**USER INSTRUCTIONS**

**Model Respiratory Protection Program Template**

California employers are required to have a [written Respiratory Protection Program](https://www.dir.ca.gov/title8/5144.html#:~:text=(c)%20Respiratory%20protection%20program) when employees are required to wear a respirator on the job. Employers need to identify and assess the respiratory hazards of the workplace, provide medical examinations and fit testing for respirator wearers, and provide training on the proper use and limitations of respirators.

### **HOW TO USE THE TEMPLATE**

You can use this template to create your Respiratory Protection Program by modifying it to fit your business operations.

Fill in the blanks and tables *marked in red* with your company’s own procedures.

Your Respiratory Protection Program must be specific to your business and accurately describe what you do at your workplace. Please be aware that regulators, including Cal/OSHA, expect you to put in action what you write in the plan.

We provide links to additional resources for you throughout. Review and print any resources needed to help with your program.

You can delete this instruction page and any *italicized red text* once you have finished the plan!

### **WHAT YOU NEED TO KNOW**

* Employers are required to control airborne contamination using engineering controls. Only when engineering controls are not feasible, or while being implemented, will respiratory protection be used to control employee exposure to respiratory hazards.
* This plan is a template to help you create a Respiratory Protection Program that is specific to your business. It may not cover all details in the [regulation](https://www.dir.ca.gov/title8/5144.html) that apply to your workplace. You should review the full text of the regulation to understand all of the requirements.
* You are responsible for customizing the program to your business and worksite(s) and implementing the program as written.
* When you are done customizing this written program, update the table of contents by clicking on it. You will see an “update table” box, click on it and then click on “update table”. Then you can delete this instruction page also.

**Respiratory Protection Program for**

***[Company Name]***

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# Purpose

The purpose of this document is to outline the respiratory protection procedures for employees working for *[Company Name].* Exposure to harmful airborne contaminants (dusts, fibers, fogs, fumes, mists, smokes, sprays, gases, and vapors) will be controlled as much as possible by [substitution or elimination, and engineering](https://www.safeatworkca.com/siteassets/safety-resource-library/publications/hierarchy-of-controls-flow-chart.pdf) controls (ventilation, enclosures, etc.), so respirators are not needed. Respirators are required while engineering controls are being set up, during emergencies, and when required by regulations, such as the Cal/OSHA silica, lead, and asbestos standards. All respirator use will be in accordance with [Cal/OSHA’s Respiratory Protection regulation 8CCR5144](https://www.dir.ca.gov/title8/5144.html).

# Scope

This respirator program will apply to all employees and management of *[Company Name]* when the use of respiratory protection is required to protect their health, as described below:

* Substitution, engineering controls, or administrative controls are not feasible
* While engineering controls are being instituted
* Non-routine work such as maintenance
* Emergency conditions
* In accordance with *[Company Name]* policies

The voluntary use of respirators when not required per 8CCR5144 will be evaluated when requested by an employee and in accordance with the Voluntary Use section of this program.

# Responsibilities

### Program Administrator

This program will be managed by *[person’s name/job title]*. Management of this program will include the following:

* Identifying and evaluating respiratory hazards encountered by employees, including any foreseeable emergency situations
* Selecting the appropriate respirator and filter/cartridge based on the hazard and level of exposure, including emergency situations
* Determining and ensuring implementation of respirator cartridge change out schedules
* Setting up methods for cleaning, storing, inspecting, repairing and discarding respirators, including daily user seal checks
* Ensuring respirators, filters, cartridges, and replacement respirator parts are readily available
* Ensuring respirators are used in accordance with their certifications
* Scheduling and conducting training of respirator users
* Scheduling and/or conducting annual fit testing
* Managing the respirator medical clearance exams
* Maintaining records related to the program
* Evaluating the effectiveness of the program
* Updating the program as needed
* Managing compliance for approved voluntary respirator users, including any required medical exams (except for N95’s) and providing [Appendix D](https://www.dir.ca.gov/Title8/5144d.html) information

*If atmosphere supplying respirators (airline, SCBA) are used, include language below or else delete it.*

* *Ensuring proper air flow, quality and quantity of breathing air for atmosphere supplying respirators*
* *Maintaining and calibrating equipment used to monitor breathing air quality*

### Supervisors

Supervisors are required to have thorough knowledge of this program and the required respirators, cartridge types and change out schedules for tasks under their control. They will ensure respirator use complies with this program, including the following:

* Employees are knowledgeable of the respiratory hazards in the workplace.
* Respirator users have received training, fit testing, and a medical evaluation.
* Employees are properly wearing respirators and changing out cartridges as required.
* Employees are clean shaven when wearing a tight-fitting respirator.
* No one is wearing equipment or apparel that could interfere with respirator use.
* Report to program administrator if employee reports discomfort, respirator fit has changed, or other issues that may require a different respirator size or model.
* Respirators are properly cleaned, maintained, and stored.
* Working conditions are monitored and the program administrator is alerted of any changes that could introduce new respiratory hazards or increase exposure.

*If atmosphere supplying respirators (airline, SCBA) are used, include language below or else delete it*

* *Breathing air for employees using atmosphere supplying respirators has proper flow, quality and quantity.*

### Employees

Employees are responsible for wearing their respirator when and where required according to the training they receive. Employees are also responsible for:

* Understanding and following this program
* Understanding the limitations of respirators
* Inspecting their respirator prior to use and performing a user seal check every time the respirator is donned
* Changing respirator cartridges as required by the change-out schedule.
* Proper maintenance, cleaning, and storage of their respirator
* Telling their supervisor of any problems with their respirator, such as a poor fit/discomfort
* Alerting their supervisor if they experience any medical signs or symptoms related to their ability to wear a respirator
* Reporting respiratory hazards that may not be adequately controlled

# Hazard Assessment

The program administrator will assess the respiratory hazards of the workplace to determine the appropriate respiratory protection. The hazard assessment will include:

* Identification of the hazardous airborne contaminants used or created by a work process
* Determination of the concentration of the hazardous airborne contaminants by air sampling during a worst-case scenario or reviewing historical monitoring data, representative industry data or objective data.
* Comparison to established occupational exposure limits to airborne contaminants (permissible exposure limit, short term exposure limit, or ceiling limits). See Cal/OSHA [8CCR5155](https://www.dir.ca.gov/title8/5155.html).

The program administrator will revise and update the hazard assessment whenever there is a process change that may affect exposure. A hazard assessment will be conducted whenever an employee reports concerns or symptoms of exposure.

Hazard assessments are documented in [Table 1, Appendix A,](#_Appendix_A) Hazard Assessment for Respirator Use. *Complete Table 1 – Hazard Assessment for Respirator Use in Appendix A.*

# Respirator and Filter/Cartridge Selection

The program administrator will select the appropriate respirator and filter/cartridge based on the hazards employees are exposed to as determined by the hazard assessment and in accordance with Cal/OSHA standards. Only NIOSH certified respirators will be used and only according to their certification. All filters and cartridges must also be certified by NIOSH. All NIOSH certification markings must be readily visible and not defaced.

For immediately dangerous to life and health (IDLH) atmospheres, employees will be provided with either of the following:

* Full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of 30 minutes
* Combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply

For atmospheres that are not IDLH, employees will be provided with a respirator with an assigned protection factor (APF) that meets or exceeds the level required to protect the employee. [Table 1 – Assigned Protection Factors in T8CCR5144](https://www.dir.ca.gov/title8/5144.html) will be used to select the appropriate respirator.

Filters and cartridges will be selected based on the physical properties of the airborne contaminant: particulate, gas/vapor, or both. Particulate filters will be replaced when an increase in breathing resistance is noted, the filter becomes wet or damaged, or more frequently as required per employer’s policy. Cartridge change schedules will be determined using experimental tests, manufacturer’s recommendations, or mathematical modeling to ensure they are changed before the end of their service life. Employees cannot use breakthrough signs - smell or taste - to determine the cartridge change schedule.

The program administrator will maintain a current list of positions and associated respirators in [Table 2, Appendix B**.**](#_Appendix_B)*Complete Table 2 – Respirator Selection and Change Schedule in Appendix B.*

# Respirator Use

### Medical Evaluations

All employees required to wear a respirator or requesting to voluntarily wear any respirator other than a filtering facepiece respirator such as an N95 dusk mask, will undergo a medical evaluation to determine that they are physically capable of wearing a respirator. Employees will not wear a respirator for any purpose, including fit testing, until they are medically cleared to do so.

A physician or other licensed health care professional (PLCHP) at *[Name of Health Clinic]* will provide medical evaluations. All examinations and questionnaires will remain confidential between the employee and the PLCHP. The PLCHP will provide a written determination that only contains whether the employee can or cannot use a respirator, any limitations on respirator use, and if any follow-up medical evaluations are necessary. The evaluation process will follow these procedures:

*[delete the bullet points below that do not apply, change text color to black for chosen option]*

* *Employees will be provided the questionnaire provided in* [*Appendix C of T8CCR5144*](https://www.dir.ca.gov/title8/5144c.html)*. The completed questionnaire, placed in sealed envelope or some other method to maintain confidentiality, will be sent directly to the PLCHP for review. After review of the employee’s responses to the questionnaire, the PLCHP may require a physical examination before approval of respirator use.*
* *Employees will complete the questionnaire provided by an online medical evaluation service. Following review of the employee’s responses, the online provider may require a physical examination before approval of respirator use. A PLCHP should be selected prior to online evaluation to accommodate for this requirement.*
* *Employees will be sent to the PLCHP for a medical evaluation that obtains the same information as the questionnaire in Appendix C of T8CCR5144.*

All medical evaluations will be paid for by *[Company Name]* and will be conducted during employees paid work hours. The PLCHP will be provided information on the type and weight of respirator to be used, the duration and frequency of use, the expected physical work effort, additional protective clothing and equipment that will be worn, and temperature and humidity extremes that may be encountered to be considered when making a determination. The PLHCP will also be provided with a copy of this program and T8CCR5144.

Follow-up medical examinations will be provided in the following circumstances:

* The employee provides a positive response to any question 1-8 [in Part A, Section 2](https://www.dir.ca.gov/title8/5144c.html) of the medical questionnaire provided in Appendix C of T8CCR5144.
* Initial medical examination indicates need for follow-up medical examination.
* Employee reports signs/symptoms related to their ability to use a respirator such as shortness of breath, dizziness, chest pain, or wheezing.
* Observations during fit testing and program evaluation indicate need for reevaluation.
* Workplace condition change that could cause an increased physiological burden on employee.

### Fit Testing

The program administrator will conduct fit testing or arrange for annual fit testing to be provided by *[Company/Clinic Name]*. Employees will be provided with various models and sizes of respirators to find the one that fits best and will be fit tested with the model and size they will actually wear in the workplace. Employees will be fit tested prior to initial use of the respirator and at least annually thereafter. Fit testing will also be provided when a different respirator is used or when there are changes to the employee’s physical condition that could affect their respirator fit such as weight loss/gain, dental changes, facial scarring, or cosmetic surgery. Fit testing will not be conducted on employees with facial hair.

Fit testing will be conducted according to one of the accepted Cal/OSHA fit test protocols in [Appendix A of T8CCR5144](https://www.dir.ca.gov/title8/5144a.html). Whether the fit test needs to be qualitative (QLFT) or quantitative (QNFT) will be based on the table below.

|  |
| --- |
| **Acceptable Fit Test Methods** |
|  **Respirator Type** | **QLFT** | **QNFT** |
| Half-face, negative pressure, air purifying respirator (<100 fit factor) | Yes | Yes |
| Full-face, negative pressure, air purifying respirator (<100 fit factor) used in atmospheres up to 10 time the PEL | Yes | Yes |
| Full-face, negative pressure, air purifying respirator (>100 fit factor) |  | Yes |
| Powered Air Purifying Respirator (PAPR) – tight fitting | Yes | Yes |
| Supplied Air (SA) or Self-Contained Breathing Apparatus (SCBA) used in negative pressure (demand mode) (>100 fit factor) |  | Yes |
| Supplied Air (SA) or Self-Contained Breathing Apparatus (SCBA) used in positive pressure (demand mode) (>100 fit factor) | Yes | Yes |
| Self-Contained Breathing Apparatus (SCBA) – structural firefighting, positive pressure | Yes | Yes |
| Respirator with loose fitting facepiece on its hood or helmet | Fit testing not required |

Table Abbreviations:

QLFT- Qualitative Fit Test (smoke, Bittrex, saccharine, etc.)

QNFT- Quantitative Fit Test (Porta Count, OHD Fit Tester, etc.)

**NOTE- Any use of a negative pressure air purifying respirator for protection at levels greater than 10X the PEL requires quantitative fit-testing.**

### Proper Facepiece Seal/User Seal Check

Employees wearing tight-fitting facepiece respirators are required to conduct a user seal check each time they don their respirator to ensure a good seal between the face and respirator. Employees should follow the instructions to conduct a seal check specified in [Appendix B-1 of T8CCR5144](https://www.dir.ca.gov/title8/5144b_1.html), [NIOSH instructions](https://www.cdc.gov/niosh/docs/2018-130/pdfs/2018-130.pdf), or the respirator manufacturer’s instructions. Both positive and negative pressure user seal checks should be conducted.

Corrective glasses, goggles, or any other PPE worn must not interfere with the seal of the respirator facepiece to the face. Employees are not permitted to wear tight-fitting facepiece respirators when:

* They have facial hair that interferes with the sealing surface or valve function.
* They have a physical condition that prevents a good seal, such as facial scars or missing dentures.
* They are wearing any equipment or accessory that will interfere with the facepiece-to-face seal.

### Continuing Respirator Effectiveness

The work areas/processes that require respirator use will be monitored to identify potential changes in exposure or work exertion level that may affect the effectiveness of the assigned respirator. *[Company Name]* will ensure that employees immediately leave the area/process of respirator use when:

* Their face and/or respirator facepiece needs to be washed to prevent eye or skin irritation.
* They detect vapor or gas breakthrough by taste or smell, experience a change in breathing resistance, or any leakage of the facepiece.
* Replacement of the respirator, filter, or cartridge is needed.

Any respirator malfunction will be immediately reported to the employee’s supervisor. The supervisor will ensure the employee is provided a new respirator or parts needed to repair their respirator.

Procedures for Immediately Dangerous to Life and Health (IDLH) Atmospheres ***[delete this section if not applicable]***

The following procedures are the minimum requirements for respirator use to enter an IDLH atmosphere per T8CCR5144. The program administrator will assess the work area/process to determine if other Cal/OSHA standards may apply.

* At least one employee is located outside the IDLH atmosphere.
* Visual, voice, or signal-line communication is always maintained between the employee(s) in the IDLH atmosphere and the employee(s) outside the IDLH atmosphere.
* The employee(s) outside the IDLH atmosphere are trained and equipped to provide emergency rescue. These employees will be equipped with:
	+ Pressure demand or other positive pressure SCBA(s), or a pressure demand or other positive pressure supplied-air respirator with auxiliary SBA, AND EITHER
	+ Appropriate retrieval equipment for removing employee(s) from IDLH atmosphere, OR
	+ Equivalent means for rescue where retrieval equipment would not contribute to the rescue of the employee(s) or would increase overall risk from entry.
* The supervisor, program administrator, or other designated person is notified before the employee(s) located outside the IDLH atmosphere enter to provide emergency rescue.
* The supervisor, program administrator, or other designated person provides necessary assistance when notified by employee(s) outside the IDLH atmosphere of required entry.

For interior structural firefighting, the following procedures also apply:

* At least 2 employees enter the IDLH atmosphere and remain in visual or voice contact with each other at all times.
* At least 2 employees are located outside the IDLH atmosphere.
* All employees use SCBA.

Emergency Procedures ***[delete this section if not applicable]***

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

* *Work area/process – list potential emergency*
* *Work area/process – list potential emergency*

Employees working in these areas/processes will immediately don their emergency respirator, shut down any process equipment, and evacuate the work area/process in case of emergency. Respiratory protection for emergency use will be for *[escape only/re-entry by HazMat team/specify use]*. Emergency respirators will be:

* Kept accessible to the work area
* Stored in a compartment or in a cover clearly labeled as containing emergency use respirators
* Stored in accordance with any applicable manufacturer instructions

Breathing Air for Atmosphere-Supplying Respirators ***[delete this section/supply type if not applicable]***

Compressed breathing air will at a minimum meet the requirements of Grade D breathing air (oxygen content 19.5-23.5%, hydrocarbons 5 mg per cubic meter or less, carbon monoxide 10ppm or less, and no noticeable odor).

Cylinders used to supply breathing air will be tested and maintained according to the shipping container specification regulations of the Department of Transportation [(49 CFR part 180)](https://www.ecfr.gov/current/title-49/subtitle-B/chapter-I/subchapter-C/part-180). Cylinders of breathing air must have a certificate of analysis from the supplier that it meets the requirements for Grade D breathing air and that the moisture content does not exceed a dew point of -50°F (-45.6°C) at 1 atmosphere pressure.

Compressors used to supply breathing air to respirators will be constructed and situated so:

* Contaminated air will not enter the air-supply system
* Moisture content is minimized so the dew point at 1 atmosphere pressure is 10° F (-5.56°C) below the ambient temperature
* In-line air-purifying sorbent beds and filters are suitable to further ensure breathing air quality and sorbent beds and filters are maintained and replaced or refurbished following manufacturer’s instructions
* A tag with the most recent cylinder change date and signature of person authorized by the employer to perform the change is maintained at the compressor

Program administrator will ensure that carbon monoxide levels in breathing air do not exceed 10 ppm for compressors that are not oil lubricated. Oil-lubricated compressors will be equipped with a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels to ensure 10 ppm is not exceeded.

Program administrator will ensure that breathing air couplings are incompatible with outlets for non-breathing worksite air or other gas systems, and that no asphyxiating substance will be introduced into breathing air lines.

Only breathing gas containers marked in accordance with the NIOSH respirator certification standard, 42 CFR part 84 will be used.

# Respirator Care and Maintenance

Respirators will be maintained at all times to ensure they are clean, sanitary, and in good working order. This includes requirements for cleaning and disinfecting, storage, inspection, and repair of respirators.

### Cleaning and Disinfection

Respirators will be cleaned and disinfected according to the procedures provided in [Appendix B-2 of T8CCR5144](https://www.dir.ca.gov/title8/5144b_2.html) or per the manufacturer’s instructions. Respirators will be cleaned and disinfected at the following intervals: *[delete any use that does not apply]*

* Respirators issued for an employee’s exclusive use – as often as necessary to maintain a sanitary condition
* Respirators issued for use by more than one employee – before being worn by a different person
* Emergency use respirators – after each use
* Fit testing/training respirators – after each use

### Storage

Respirators will be stored in a clean, dry area protected from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and chemicals. Respirators will be stored or packed to prevent deformation of the facepiece and the exhalation valve.

### Inspection

Respirators will be inspected to ensure they are clean, undamaged, and functioning properly. Respirators will be inspected at the following intervals based on use: *[delete any use that does not apply]*

* Routine use – before each use and during cleaning
* Emergency use – at least monthly according to manufacturer’s recommendations, and checked for proper function before and after each use
* Emergency escape-only – before being brought into the workplace for use

The following items will be checked during respirator inspections*: [review manufacturer’s recommendations and amend this list as needed/delete equipment that doesn’t apply]*

|  |
| --- |
| **Respirator Inspection Checklist** |
| Filtering facepiece respirator (aka N95) | Holes in filter |
| Worn-out/missing straps |
| Missing/defective valves |
| Distortion of facepiece |
| Elastomeric facepiece | Dirt/residue |
| Cracks, tears, or holes |
| Distortion |
| Cracked, scratched, or loose-fitting lenses (full-face) |
| Head straps | Wear and tear |
| Lack of elasticity |
| Broken/defective buckles |
| Valves | Dirt/residue |
| Cracks, tears, hardening, or warping  |
| Missing/damaged valve cover |
| Filters/cartridges | NIOSH certification |
| Same manufacturer as respirator |
| Correct type for hazard |
| Fits properly in facepiece |
| Cracks/dents/damage |
| Gaskets  |
| PAPRs (in addition to above) | Battery pack fully charged |
| Belt and buckle damage/functionality |
| Alarm function |
| Condition of air hose |
| Air supply system | Breathing air quality/Grade D |
| Condition of air supply hoses |
| Hose connections |
| Settings on regulators and valves |
| Alarm function |
| Air/oxygen cylinders fully charged |

### Repair

Respirators that fail inspection or are found to be defective will be immediately removed from service. Any repairs or adjustments will be made only by someone trained in such operations, only with the respirator’s manufacturer NIOSH-approved parts for that specific model, and only according to manufacturer’s recommendations and specifications for the type and extent of the repair. Reducing and admission valves, regulators, and alarms will only be adjusted or repaired by the manufacturer, or a manufacturer trained technician. Respirators that cannot be repaired will be discarded.

# Training

Program administrator or qualified designee will provide training to all respirator users and their supervisors on this program, their responsibilities according to this program, and the [Cal/OSHA Respiratory Protection Standard T8CCR5144](https://www.dir.ca.gov/title8/5144.html). Employees will be trained prior to using a respirator or supervising a respirator wearer in the workplace and then annually thereafter or more frequently if deemed necessary. Understanding of this training will be demonstrated by hands-on activities. Training will include:

* The contents of this program
* The Cal/OSHA Respiratory Protection Standard
* Respiratory hazards of the workplace and their health effects
* Proper selection and use of respirators
* Proper selection of filters/cartridges and their change schedule
* Limitations and capabilities of respirators being used
* Respirator donning, doffing, and user seal checks
* Fit testing procedures
* Emergency use procedures, including what to do if a respirator malfunctions
* Maintenance and storage, including inspection and cleaning and disinfection procedures
* Medical signs and symptoms limiting the effective use of respirators

# Voluntary Respirator Use

The use of respirators when not required for protection from harmful exposures or by *[Company Name]* policy will be assessed on a case-by-case basis to determine if respirator use in itself will not create a hazard. *(Choose/edit how you want to handle the following sentence or leave it flexible as written🡪)* We will allow employees to purchase their own NIOSH approved respirators appropriate for the contaminant of concern or we will provide them one, based on the situation and our company policy*.*

All approved voluntary users of any respirator will be provided with the information contained in [Appendix D of T8CCR5144](https://www.dir.ca.gov/title8/5144d.html). For voluntary users of any respirator other than a filtering facepiece respirator (dust mask/N95), the employee must be medically cleared and understand how to clean, store and maintain it. Fit testing is not mandated. Users of a filtering facepiece (N95, dust mask) only need to be provided with Appendix D.

Voluntary respirator users will also be listed in [Appendix B, Table 2](#_Appendix_B) – Respirator Selection and Cartridge Change Schedule.

Program Evaluation

Program administrator will conduct periodic evaluations of the workplace to ensure this program is being properly implemented. Evaluations will include consultations with respirator wearers and their supervisors, site inspections, air monitoring, and records review. Any problems identified during a program evaluation will be corrected and this program will be updated accordingly.

# Recordkeeping

A copy of this program will be maintained by Program administrator and located *[provide location]* to be accessible to employees. The following records will also be maintained by Program administrator:

* Air monitoring records will be maintained in accordance with [T8CCR3204](https://www.dir.ca.gov/title8/3204.html)
* Medical evaluations will be maintained confidentially and in accordance with [T8CCR3204](https://www.dir.ca.gov/title8/3204.html)
* Fit testing records will be maintained until the next fit test is conducted and will include:
	+ Name/identification of employee fit tested
	+ Type of fit test performed
	+ Specific make, model, style, and size or respirator fit tested
	+ Date of the test
	+ Pass/fail results for QLFTs or the fit factor and strip chart recording for QNFTs
	+ Name of the person conducting the fit testing

# Appendix A

**Table 1 – Hazard Assessment for Respirator Use *[program administrator to complete this table, add/delete rows as needed]***

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Process/Area** | **Airborne Contaminant** | **Exposure Level Measured by Air Sampling1****(ppm, mg/m3, etc.)** | **Occupational Exposure Limits2****(ppm, mg/m3, etc.)** |
| *Example:* *Cleaning parts with isopropanol wipes**FINAL PACKING AREA* | *Example:* *Isopropanol* | *Example:* *700ppm as 8-hour time weighted average (TWA)* | *Example:* *Cal/OSHA PEL = 400ppm (8-hour TWA)* |
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**1**Exposure concentrations are typically measured by industrial hygiene air sampling for comparison to the Occupational Exposure Limit (OEL).

**2** The OELs most commonly used are the [Cal/OSHA permissible exposure limits](https://www.dir.ca.gov/title8/5155.html#:~:text=non%2Dcarcinogenic%20effects.-,Table%20AC%2D1,PERMISSIBLE%20EXPOSURE%20LIMITS%20FOR%20CHEMICAL%20CONTAMINANTS,-Chemical%20Abstracts%20Registry) (PEL, regulatory driven) or American Conference of Government Industrial Hygienists (ACGIH) Threshold Limit Values (TLV, research driven, more updated).

# Appendix B

**Table 2 – Respirator Selection and Cartridge Change Schedule – Required and Voluntary Users *[program administrator to complete this table, add/delete rows as needed]***

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Process/Area** | **Required Respirator (type and model)** | **Type of Filter/Cartridge** | **Filter/Cartridge Change Schedule** |
| *Example:* *Cleaning parts with isopropanol wipes**FINAL PACKING AREA* | *Example:* *Brand X Elastomeric Half Mask*  | *Example:* *Organic Vapor Cartridge* | *Example:**Replace after every 5 shifts* |
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| **Work Process/Area** | **Voluntary Respirator Use (type and model)** | **Type of Filter/Cartridge** | **Filter/Cartridge Change Schedule** |
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