

Automotive Dealership
Service and Collision Center
Respiratory Protection Program

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Table of Contents

1. Purpose
2. Responsibilities
 - A. Body Shop Manager/Supervisor
 - B. Employees
3. Selection of Respirators
4. Medical Evaluation
5. Respirator Usage
 - A. Fit testing
 - B. Procedures to ensure air quality
 - C. Maintenance
 - D. Storage
 - E. Cartridge Life
6. Training
7. Recordkeeping
8. Appendix
 - A. OSHA Medical Evaluation Questionnaire
 - B. Daily Respirator Checklist
 - C. Respiratory Program Test
 - D. Respirator Training Certification
 - E. Respirator Fit Test Form
 - F. Respirator Change Out Log

Dealership Name

Dealership Address

City

State

Zip Code

Program Administrator- Responsible for oversight and recordkeeping

Program Administrator

Title

Phone Number

Supervisors:

Service Department Supervisor

Paint/Auto Body Supervisor

Detail Department Supervisor



1. Purpose

The purpose of the Respiratory Protection Program is to ensure that all employees of this dealership are protected from occupational diseases caused by breathing air, which may be contaminated with harmful dusts, fog, fumes, mists, gases, smoke, sprays, or vapors, as required by the Occupational Safety & Health Administration, OSHA 1910.134 (a).

This dealership/collision center has evaluated the workplace and identified spray painting, undercoating operations, sanding, cutting, welding, and detailing as potential hazardous breathing areas, which should be protected with respiratory protection.

This program covers all employees working in or near the above noted work areas.

Employees participating in the respiratory protection program do so at no cost to them. The expense associated with training, medical evaluation, and respiratory protection equipment will be absorbed by the company.

2. Responsibilities

A. Program Administrator: << Name of Program Administrator >>

Duties include:

1. Identifying work areas or tasks that require workers to wear respirators
2. Ensuring that workers are identified, medically evaluated, trained, fit tested, and equipped for respiratory protection usage
3. Ensuring that proper respiratory equipment is available
4. Enforcing timely and appropriate use/maintenance of respiratory equipment as necessary
5. Maintaining records required for this program
6. Updating written program details, as necessary

B. Employees

Each employee is responsible for wearing his or her respirator when and where required, in the manner in which he/she was trained. Employees must also:

1. Be responsible for the routine care and maintenance of the respirator
2. Inform his/her supervisor for remediation of any problems with the respirator
3. Immediately inform his/her supervisor of any respiratory hazards or any aspects of the program that the employee feels are not being adequately or timely addressed
4. Informing his/her supervisor immediately if the employee experiences or discovers issues with their breathing or perceived respiratory health
5. Maintain a facial surface consistent with a proper fit of the respirator device, i.e., no beards and clean-shaven. Should this requirement not be possible for the employee, then a supplied air-line/hood respiratory system (SAR) or powered air purifying respirator (PAPR) will be required.

3. Selection of Respirators

A. Respirator Types - For use in spray booth and undercoating

Refer to SDS for recommended type of respirator.

1. Full face APRs (air purifying respirators) with organic vapor cartridges meeting NIOSH requirements for paint, lacquers, and enamels (for use without facial hair).
2. Supplied air-line hooded respirator (SAR).
3. Powered air purifying respirator (PAPR).

Use SAR or PAPR respirator types, if facial hair is present.

B. Respirator Types – Sanding, cutting, welding, and detailing operations

1. A half face respirator or N 95 particulate mask (NIOSH approved) capable of protection against nuisance dust or particulate exposure, including lead.

Companies that supply applicable respirators are:

- 3M Company- www.3m.com
- Grainger - www.grainger.com
- North Safety Products- 800-836-8006 www.northsafety.com

4. Medical Evaluation

A sample medical evaluation form is attached to this program. A medical evaluation should be completed for anyone required to wear a respirator.

- The medical evaluation form is attached to this program. The medical evaluation form should be completed by the applicable employee and reviewed by a medical physician or qualified medical officer. The medical officer will review the evaluation form and determine if the applicable employee qualifies for respirator usage. Questionable answers identified on the evaluation must be referred to a medical physician prior to company approval.
- All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they request.
- All documentation must be obtained and kept on file by the program administrator.
- Anyone refusing the annual medical evaluation will not be permitted to work in the area requiring such respiratory protection.

- After an employee has received approval and started wearing his/her respirator, additional medical evaluations will be provided under the following circumstances:
 - Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing;
 - The Medical Review Officer or physician informs the administrator that the employee needs to be re-evaluated;
 - Observations made during fit-testing or during program evaluation indicates the need for re-evaluation;
 - A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

Medical Review Officer: _____

Medical Clinic/Physician: _____

Phone: _____

Address: _____

5. Use of Respirators

A. Fit Test:

The employee shall be fit tested:

1. Prior to initial use of a respirator, and
 2. Whenever a different respirator face piece (size, style, model, or make) is used
 3. If there are changes in the users physical condition
 4. On an annual basis
- Fit tests must be performed by a qualified and certified individual. An employee may be trained and certified or an outside company may come in to perform the fit test (check one of the following).

Fit testing is conducted by the dealership using the <<Name of fit test, i.e. 3M >> with results reviewed by << Type Name of Qualified Person >> who has been trained to conduct fit-testing. All examinations are kept confidential.

Or

Fit testing is conducted by << Name of Supplier >> who has been certified by << Name of certifier >> to conduct such testing. Prior to any respirator authorization, << Name of certifier >> conducts necessary fit testing. All examinations are kept confidential.

- Anyone refusing to complete the required respirator fit-test will not be permitted to work in the area requiring such respiratory protection.

B. Procedures to Ensure Air Quality

- Before each use, an employee must test the respirator for a good seal. There are three methods for conducting a respirator user seal check:
 1. Positive pressure check (This test cannot be carried out on all respirators; however, respirators equipped with exhalation valves can be tested):
 - Close off the exhalation valve of a full face or half face respirator or the breathing tube of a supplied air respirator with the palm of the hand
 - Exhale gently
 - If the respirator has been properly positioned, a slight positive pressure will build up inside the face piece without detection of any outward air leak between the sealing surface of the face piece and the face.

2. Negative pressure check (widely used method for half-face respirators).

- Place respirator on face.
- Close off intake cartridges by covering with the palm of hands (or thumbs).
- Inhale gently and hold breath for 10 seconds (so that the face-piece collapses slightly).
- If the face piece remains in its collapsed condition and no inward leakage of air is detected, then the seal is considered acceptable.

3. Manufacturer's recommended user seal check procedure.

- When using a supplied air respiratory system (SAR) or powered air purifying respirator (PAPRs), refer to manufacturer's guidelines.

4. N95 Respirator

- -Negative seal check: cup hands over respirator without excessive pressure. Take a quick deep breath. A slight collapse of the respirator should be felt with no air leaking in around the face-to-face piece seal
- + Positive seal check: Cup hands over respirator. Blow out. A build-up of air should be felt with no air leaking out around the face-to-face piece seal
- If you feel leakage, readjust the fit of your respirator and check the seal again.

An OSHA training resource for respirator seal checks is located at:

<https://www.youtube.com/watch?v=Tzpz5fko-fg>.

OSHA provides a general training for respiratory protection programs at:

https://www.osha.gov/video/respiratory_protection/general_industry.html.

C. Maintenance

- The dealership will provide each respirator user with a respirator that is clean, sanitary, and in good working order.
- The dealership will provide the materials needed to clean and disinfect the respirators.
- Each respirator user will be responsible for cleaning and disinfecting his/her respirator according to the manufacturer's recommendations. This includes:

1. Disassembly, cleaning and disinfecting, rinsing, drying and reassembly.
2. Training will be provided to the respirator user regarding proper cleaning, disinfecting, rinsing, drying, and reassembly. The following procedure is to be used when cleaning and disinfecting respirators:
 - Disassemble respirator, removing any filters, canisters, or cartridges
 - Wash the face piece and associated parts in a mild detergent with warm water
 - Rinse completely in clean warm water
 - Wipe the respirator with disinfectant wipes (70% Isopropyl alcohol) to kill germs
 - Air dry in a clean area
 - Reassemble the respirator and replace any defective parts
 - Place in a clean, dry plastic bag or other air tight container

3. Frequency of cleaning is recommended at least after each use and according to conditions listed below:

- If the respiratory equipment is used exclusively by an individual employee, then it shall be cleaned and disinfected as often as necessary to maintain cleanliness
- If the respiratory equipment is used for emergencies, training, or testing, then the equipment shall be cleaned and disinfected after each use

- Respirators should be inspected by the user before each use. A respirator inspection form is attached to this program for completion by the user.
- Respirators that are found to be damaged must be taken out of service immediately by either tagging it out of service or throwing in the trash.

4. N95s are provided for one use only and should be replaced daily or more frequently if needed. Check the manufacturer's recommendations for use.

D. Storage

- The respiratory equipment should be stored in a manner that protects the equipment from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals.
- The respiratory equipment should be stored in a manner that prevents the deformation of the face piece and the exhalation valve.
- In addition, emergency-use respiratory equipment shall be stored in the following manner:
 - The respiratory equipment should be stored in the work area where the equipment is readily accessible
 - The respiratory equipment should be stored in compartments or covers that are clearly labeled or marked as containing respiratory equipment. Place the respirator in a sealed bag to prevent dust accumulation
 - The respiratory equipment is stored according to any applicable manufacturer's instructions

E. Cartridge Life

Choose one of the three following options to determine your change out schedule (each change out schedule is different)

1. Cartridge Life also known as, End-of-Service Life, Change-Out Schedule.

- The respirator wearer shall use the end-of-service-life Indicator (ESLI) to determine when to change out air-purifying elements.

OR

2. Vendor established change out schedule

Use 3M (or other vendor's) change out services to establish the change out schedule. (The vendor will supply you with a special respirator canister that must be worn in the environment. Then return to the vendor for testing).

OR

3. Establish your own change out schedule using the following guidelines.

- The relative humidity of the work area. Humidity above 85% can reduce an air-purifying element's estimated service life by approximately 50%
- The type of air contaminant
- The concentration of the air contaminant. By reducing the amount of contaminant by a factor of ten (10), the service life of an air-purifying element can be increased by a factor of five (5)
- The breathing demand of the respirator wearer. The harder and faster one breathes due to work stresses, the shorter the air-purifying element's service life
- The presence of multiple contaminants
- How variable the contaminant's concentration(s) will be
- The breakthrough time(s) of the contaminant(s)
- If the respirator wearer experiences any odor, taste, or irritation, or experiences excessive breathing resistance, the wearer shall:
 1. Immediately leave the contaminated area,
 2. Change-out the air-purifying element(s) regardless of the change-out schedule,
 3. Adjust the change-out schedule to shorter times, and
 4. Contact program administrator for possible changes to the existing change-out schedule
- The respirator wearer shall change-out and discard any air-purifying elements that have reached their end of service life, failed during use, become damaged or wet, or become difficult to breathe through
- If conditions are causing the air-purifying elements to fail before their ESLI, then the program administrator shall be contacted to determine if the job function requires the use of a supplied-air respirator
- For those cartridges that do not have an end of service life indicator, a computer program such as the MultiVapor application that is located on the CDC's website can be used to help set one up. The website referenced above can be accessed via the link: <https://www.cdc.gov/niosh/npptl/multivapor/multivapor.html>

6. Training

- The program administrator is responsible for providing training to respirator users.
- Workers will be trained prior to using a respirator in the workplace, and at least annually for existing users. Workers must also be trained on utilizing good judgment on when to notify company management of any potential hazards, which could be experienced in the program.
- Records will be maintained by the program administrator, including training, tests, evaluations, etc.

- Training will include the following topics:
 - Review of the **(NAME OF DEALERSHIP)** respiratory protection program and signed policy statement
 - The OSHA respiratory protection standard
 - Respiratory hazards encountered by this dealership and their health effects
 - Proper selection and use of respirators
 - Limitations of respirators
 - Respirator fit testing and wear
 - Conducting respirator seal checks
 - Emergency use procedures
 - Respirator maintenance & storage
 - Medical signs and symptoms that can impact effective respirator use
- Employees will demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test.

7. Recordkeeping

The program administrator will be responsible for maintaining a minimum of the following documents:

- A written record from the designated physician/MRO that certifies that the employee is medically fit to wear a respirator and any limitations that that employee might have.
- A written record of the last respiratory fit test administered to the employee. At a minimum, the record shall contain:
 - Name of the employee tested
 - Fit test method
 - Make, model and size of respirator tested
 - Date of last respirator fit test
 - Test results, with signature and contact information of qualified tester
- A current, written copy of the respiratory protection program

Appendix A

OSHA Respirator Medical Evaluation Questionnaire

Name of Employee _____ Date _____

Medical Facility _____ Physician/MRO _____

To the employee:

Can you read English? (Circle one): **Yes** **No**

If you cannot read this questionnaire, then it can be read to you with your answers compiled by the employee representative noted below. When this is not possible, or if you are not comfortable with this process, then you may be sent directly to the physician for completion of this medical evaluation.

Employee Representative Compiling Date for Non-Reader

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

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

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____



10. Employee Immediate Supervisor & Phone: _____

11. Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one): **Yes** **No**

12. Check the type of respirator you will use (you can check more than one category)

a. _____ N, R, or P disposable respirator (filter-mask, non- cartridge type only).

b. _____ other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you ever worn a respirator? (circle one): **Yes** **No**

If "yes," what type(s): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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



8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space 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 health care professional who will review this questionnaire about your answers to this questionnaire: **Yes** **No**

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

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

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

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

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

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

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

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

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

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



Part B

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

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen? **Yes No**

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions? **Yes No**

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals? **Yes No**

If "yes," name the chemicals if you know them: _____

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

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

If "yes," describe these exposures: _____

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

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

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

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



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

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

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

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

- a. HEPA Filters: **Yes** **No**
- b. Canisters (for example, gas masks): **Yes** **No**
- c. Cartridges: **Yes** **No**

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

- a. Escape only (no rescue): **Yes** **No**
- b. Emergency rescue only: **Yes** **No**
- c. Less than 5 hours per week: **Yes** **No**
- d. Less than 2 hours per day: **Yes** **No**
- e. 2 to 4 hours per day: **Yes** **No**
- f. Over 4 hours per day: **Yes** **No**

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

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

If "yes," how long does this period last during the average shift?

_____ hours _____ minutes

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

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

If "yes," how long does this period last during the average shift?

_____ hours _____ minutes

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

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

If "yes," how long does this period last during the average shift?

_____ hours _____ minutes



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 77deg.F)? **Yes** **No**

15. Will you be working under humid conditions? **Yes** **No**

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

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

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

Name of the first toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____
Name of the second toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____
Name of the third toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____
The name of any other toxic substances that you'll be exposed to while using your respirator: _____

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



Appendix B

Daily Respirator Checklist

(Dealership Name)

Name: _____ **Date:** _____

Respirator Part	Damages/Malfunction	Good	Not Good
Face-Piece	Cracks, Tears, Holes		
	Facemask Distortion		
	Cracked or Loose Lenses/ Face shield		
Head straps	Breaks or Tears		
	Broken Buckles		
Valves	Residue or Dirt		
	Cracks or Tears in Valve Material		
Filters/Cartridges	Approval Designation (proper cartridge for hazard)		
	Gaskets		
	Cracks or Dents in Housing		
Air Supply Systems	Breathing Air Quality/Grade		
	Condition of Supply Hoses		
	Hose Connections		
	Settings of Regulators/Valves		

Send Damaged Respirators to your supervisor, and obtain a replacement.

Appendix C

Respiratory Protection Program Test

_____ **Dealership Name**

Name _____ **Date** _____

True/False

Circle the correct response.

- 1. The employee must maintain a facial surface consistent with a proper fit of the respiratory device.

TRUE FALSE
- 2. Anyone refusing to complete the required respirator fit-test will not be permitted to work in the area requiring such respiratory protection.

TRUE FALSE
- 3. Fit testing should be done after the first week of respirator use.

TRUE FALSE
- 4. Respirators should be inspected by the user before each use.

TRUE FALSE
- 5. A change out schedule tells you when to change your work shoes.

TRUE FALSE
- 6. Store respirator in a clean, dry plastic bag or other air-tight container to protect from damage.

TRUE FALSE
- 7. A good seal check must be done?
 - A. Each time you use the respirator
 - B. Once a week
 - C. Once a year
 - D. Monthly



8. Which one is not a good seal testing method?
- A. Positive pressure check
 - B. Manufactures instructions
 - C. Blowhole method
 - D. Negative pressure check
9. How often should your respirator be cleaned?
- A. Weekly
 - B. Monthly
 - C. After each use
10. If the respirator wearer experiences any odor, taste, or irritation, or experiences excessive breathing resistance, the wearer should:
- A. Finish the job
 - B. Contact your manager for respirator inspection
 - C. Immediately leave the contaminated area
 - D. B and C

Appendix D

Respirator Training Certification

Dealership Name

I hereby certify that I have been trained in the proper use and limitations of the respirator issued to me. The training included the following:

1. Instruction on putting on, fitting, testing and wearing the respirator.
2. Instruction on inspection, cleaning, and maintaining the respirator.
3. Explanation of dangers related to misuse.
4. Instructions on emergency situations.

I further certify that I understand the use, care, and inspection of the respirator and have tested and worn the unit.

Any questions that I may have had through my training have been sufficiently answered.

Date: _____

Signed: _____ SSN: _____

Respirator Type Issued: _____

Training Coordinator: _____

Appendix E

Respirator Fit Test

Dealership Name

Name: _____ SSN: _____

Clean Shaven? Yes No Spectacle Kit? Yes No

Manufacturer/Model _____ Size: S M L

Irritant Smoke Pass Fail

Isoamyl Acetate Pass Fail

Examiner _____

Date _____

Employee _____

Date _____

NEXT TEST DUE _____

TEST DATA

Fit Factor Pass Level: 100

Ex.	Ambient (Part/cc)	Mask Part/cc)	Fit Factor	Pass/Fail
Normal Breathing				
Deep Breathing				
Side to Side				
Up and Down				
Talking (R)				
Normal Breathing				

OVERALL FIT FACTOR = _____

Operator _____ Date _____

Subject _____ Date _____



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Appendix F

Respiratory Cartridge Change Out Log

Dealership Name

Use the following log to determine when respirators or respirator cartridges have reached their end of service and should be replaced with a new cartridge:

	Date	Amount of Time Respirator is Worn (Min)	Total Time Respirator Has Been Worn	Department	Product or Chemical Used	Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Each time you use the respirator/set of cartridges, record the time it was used under “Amount of Time Respirator is Worn”, add that amount to the time in the “Total/Cumulative Time” column.

One option is to use the manufacturer’s suggested replacement schedule. The type of chemicals, environment, and hours used should also be considered when determining its lifespan.

For additional information on Respiratory Change Out Schedules please visit OSHA at: https://www.osha.gov/SLTC/etools/respiratory/change_schedule_manufrecommmendation.html

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