



RESPIRATORY PROTECTION PROGRAM (Section 12)

PURPOSE:

Wagner-Meinert, Inc. has determined that some of its employees may be exposed to airborne concentrations of hazardous materials at or above established action levels while performing their job duties at various job sites. It has been established that engineering controls to reduce worker exposure below established action levels will be in force at all times. The purpose of this program is to protect our workers at job sites from respiratory hazards.

SCOPE:

This respiratory protection program applies to all company employees who are required to wear respirators while working at this job site and to those who choose to wear respirators on a voluntary basis. Company employees who wear dust masks are not subject to the medical evaluation, cleaning, storage and maintenance provisions of this program.

Employees who are required to wear respirators shall participate in this program at no cost to them.

DOCUMENTS

Appendix 12A	Respirator Medical Evaluation Questionnaire (Page 11-17)
Appendix 12B	Qualitative Fit Test Record (Page 18)
Appendix 12C	Respirator Fit Test Procedure (Page 19)

REFERENCES:

- (A) Occupational Safety and Health Standards for General Industry (29 CFR 1910.134).
- (B) Occupational Safety and Health Standards for Construction (29 CFR 1926.103).

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1.0 SAFETY DIRECTOR RESPONSIBILITIES

- 1.1 Identifying work areas, processes or tasks that require workers to wear respirators.
- 1.2 Evaluating respiratory hazards.
- 1.3 Selecting appropriate respiratory protection.
- 1.4 Monitoring respirator use to ensure that respirators are used in accordance with their certifications.
- 1.5 Arranging and/or conducting respirator user training.
- 1.6 Ensuring proper storage and maintenance of respiratory protective equipment.
- 1.7 Conducting qualitative fit-testing.
- 1.8 Administering the medical surveillance program.
- 1.9 Maintaining records required by the program.
- 1.10 Evaluating the program.
- 1.11 Updating the written program as needed.

2.0 PROJECT MANAGER/FOREMAN RESPONSIBILITIES

- 2.1 Ensuring that the program is implemented on the job site.
- 2.2 Ensuring that employees using respirators understand and follow the program.
- 2.3 Ensuring that company employees have received respirator use training, fit testing and an annual medical evaluation.
- 2.4 Ensuring the availability of respirators and accessories.
- 2.5 Enforcing the proper use of respiratory protection when required.
- 2.6 Ensuring that respirator users properly clean, maintain and store their respirators.

3.0 EMPLOYEE RESPONSIBILITIES

- 3.1 Wearing a respirator when and where required.
- 3.2 Wearing the respirator in the manner described during training.
- 3.3 Maintaining the respirator as instructed.
- 3.4 Storing the respirator in a clean and sanitary location.
- 3.5 Informing the supervisor if respirator no longer fits and requesting a new one.
- 3.6 Informing the supervisor or program administrator of any concerns regarding respiratory protection.

4.0 SELECTION PROCEDURES

- 4.1 Wagner-Meinert will only use NIOSH approved respirators! MSA Black Hacer or Silicon Facepiece. Project Manager or Foreman will select respirators to be used on site based on the hazards to which workers are exposed and in accordance with all OSHA standards.
- 4.1 Project Manager or Foreman will select respirators to be used on site based on the hazards to which workers are exposed and in accordance with all OSHA standards.
- 4.2 Job Site Foreman will conduct a hazard assessment for each operation, process or work area where airborne contaminants may be present in routine operations. The hazard assessment will include:
 - 4.3 Identification and documentation of hazardous substances which could become airborne during duration of work.

4.4 Review of work processes to determine where potential exposures to these hazardous substances may occur.

4.5 Exposure monitoring to quantify potential hazardous exposures.

5.0 NIOSH CERTIFICATION

5.1 All respirators used by this company will be certified by the National Institute for Occupational Safety and Health (NIOSH). All filters, cartridges and canisters used by company employees will be labeled with NIOSH certification labels. Filters, cartridges and/or canisters that have missing or defaced NIOSH certification labels will be removed from service immediately and discarded.

6.0 VOLUNTARY RESPIRATOR USE

6.1 No employee may wear a respirator voluntarily unless a Foreman determines that doing so, will not create a hazard.

6.2 Employees participating in voluntary respirator use wearing a half-face piece air-purifying respirator are required to comply with the procedures in this program for medical evaluation, respirator use, cleaning, maintenance and storage.

7.0 MEDICAL EVALUATIONS

7.1 Employees who are either required to wear respirators, or who choose to wear air purifying respirators voluntarily, will receive a medical evaluation before respirator use begins. The medical evaluation will be no cost to the employee.

7.2 Medical evaluation procedures are as follows:

7.2.1 The medical evaluation will be conducted using the questionnaire found in Appendix 12A of this program. The Safety Director will provide a copy of the questionnaire to all employees requiring medical evaluations.

7.2.2 To the extent feasible, the company will assist employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician or licensed health care provider for medical evaluation.

7.2.3 All affected employees will be given a copy of the medical questionnaire to fill out, along with a stamped, addressed envelope for mailing the questionnaire to the Physician or Licensed Health Care Professional. Respirator users will be allowed to complete the questionnaire on company time.

7.2.4 Follow-up medical examinations will be granted to employees as required by OSHA's current Respiratory Protection Standard or as deemed necessary by Physician or Licensed Health Care Professional.

- 7.2.5 All employees will be given the opportunity to speak with the Physician or Licensed Health Care Professional about their medical evaluation.
- 7.2.6 Any employee required for medical reasons to wear a positive pressure, air-purifying respirator will be provided with a powered air-purifying respirator.
- 7.2.7 After an employee has received clearance and begun to wear a respirator, additional medical evaluations will be provided under the following circumstances:
 - 7.2.7.1 the employee reports signs and/or symptoms related to his or her ability to use a respirator such as shortness of breath, dizziness, chest pains or wheezing;
 - 7.2.7.2 Physician or Licensed Health Care Professional believes the employee needs to be reevaluated.
 - 7.2.7.3 Information from this program, including observations made during fit-testing and program evaluation, indicates a need for reevaluation.
 - 7.2.7.4 A change occurs in workplace conditions that may result in an increased physiological burden on the employee.
 - 7.2.7.5 All examinations and questionnaires are to remain confidential between the employee and Physician or Licensed Health Care Professional.

8.0 FIT-TESTING

- 8.1 All affected employees who are required to wear respirators will be fit tested:
 - 8.1.1 Before starting work requiring the use of a respirator;
 - 8.1.2 Annually thereafter; and
 - 8.1.3 When there are changes in the employee's physical condition that could affect respirator fit such as obvious changes in body weight, facial scarring, extensive dental work, etc.
- 8.2 Employees will be fit-tested with the make, model and size respirator that they will actually be wearing. Employees will be provided with several models and sizes of respirators so that they can find the best and most comfortable fit possible. In situations where an employee must use a powered, air-purifying respirator, fit-testing will be done in the negative pressure mode.
- 8.3 The Safety Director or qualified designee will conduct fit tests following OSHA's guidelines. Fit test records shall be retained for respirator users until the next fit test is administered.

8.4 The Safety Committee has determined that quantitative fit-testing is not required for most of our personnel. The fit testing will be mandatory for personnel who require fit testing under OSHA Standard. The Safety Committee will reevaluate whether quantitative fit-testing is needed.

8.5 See Appendix 12B for fit testing procedure.

9.0 GENERAL USE PROCEDURES

9.1 Employees will use their respirators under conditions specified in this program, and in accordance with the training they received on the use of the respirator they will use.

9.2. All employees will conduct user seal checks each time they wear their respirator. Employees will use either the positive or negative pressure check depending on which works best for them.

9.3 Employees are permitted to leave their work areas to clean their respirators, change filters or cartridges, replace parts or to inspect their respirators. Employees are instructed to tell their supervisor before leaving the work area.

9.4 Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, missing dentures or any other condition that prevents them from achieving a good seal.

9.5 Employees are prohibited from entering IDLH atmospheres under any circumstances.

9.6 Employees are permitted the use of SCBAs under the following circumstances:

9.6.1 The atmosphere is below 10% of the IDLH, harmful vapors, and in oxygen deficient atmospheres.

9.6.2 The employee is trained, medically cleared and authorized by the Safety Director.

9.6.3 The SCBA including the cylinder has been DOT certified and is in good operating condition. This includes; Cylinder is free from defects, filled with grade "D" air, the regulator certified, the cylinder has been hydrostatically tested, etc.. .

10.0 RESPIRATOR MALFUNCTION

10.1 Air Purifying Respirator Malfunction:

10.1.1 For any malfunction of an air purifying respirator, such as breakthrough, face piece leakage, defective valves, etc., the respirator user will leave the exposure area immediately and report the malfunction to his or her supervisor. The supervisor will ensure that the respirator is properly repaired or replaced before the user returns to work.

10.2 Atmosphere-Supplying Respirator Malfunction:

- 10.2.1 All workers wearing atmosphere-supplying respirators will use a buddy system. The worker who experiences a respirator malfunction, will be assisted by his or her buddy. The buddy will immediately don an emergency escape respirator and assist his or her partner out of the exposure area.

11.0 CLEANING

- 11.1 Respirators will be cleaned and disinfected regularly.
- 11.2 Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary.
- 11.3 Atmosphere-supplying and emergency use respirators will be cleaned and disinfected after each use.
- 11.4 The following procedure will be used to clean and disinfect respirators:
 - 11.4.1 Disassemble respirator.
 - 11.4.2 Wash the face piece and associated parts in a mild detergent with warm water.
 - 11.4.3 Rinse thoroughly in clean warm water.
 - 11.4.4 Wipe the respirator with disinfectant wipes of 70% isopropyl alcohol.
 - 11.4.5 Let the respirator dry in a clean area.
 - 11.4.6 Reassemble the respirator and replace any defective parts.
 - 11.4.7 Place the respirator in a clean, dry plastic bag.

12.0 MAINTENANCE

- 12.1 Respirators will be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. As part of the maintenance program respirators will be inspected for cleanliness and defects. Worn or deteriorated parts will be replaced prior to respirator use. No components will be replaced or repairs made beyond those recommended by the manufacturer. The manufacturer will conduct repairs to regulators and/or alarms of atmosphere-supplying respirators.
- 12.2 Respirators will be inspected for the following:
 - 12.2.1 Face pieces:

Cracks, Tears, Holes, Distortion, Cracked or loose lenses/face shields

12.2.2 Head straps:

Breaks, Tears, Broken Buckles

12.2.3 Valves:

Residue/dirt, Cracks, Tears

12.2.4 Filters/Cartridges:

NIOSH approval designation, Gaskets, Cracks in housing, Dents in housing, Appropriate cartridge for hazard

12.3 Air Supply Systems:

12.3.1 Breathing air quality/grade

12.3.2 Condition of supply hoses

12.3.3 Hose connections

12.3.4 Settings on regulators

12.3.5 Settings on valves

13.0 CHANGE SCHEDULES

13.1 Employees wearing a respirator shall change the cartridges on their respirators:

13.1.1 any time they begin to experience difficulty in breathing;

13.1.2 any time they smell or taste a chemical substance.

14.0 STORAGE

14.1 Respirators will be stored in a clean, dry area in accordance with the manufacturer's recommendations. Each employee will clean and inspect his or her own air-purifying respirator in accordance with the provisions of this program and will store respirators in plastic bags.

15.0 DEFECTIVE RESPIRATORS

15.1 Respirators that are defective or have defective parts will be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he or she will bring the defect to the attention of his or her supervisor. Supervisors will give defective respirators to the Safety Director who will:

15.1.1 temporarily take the respirator out of service until repairs can be made;

perform a simple on-the-spot repair; or dispose of the respirator due to an irreparable problem or defect.

- 15.1.2 When a respirator is taken out of service for an extended period of time, the respirator will be tagged "out of service," and the employee will be given a replacement of the same make, model and size.

16.0 TRAINING

- 16.1 All written information regarding medical evaluations, fit testing, and the respirator program. Records of medical evaluations, training required by this section must be retained and made available in accordance with 29 CFR 1910.1020.

- 16.2 Safety Director will provide training to respirator users and their supervisors on:

- 16.2.1 The Respiratory Protection Program;
- 16.2.2 their responsibilities under the program;
- 16.2.3 OSHA's Respiratory Protection Standard;
- 16.2.4 the respiratory hazards identified at this job site;
- 16.2.5 proper selection and use of the respirators to be used;
- 16.2.6 limitations of respirators;
- 16.2.7 respirator donning;
- 16.2.8 positive and negative fit checks;
- 16.2.9 fit-testing;
- 16.2.10 emergency procedures;
- 16.2.11 maintenance and storage; and
- 16.2.12 medical signs/symptoms limiting the effective use of respirators.

- 16.2 Employees will be fit tested and retrained annually or as needed, such as when it becomes necessary to use a different type of respirator. Training and fit test records will be maintained by the safety director. Employees will be required to demonstrate their understanding of the topics covered in the training through hands-on exercises. Respirator training will be documented by Safety Director and the documentation will include the type, model and size of respirator for which each employee has been trained and fit-tested.

17.0 PROGRAM EVALUATION

- 17.1 A vital portion of the annual training includes a question / answer and comment section. During which the respirator users as well as their supervisors critique the effectiveness of the program.

DOCUMENT MANAGEMENT:

The Safety Director is responsible for developing and maintaining the program. Employees may review a copy of the plan by requesting one from the Safety Director. In addition, the Safety Director is responsible for maintaining any records related to the Respiratory Protection Program.

If after reading this program, you find that improvements can be made, please contact the Safety Director. We encourage all suggestions because we are committed to the success of our written Respiratory Protection Program. We strive for clear understanding, safe behavior, and involvement from every level of the company.

CHANGE CONTROL:

All management system changes are reviewed, approved or disapproved by the Safety Committee.

This program was initially developed on December 19, 2000, replacing the former Respiratory Protection Program entirely.

Revision No. 1 (December 19, 2000)
Revision or Review No. 2 (January 15, 2001)
Revision or Review No. 3 (January 10, 2002)
Revision or Review No. 4 (January 11, 2003)
Revision or Review No. 5 (January 15, 2004)
Revision or Review No. 6 (January 10, 2005)
Revision or Review No. 7 (January 3, 2006)
Revision or Review No. 8 (June 26, 2006)
Revision or Review No. 9 (July 28, 2006)
Revision or Review No. 10 (September 6, 2007)
Revision or Review No. 11 (January 4, 2010)
Revision or Review No. 12 (March 3, 2010)

PERSONNEL:

The Owners of Wagner-Meinert, Inc. have the ultimate responsibility for the Respiratory Protection Program. They have designated the Safety Director to manage the Respiratory Protection Program.



**Appendix 12A:
Respirator
Medical
Questionnaire**

7617 Freedom Way
Fort Wayne, Indiana
46818
www.wagner-
meinert.com

Phone: 260-489-7555
Fax: 260-489-7473

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

To the employee:

Can you read (circle one): Yes / No

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

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. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes / No
- 11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. _____ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
- 12. Have you 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 smoke tobacco, or have you smoked tobacco in the last month: Yes / No

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

Seizures (fits): Yes / No

Diabetes (sugar disease): Yes / No

Allergic reactions that interfere with your breathing: Yes/No

Claustrophobia (fear of closed-in places): Yes / No

Trouble smelling odors: Yes / No

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

Asbestosis: Yes / No

Asthma: Yes / No

Chronic bronchitis: Yes / No

Emphysema: Yes / No

Pneumonia: Yes / No

Tuberculosis: Yes / No

Silicosis: Yes / No

Pneumothorax (collapsed lung): Yes / No

Lung cancer: Yes / No

Broken ribs: Yes / No

Any chest injuries or surgeries: Yes / No

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?

Shortness of breath: Yes / No

Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes / No

Shortness of breath when walking with other people at an ordinary pace on level ground: Yes / No

Have to stop for breath when walking at your own pace on level ground: Yes / No

Shortness of breath when washing or dressing yourself: Yes / No

Shortness of breath that interferes with your job: Yes / No

Coughing that produces phlegm (thick sputum): Yes / No

Coughing that wakes you early in the morning: Yes / No

Coughing that occurs mostly when you are lying down: Yes / No

Coughing up blood in the last month: Yes / No

Wheezing: Yes / No

Wheezing that interferes with your job: Yes / No

Chest pain when you breathe deeply: Yes / No

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?

Heart attack: Yes / No

Stroke: Yes / No

Angina: Yes / No

Heart failure: Yes / No

Swelling in your legs or feet (not caused by walking): Yes / No

Heart arrhythmia (heart beating irregularly): Yes / No

High blood pressure: Yes / No

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?

Frequent pain or tightness in your chest: Yes / No

Pain or tightness in your chest during physical activity: Yes / No

Pain or tightness in your chest that interferes with your job: Yes / No

In the past two years, have you noticed your heart skipping or missing a beat: Yes / No

Heartburn or indigestion that is not related to eating: Yes / No

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?

Breathing or lung problems: Yes / No

Heart trouble: Yes / No

Blood pressure: Yes / No

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, skip the following and go to question 9)

Eye irritation: Yes / No

Skin allergies or rashes: Yes / No

Anxiety: Yes / No

General weakness or fatigue: Yes / No

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?

Wear contact lenses: Yes / No

Wear glasses: Yes / No

Color blind: Yes / No

Any other eye or vision problem: Yes / No

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

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

Difficulty hearing: Yes / No

Wear a hearing aid: Yes / No

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?

Weakness in any of your arms, hands, legs, or feet: Yes / No

Back pain: Yes / No

Difficulty fully moving your arms and legs: Yes / No

Pain or stiffness when you lean forward or backward at the waist: Yes / No

Difficulty fully moving your head up or down: Yes / No

Difficulty fully moving your head side to side: Yes / No

Difficulty bending at your knees: Yes / No

Difficulty squatting to the ground: Yes / No

Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes / No

Any other 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

2. 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

3. 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
4. If "yes," name the chemicals if you know them: _____

5. Have you ever worked with any of the materials, or under any of the conditions, listed below:
- Asbestos: Yes / No
- Silica (e.g., in sandblasting): Yes / No
- Tungsten/cobalt (e.g., grinding or welding this material): Yes / No
- Beryllium: Yes / No
- Aluminum: Yes / No
- Coal (for example, mining): Yes / No
- Iron: Yes / No
- Tin: Yes / No
- Dusty environments: Yes / No
- Any other hazardous exposures: Yes / No
6. If "yes," describe these exposures: _____

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

8. List your previous occupations: _____

9. List your current and previous hobbies: _____
10. Have you been in the military services? Yes / No
11. If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes / No
12. Have you ever worked on a HAZMAT team? Yes / No
13. 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
14. If "yes," name the medications if you know them: _____

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

HEPA Filters: Yes / No

Canisters (for example, gas masks): Yes / No

Cartridges: Yes / No

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

Escape only (no rescue): Yes / No

Emergency rescue only: Yes / No

Less than 5 hours per week: Yes / No

Less than 2 hours per day: Yes / No

2 to 4 hours per day: Yes / No

Over 4 hours per day: Yes / No

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

Light (less than 200 kcal per hour): Yes / No

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

shift: _____ hrs. _____ mins.

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

Moderate (200 to 350 kcal per hour): Yes / No

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

shift: _____ hrs. _____ mins.

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

Heavy (above 350 kcal per hour): Yes / No

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

shift: _____ hrs. _____ mins.

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

18. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes / No

19. If "yes," describe this protective clothing and/or equipment: _____

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

21. Will you be working under humid conditions: Yes / No

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

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

24. 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(s): _____

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:

25. 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 12B:
Qualitative
Fit Test Record**

7617 Freedom Way
Fort Wayne, Indiana 46818
www.wagner-meinert.com

Phone: 260-489-7555
Fax: 260-489-7473

Subject's Name _____ Company _____

Employee Number _____ Department _____

Has the employee received respirator training? (Circle one) YES / NO

Has the employee been medically cleared to use the respirator identified below? (Circle one) YES / NO

Type of Fit Test equipment used: _____ Irritant Fume _____ IsoAmyl Acetate
_____ Saccharin _____ Bitrex

Respirator Tested: _____ Size: _____ Small _____ XL
_____ Medium _____ XXL
_____ Large

Test Results:

1. Facial Characteristic Assessment. Respirators with tight-fitting face pieces may not provide a satisfactory seal with individuals having beards, large side burns or other conditions such as missing dentures, etc. that could interfere with the ability of the respirator to attain an adequate seal. Individuals with this condition should not be tested. Did any conditions described above exist? (Circle one)

YES (Do not continue test. Automatic failure) / NO. Continue with test.

2. Sensitivity Test: (Circle one): Passed / Failed

3. Fit Test: (Circle one): Passed / Failed Size:

Respirator Assigned: _____ Spectacle Kit Required? (Circle one): YES / NO

Test Administrator's Signature **Date**

Employee's Signature **Date**

This is to certify that _____
_ Has been trained in the use, limitations, and maintenance of the following Respirator(s).
_ Has passed a Qualitative Fit Test with the following Respirator(s).
_ MSA Ultra Twin _ MSA Ultra Elite
_ MSA Advantage 1000 _ MSA Advantage 3000
_ MSA Advantage 3200 _ MSA Advantage 4000
_ North 5400 Series _ North 7600 Series
_ Scott Scott-O-Vista _ Sm _ Med _ Lg
_ Other _____ _ XL _ XXL
Expiration Date _____ Test Date _____
Instructor _____

Safety Service by:



WAGNER-MEINERT inc.
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Respirator Fit Test Procedure (Appendix 12C)

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After selecting and donning a comfortable fitting respirator follow procedure below.

- (1) Normal breathing. In a normal standing position, without talking, the subject shall breathe normally for 1 minute.
- (2) Deep breathing. In a normal standing position, the subject shall breathe slowly and deeply, for 1 minute taking caution so as not to hyperventilate.
- (3) Turning head side to side. Standing in place, the subject shall slowly turn his/her head from side to side between the extreme positions on each side. The head shall be held at each extreme momentarily so the subject can inhale at each side.
- (4) Moving head up and down. Standing in place, the subject shall slowly move his/her head up and down. The subject shall be instructed to inhale in the up position (i.e., when looking toward the ceiling).
- (5) Talking. The subject shall talk out loud slowly and loud enough so as to be heard clearly by the test conductor. The subject can read from a prepared passage such as the Rainbow Passage.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

- (6) Grimace. The test subject shall grimace for 15 seconds by smiling or frowning. (This applies only to QNFT testing; it is not performed for QLFT)
- (7) Bending over. The test subject shall bend at the waist as if he/ she were to touch his/her toes. Jogging in place shall be substituted for this exercise in those test environments such as shroud type QNFT or QLFT units that do not permit bending over at the waist.
- (8) Normal breathing. Each test exercise shall be performed for one minute except for the grimace exercise which shall be performed for 15 seconds. The test subject shall be questioned by the test conductor regarding the comfort of the respirator upon completion of the protocol. If it has become unacceptable, another model of respirator shall be tried. The respirator shall not be adjusted once the fit test exercises begin. Any adjustment voids the test, and the fit test must be repeated.