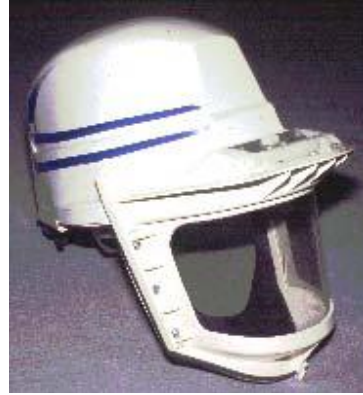


Full Facepiece Respirator

Loose Fitting Coverings



Hood Type 1



Hood Type 2

Respirators can be further categorized into two groups, air purifying and air supplied.

Air Purifying Respirators

These respirators remove air contaminants as they pass through the respirator filter. This respirator is to be used only where adequate oxygen (19.5 to 23.5 by volume) is present. Air purifying respirators are subdivided into the following types:

1. Particulate Removing Respirators: These respirators use a filtering device that physically filters out dusts, fibers, fumes and mists. These respirators may be single-use disposable filtering facepiece or dust mask respirators or respirators with replaceable filters. The current filter classification system is broken into two categories that designate the filter efficiency and the filters ability to work in environments containing oil particulate.

Classes of Filters

- There are nine classes of filters (three levels of efficiency, each with three categories of resistance to filter efficiency degradation)
- Levels of filter efficiency are 95%, 99% and 99.97% (100%)
- Categories of oil resistance are N (no oil), R (resistant to oil) and P (oil proof)
- Filter designations are presented on the following table

Filter Efficiency	N (Non-oil Environments)	R (Oil Resistant)	P (Oil Proof)
95%	N95	R95	P95
99%	N99	R99	P99
99.97%	N100	R100	P100

Types of Particulate Removing Respirators

Filtering Facepiece (Dust Mask)

A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium



Powered Air-Purifying Respirator (PAPR)

An air-purifying respirator that uses a blower to force the ambient air through the air-purifying elements to the inlet covering



Respiratory Protection for Tuberculosis and Other Infectious Diseases
Current CDC guidelines allow the use of all nine classes of loose fitting facepiece respirators. The N95 filtering facepiece is most commonly used.

PAPR's used for protection against infectious diseases must be equipped with HEPA filters.

Respirator users should check the CDC website for any updates or changes to respirator use guidelines for infectious disease control.

NOTE: Surgical masks are not considered respirators and do not provide adequate protection from air contaminants. They are never to be used in place of an air-purifying respirator.

2. Gas and Vapor Removing Respirators: These respirators remove specific individual contaminants or a combination of contaminants by absorption, adsorption or by chemical reaction. Gas masks and chemical cartridge respirators are examples in this group. Combination respirators that remove both particulate and gas/vapor are available. The gas/vapor cartridges are typically identified by color coding. Typical color codes are presented on the following chart.

Contaminant	Cartridge Color Code
Acid Gases	White
Organic Vapors	Black
Ammonia Gas	Green
Acid Gas and Organic Vapor	Yellow
HEPA or P100	Magenta (Purple)

All filters, cartridges and canisters used in the workplace must be labeled and color coded with the NIOSH approval label.

This label must not be removed and must remain legible.



NOTE: Where eye irritation is possible, a full facepiece respirator is required.

Air Supplied Respirators

These respirators provide breathing air independent of the environment. Such respirators are to be used when the contaminant has insufficient odor, taste or irritating warning properties or when the contaminant is of such high concentration or toxicity that an air-purifying respirator is not adequate. The most common type of air supplied respirator is the self contained breathing apparatus (SCBA). While this type of unit offers the greatest degree of protection, it is also the most complex.

Training and practice in its use and maintenance is essential and it is to be used only in emergency situations.

In addition, all work locations where there are atmospheres that are categorized as Immediately Dangerous to Life or Health (IDLH) require the use of a full facepiece, positive pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes or a combination full facepiece pressure demand supplied air respirator (SAR) with an auxiliary self contained air supply
All oxygen deficient atmospheres (<19.5% O₂ by volume) shall be considered IDLH.

For additional information regarding the selection and use of respirators, please consult the following links.

1. CDC Interim Recommendations for the Selection and Use of Protective Clothing and Respirators Against Biological Agents
<http://www.bt.cdc.gov/documentsapp/Anthrax/Protective/10242001Protective.pdf>
2. NIOSH Guide to the Selection and Use of Particulate Respirators Certified Under 42 CFR 84 DHHS Pub. No. 96-101
<http://www.cdc.gov/niosh/userguid.html>
3. Respiratory Protection Program in Health Care Facilities Administrator's Guide U.S. DHHS, CDC
<http://www.cdc.gov/niosh/docs/99-143/>
4. Respirator Change Schedules, Occupational Safety and Health Administration (OSHA)
http://www.osha.gov/SLTC/etools/respiratory/change_schedule.html
5. Respiratory Protection Topic Page, OSHA
<http://www.osha.gov/SLTC/respiratoryprotection/index.html>
6. 3M Safety Products, Respiratory Protection Page
http://solutions.3m.com/wps/portal/3M/en_US/Health/Safety/Products/Catalog/?PC_7_RJH9U5230GE3E02LES9MG812H2_nid=8G2B3GV59PbeF3RH7CD92NgI
7. Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting, CDC
http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm

Instructions for completing the
Request for Respirator Use
Occupational Medicine Program
UNIVERSITY OF FLORIDA
June 2010

Completion of the Request for Respirator Use is required for all employees, students, volunteers and contractors (working under direct UF supervision) who are required, or elect, to wear respiratory protection as part of their work with the University of Florida. Care must be exercised to match the type of respirator to the potential respiratory hazard. Individuals who voluntarily wear filtering facepieces (dustmasks) are covered by this policy only as addressed in the Voluntary Use section. Additional instructions for respiratory protection may be found in other EH&S policies and programs addressing specific hazards (e.g. Asbestos, Q-Fever, or Confined Space Entry). Details about UF's Respiratory Protection Policy can be found at <http://www.ehs.ufl.edu/General/resppol.pdf>.

Environmental Health and Safety (EH&S) reviews the specific details of the requested respirator use and identifies the type of respirator to be used. The Student Health Care Center (SHCC) then reviews the medical history to determine potential health risks to the individual and whether further clinical interaction or preventative steps are necessary to protect the individual's health. Once the medical clearance is established, EH&S provides the required initial and annual fit tests and training.

Routing of Request for Respirator Use Form

1. The supervisor completes the Contact Information section of the Request for Respirator Use form and submits it to EH&S.
2. EH&S reviews the description of use, identifies the type of respirator to be used and forwards the form to the SHCC.
3. The individual completes the health questionnaire and forwards it to the SHCC for review.
For a tight-fitting respirator, the Initial Medical Questionnaire for Respirator Use at <http://www.ehs.ufl.edu/OCCMED/initial.pdf> must be used.
For an N95 respirator, the Medical History Questionnaire for N95 Filtering Face Piece Respirators form at <http://www.ehs.ufl.edu/OCCMED/N95.pdf> must be used.
4. The SHCC reviews both the Request for Respirator Use and the health questionnaire and establishes a clearance status.
5. Once cleared, the supervisor contacts EH&S at 392-1591 for a fit test and training appointment.

Contact Information

- Environmental Health and Safety Ph: (352) 392-1591; Fax: (352) 392-3414
- Student Health Care Center Ph: (352) 392-0627; Fax: (352) 846-2003

Remember

AN INDIVIDUAL MUST BE MEDICALLY CLEARED AND FIT TESTED BEFORE HE OR SHE USES A RESPIRATOR AT THE UNIVERSITY OF FLORIDA.

In addition to the initial requirements, there are annual requirements

- For a tight-fitting respirator, annual medical clearance and fit testing is also required;
- For an N95 respirator, annual fit test is also required.

Request For Respirator Use
Occupational Medicine Program

Contact Information

Employee Name		UF Position Title		Date of Birth
UFID		UF Position #		Work Phone
Department/Division		Box # (Address if off campus)		UFL.EDU Email
Supervisor		Supervisor Box		Supervisor Phone
Frequency of Use: <input type="checkbox"/> 1- 11 days per year <input type="checkbox"/> 1-3 days per month <input type="checkbox"/> 1- 2 days per week <input type="checkbox"/> 3-5 days per week <input type="checkbox"/> Emergency Use Only	Duration of Use: <input type="checkbox"/> 0-1 hours per day <input type="checkbox"/> 1-4 hours per day <input type="checkbox"/> 4-8 hours per day <input type="checkbox"/> > 8 hours per day	Work Effort While Wearing Respirator: <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Strenuous		Location of Use: <input type="checkbox"/> Outdoors <input type="checkbox"/> Greenhouses <input type="checkbox"/> Indoors-not air conditioned <input type="checkbox"/> Other: (List) <input type="checkbox"/> Indoors-air conditioned
Contaminant (List by Name)			Work Activities	
Acids:				
Bases:				
Organics:				
Pesticides:				
Other Chemical Agents:				
Asbestos:				
Biological Agents:				
Radiological Agents:				
Special Considerations:				

EH&S Review

Type of Respirator(s): <input type="checkbox"/> Filtering Facepiece (N95 N99 N100) <input type="checkbox"/> Negative Pressure <input type="checkbox"/> Powered Air-Purifying <input type="checkbox"/> Supplied Air <input type="checkbox"/> Self Contained Breathing Apparatus (SCBA)	Type(s) of Face piece: <input type="checkbox"/> Half Face <input type="checkbox"/> Full-Face <input type="checkbox"/> Hood	Other Personal Protective Equipment: <input type="checkbox"/> Gloves <input type="checkbox"/> Eye Protection <input type="checkbox"/> Protective Clothing <input type="checkbox"/> Boots <input type="checkbox"/> Fall Protection Harness <input type="checkbox"/> Hard hat <input type="checkbox"/> Other (list) :
___ Required Respirator Use ___ Voluntary Respirator Use		
EH&S Signature: _____		Date: _____

Student Health Care Center Statement

1. ___ No Restrictions on Respirator Use 2. ___ Specific Use Restrictions 3. ___ No Respirator Use Permitted Restrictions:
<i>The above named employee has been informed of the results and any medical conditions that require further examination.</i>
Reviewing Medical Officer _____ Date _____

Complete this one-time questionnaire form if you wear N-95 filtering face piece respirators for health care or animal care activities, and do not use any other type of respirator.

Name:	UFID #:	Date of Birth:
Height:	Weight:	Age:

Position (Title):	Position #:
Supervisor:	Department:
Address:	Daytime Work Number:

Have You Worn a Respirator Before? Yes No
If Yes, describe any difficulties noted with respirator use:

Will you be wearing any other personal protective equipment? Yes No
If Yes, please describe:

Have you had or do you now have any of the following:	Yes	No
1. Lung Disease		
2. Persistent Cough		
3. Heart Trouble		
4. Shortness of Breath		
5. History of Fainting / Seizures		
6. High Blood Pressure		
7. Diabetes		
8. Feelings of Claustrophobia (Sensation of Smothering)		
9. Skin Problems / Abnormalities		
10. Heat Exhaustion / Heat Stroke		
11. Defective Vision		
12. Defective Hearing		
13. Asthma		
14. Anemia		
15. Epilepsy		
16. Back Problems		
17. Other conditions that might interfere with respirator use		
18. Are you taking any medications (prescription or over-the-counter) If Yes, LIST:		
19. Do you now or have you ever smoked? If Yes, Answer the following:		
• At what age did you start smoking?		
• How long has it been since you quit smoking?		
• How many packs per day did or do you smoke?		

Please Explain Yes Answers: (use back of form if necessary)

Employee's Signature:	Date:
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Physician Use Only

No Restriction on N-95 Filtering Face Piece Respirator Use **Further Evaluation Needed**

Physician's Review Signature:	Date:
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Part A Section 1

Date: _____
 Name: _____ UFID: _____ Date of Birth: _____
 Sex (circle one): Male/Female Weight: _____ Height: _____
 Position (Title): _____ Best time to reach you: _____
 Phone number where the reviewer can reach you: _____

Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): yes / no

Check the type of respirator you will use (you can check more than one category):
 _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

Have you ever worn a respirator (circle one): yes/no
 If "yes," what type(s): _____

Part A Section 2

	Yes	No
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had any of the following conditions:		
a. Seizures (fits)	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes (sugar disease)	<input type="checkbox"/>	<input type="checkbox"/>
c. Allergic reactions that interfere with breathing	<input type="checkbox"/>	<input type="checkbox"/>
d. Claustrophobia (fear of closed-in places)	<input type="checkbox"/>	<input type="checkbox"/>
e. Trouble smelling odors	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any of the following pulmonary or lung problems:		
a. Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>
c. Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
d. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
g. Silicosis	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumothorax (collapsed lung)	<input type="checkbox"/>	<input type="checkbox"/>
i. Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
j. Broken ribs	<input type="checkbox"/>	<input type="checkbox"/>
k. Any chest surgeries	<input type="checkbox"/>	<input type="checkbox"/>
l. Any other lung problem you have been told about	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|---|--------------------------|--------------------------|
| 4. Do you currently have any of the following symptoms: | | |
| a. Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shortness of breath when walking with other people at an ordinary pace on level ground | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have to stop for breath when walking at your own pace on level ground | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Shortness of breath when washing or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Shortness of breath that interferes with your job | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Coughing that produces phlegm (thick sputum) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Coughing that wakes you early in the morning | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Coughing that occurs mostly when you are lying down | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Coughing up blood in the last month | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Wheezing | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Wheezing that interferes with your job | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Chest pain when you breathe deeply | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Any symptoms you think may be related to lung problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any of the following cardiovascular or heart problems: | | |
| a. Heart attack | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stroke | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angina | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Heart failure | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Swelling in your legs or feet (not caused by walking) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Heart arrhythmia (heart beating irregularly) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other heart problem you've been told about | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any of the following symptoms: | | |
| a. Frequent pain or tightness in your chest | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or tightness in your chest during physical activity | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pain or tightness in your chest that interferes with your job | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past two years, have you noticed your heart skipping or missing a beat | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heartburn or indigestion that isn't related to eating | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any other symptoms that you think may be related to heart or circulation problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently take medication for any of the following problems: | | |
| a. Breathing or lung problems | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Seizures | <input type="checkbox"/> | <input type="checkbox"/> |

- | | 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 skip to question 9): | | |
| a. Eye irritation | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Skin allergies or rashes | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| d. General weakness or fatigue | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any other problem that interferes with your use of a respirator | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: yes/ no | | |

***Questions 10 to 15 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.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 10. Have you ever lost vision in either eye (temporarily or permanently): | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you currently have any of the following vision problems: | | |
| a. Wear contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear glasses | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Color blind | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any other eye or vision problem | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had an injury to your ears, including a broken ear drum: | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you currently have any of the following hearing problems: | | |
| a. Difficulty hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear a hearing aid | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other hearing or ear problem | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a back injury: | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 15. Do you currently have any of the following musculoskeletal problems | | |
| a. Weakness in any of your arms, hands, legs, or feet | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficulty fully moving your arms and legs | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pain or stiffness when you lean forward or backward at the waist | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Difficulty fully moving your head up or down | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Difficulty fully moving your head side to side | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Difficulty bending at your knees | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Difficulty squatting to the ground | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs. | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Other muscular or skeletal problem that interferes with using respirator | <input type="checkbox"/> | <input type="checkbox"/> |

Part B

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

1. 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: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 2. Have you ever worked with any of the materials or under any of the conditions, listed below: | | |
| a. Asbestos | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Silica (e.g. in sandblasting) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tungsten/cobalt (e.g., grinding or welding this material) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Beryllium | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Aluminum | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Coal (for example, mining) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Iron | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tin | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Dusty environments | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other hazardous exposures | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes," describe these exposures: _____ | | |

3. List any second jobs or side businesses you have : _____

4. List your previous occupations: _____

5. List your current and previous hobbies: _____

6. 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
7. Have you ever worked on a HAZMAT team: yes / no
8. Other than medications for 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 and the condition they are for:

9. 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: _____
10. Will you be working under hot conditions (temperature exceeding 77 F): yes / no
11. Will you be working under humid conditions: yes / no
12. Describe the work you’ll be doing while you’re using your respirator(s):

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

14. 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):

Employee Signature

Date

Name:		UFID #:		Date of Birth:	
Height:		Weight:		Age:	
Position (Title):			LP#:		
Supervisor:			Department:		
Address:			Work Telephone Number:		
Describe any apparent difficulties noted with respirator use, if any:					
Have you had or do you now have any of the following:		Yes	Within the Last Year?	No	
1. Lung disease					
2. Persistent cough					
3. Shortness of breath					
4. History of fainting or seizures					
5. Heart Trouble					
6. Frequent pain / tightness in chest					
7. Heartburn/indigestion not related to eating					
8. High blood pressure					
9. Diabetes					
10. Fear of tight or enclosed places					
11. Sensation of smothering					
12. Heat exhaustion or heat stroke					
13. Ruptured ear drum					
14. Defective vision					
15. Defective hearing					
16. Wear contact lenses or glasses					
17. Other conditions that might interfere with respirator use or result in limited work ability					
18. Are you taking any medications (prescription or over-the-counter) If Yes, LIST:					
19. Do you currently smoke? If Yes, how many do you smoke per day?					
20. Have you had a significant medical or surgical problem since your last respirator evaluation?					
Please Explain Yes Answers:					
Employee's Signature:				Date:	
Physician Use Only					
<input type="checkbox"/> No Restriction on Respirator Use			<input type="checkbox"/> Further Evaluation Needed		
Physician's Review Signature:				Date:	

Employee Safety Training

VOLUNTARY USE OF FILTERING FACEPIECE RESPIRATORS

Review each of the following points with the employee (have employee initial boxes):

1. FILTERING FACEPIECE RESPIRATORS AND OSHA REQUIREMENTS

- Filtering Facepiece Respirators (also called dust masks) are considered true respirators according to OSHA. N95 refers to the NIOSH certification of the filter media that comprises the facepiece. N means that it is not oil resistant and 95 refers to it being 95% effective at filtering particles at the 0.3 micron level. N95 is the most common type of filtering facepiece respirator. Other NIOSH-certified filtering facepiece respirators include R95, P95, N100 and P100.
- Voluntary use is defined as use for employee comfort purposes only. No hazard exists that requires use of a respirator and the use of the respirator does not produce any additional hazard. University policy does require that voluntary users of N95 respirators complete a N95 Medical Questionnaire and submit it for review by Occupational Medicine at the SHCC. Use of any other type of respirator, for example, a ½ face elastomeric respirator with cartridges requires full compliance with the University's Respiratory Protection Policy.
- If an employee is required to wear a filtering facepiece respirator (to protect against a respiratory hazard or as required by the employer), full compliance with the University's Respirator Policy is required, which includes a medical evaluation by the University's physician or other licensed health care professional, respirator training and fit testing.
- OSHA requires that all employees voluntarily wearing filtering facepiece respirators receive basic information on respirators as provided in Appendix D of their Respirator Standard, 1910.134 (which is found at the end of this document). – **Review Appendix D with employee. Signature of this training form certifies receipt of Appendix D to 1910.134, as required by OSHA.**

2. HOW TO USE AND WEAR A FILTERING FACEPIECE RESPIRATOR

- Inspect respirators prior to use, including new units out of the box. Check for rips and tears. Make sure straps are securely attached, nose piece is attached properly, and that no obvious defects exist.
- Proper use of the respirator is important. Without it, the respirator is ineffective against the workplace contaminants. Follow manufacturers' instructions for use. – **Review manufacturer's instructions with employee. Have employee demonstrate proper use.**
- Beards and other facial hair negate the effectiveness of the respirator because they prevent an adequate seal between the respirator and the face. Skin afflictions, such as dermatitis, or scars, could affect the ability to produce a seal.
- User seal checks confirm that an adequate seal with the face is achieved when the mask is applied. User seal checks should be done every time the mask is put on and every time it is re-adjusted on the face. – **Review manufacturers' instructions for conducting user seal checks with employee.**

3. LIMITATIONS OF PPE

- Filtering facepiece respirators are only useful for protection against particulates. They are not to be used in oxygen-deficient atmospheres or atmospheres that contain hazards that are immediately dangerous to life and health (IDLH). Odors will still be noted when using the respirator because it does not filter out gases or vapors. The respirator will not provide adequate protection if a good seal with the face is not achieved.

4. CARE, MAINTENANCE, USEFUL LIFE AND DISPOSAL OF PPE

- Filtering Facepiece Respirators are considered disposable PPE. They cannot be cleaned, especially when they become wet or soiled. They cannot be shared with other employees.
- New respirators should be stored in a clean, dry location, protected from sunlight, chemicals, water, and physical damage.
- Respirators can only be used in conjunction with a written respiratory protection program. The University's Written Respirator Policy can be found at <http://www.ehs.ufl.edu/General/resppol.pdf>.

Employee Name: _____ *Dept:* _____ *UFID:* _____
Signature: _____ *Date:* _____

OSHA's Respiratory Protection Standard, 29CFR1910.134

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, 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.

Respirator Inspection Log For Non-SCBA emergency Use Respirators

For emergency use respirators, the following checklist will be used monthly to inspect the respirator. The wearer shall initial and date the log after each inspection. A box has been provided for additional comments to include any repairs made.

INSPECTION GUIDE

1. Examine the facepiece for:
 - a. Cracks, scratches and holes
 - b. Inflexibility of the rubber facepiece
 - c. Badly worn threads or a cracked cartridge
2. Examine the straps for:
 - a. Tears or breaks
 - b. Loss of elasticity
 - c. Broken buckles or worn straps
3. Examine inhalation/exhalation valves for:
 - a. Distortion or tears
 - b. Foreign material (e.g. hair or dust) under the valve
 - c. Missing valve cover
4. Examine the cartridge for:
 - a. Correct cartridge for the hazard
 - b. Expired shelf-life date

ALL INSPECTIONS SHALL BE DOCUMENTED ON THE FORM BELOW

Manufacturer:	Model:	Size:
Inspector Name	Inspection Date	Comments
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
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		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)
		<input type="checkbox"/> OK <input type="checkbox"/> Service Required (if so, describe)

SELF CONTAINED BREATHING APPARATUS (SCBA) WEEKLY AND MONTHLY CHECKLIST

Weekly Inspection Date:	Comments	Yes	No (if No, remove from service)	Inspected by
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
Monthly Inspection Date:	Cylinder Pressure OK? Monthly Inspection Requirements:			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			
Weekly Inspection Date:	Comments	Yes	No (if No, remove from service)	Inspected by
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
Monthly Inspection Date:	Cylinder Pressure OK? Monthly Inspection Requirements:			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			
Weekly Inspection Date:	Comments	Yes	No (if No, remove from service)	Inspected by
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
Monthly Inspection Date:	Cylinder Pressure OK? Monthly Inspection Requirements:			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			

