

Respiratory Protection Program

908.1 PURPOSE AND SCOPE

The purpose of this policy is to identify the different types of respiratory protection equipment provided by the Department, the requirements and guidelines for the use of respirators and the other mandates associated with their use.

This policy applies to all members whose job duties could require them to use respiratory protection, due to exposure to atmospheres where there is smoke, low levels of oxygen, high levels of carbon monoxide, or the presence of toxic gases or other respiratory hazards (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

908.1.1 DEFINITIONS

Definitions related to this policy include:

Immediately dangerous to life or health (IDLH) - Any atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects or would impair an individual's ability to escape from a dangerous atmosphere. Interior atmospheric conditions at structure fires beyond the incipient stage are considered IDLH, as are a variety of rescue types (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

Respiratory protection - Any device that is worn by the user to reduce or eliminate exposure to harmful contaminants through the inhalation of those contaminants.

908.2 POLICY

It is the policy of the West Orange Fire Department to require members to use the proper level of respiratory protection, as described below, when working in hazardous conditions. The level of protection may be increased or decreased by a Captain or Incident Commander (IC) based upon his/her evaluation of the hazard. Members shall not be required, or allowed, to enter or work in hazardous conditions without proper respiratory protection, and shall be trained in the proper use and care of the devices.

908.3 RESPIRATORY PROTECTION PROGRAM ADMINISTRATOR

The Fire Chief will designate a program administrator with sufficient training or experience to oversee the objectives of this policy and ensure that the Department meets any legal mandates related to respiratory protection.

The administrator shall (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10):

- (a) Maintain, implement and administer a written respiratory protection program.
- (b) Ensure the written respiratory protection program and related procedures are followed and appropriate.
- (c) Ensure the procedures and written respiratory protection program address relevant mandates.

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- (d) Ensure selected respirators continue to effectively protect members.
- (e) Have supervisors periodically monitor member respirator use to make sure members are using them properly.
- (f) Regularly ask members who are required to use respirators for their input on program effectiveness and whether they have problems with the following:
 - 1. Respirator fit during use
 - 2. Any effects of respirator use on work performance
 - 3. Respirators being appropriate for the hazards encountered
 - 4. Proper use under current work site conditions
 - 5. Proper maintenance
- (g) Ensure the Department covers the costs associated with respirators, medical evaluations, fit testing, training, maintenance, travel costs and wages, as applicable.
- (h) Provide direction for respirator selection.
- (i) Require medical evaluations for members who use respiratory protection as set forth in 29 CFR 1910.134.

908.4 USE OF RESPIRATORY PROTECTION

Members exposed to harmful environments in the course of their assigned activities shall use respiratory protection devices.

Members using respiratory protection shall ensure that they have no facial hair between the sealing surface of the facepiece and the face that could interfere with the seal or the valve function. Members also shall ensure that they have no other condition that will interfere with the face-to-facepiece seal or the valve function (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

Members shall not wear corrective glasses, goggles or other personal protective equipment (PPE) that interferes with the seal of the facepiece to the face, or that has not been previously tested for use with that respiratory equipment.

For all tight-fitting respirators, members shall perform a user seal check each time they put on the respirators, using the procedures in 29 CFR 1910.134, App. B-1 or other department-approved procedures recommended by the respirator manufacturer.

Captains shall monitor members using respiratory protection and their degree of exposure or stress. When there is a change in work area conditions or when a member's degree of exposure or stress may affect respirator effectiveness, the Captain shall reevaluate the continued effectiveness of the respirator and shall direct the member, while maintaining teams of at least 2, to leave the respirator use area when:

- (a) It is necessary for the member to wash his/her face and the respirator facepiece to prevent eye or skin irritation associated with respirator use.

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- (b) The member detects vapor or gas breakthrough, or when there is a change in breathing resistance or leakage of the facepiece.
- (c) The member needs to replace the respirator or the filter, cartridge or canister.

Members who detect vapor or gas breakthrough, changes in breathing resistance or leakage of the facepiece shall replace or repair the respirator before returning to the work area.

908.4.1 USE OF SELF-CONTAINED BREATHING APPARATUS

Self-contained breathing apparatus (SCBA) are atmosphere-supplying respirators for which the breathing air source is designed to be carried by the user.

Members shall use SCBA when entering an atmosphere that may be IDLH (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10). These situations may include, but are not limited to:

- Entering an area that may be oxygen deficient such as confined spaces, trenches, unventilated structures or septic tanks.
- Engaging in any firefighting operations, with the possible exception of a vegetation fire.
- Entering the hot zone of a hazardous materials incident.
- Entering any area where contaminant levels may become unsafe without warning, or any situation where exposures cannot be identified or reasonably estimated.
- Any time use is specified by the Captain or IC.

Facepieces should be donned and regulators attached before entering any smoke-filled area or IDLH environment. Use of SCBA shall not cease until approved by the IC.

908.4.2 USE OF FULL-FACE RESPIRATORS

Full-face respirators are respirators that fit over the full face to protect the face and eyes from contaminants at the same time they filter air (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

Captains or the IC may allow the use of full-face respirators in situations where, due to the duration of the incident and level of exposure, the use of SCBA is not necessary or practical. These situations may include, but are not limited to:

- (a) Hazardous materials incidents where members are not working in the hot zone.
- (b) Overhaul operations where the structure has been fully ventilated and the atmosphere has been tested for unsafe levels of carbon monoxide and adequate levels of oxygen.
- (c) Incidents involving weapons of mass destruction where members are outside of the hot zone and not directly exposed to any known hazard.
- (d) Certain emergency medical responses where additional protection is warranted.

Full-face respirators shall not be used when there is a potential for an oxygen-deficient atmosphere.

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908.4.3 USE OF CARTRIDGE RESPIRATORS

Cartridge respirators are a type of air-purifying respirator. They may be fitted with mechanical pre-filters or combination cartridge/filter assemblies for use in areas where gases, vapors, dusts, fumes or mists are present. The correct cartridge must be selected prior to use (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

A Captain or IC may specify the use of cartridge respirators in situations where the use of an SCBA or a full-face respirator is not necessary. These incidents may include vegetation fires, exposure to a patient with a communicable disease and certain other incidents. Cartridge respirators shall not be used if there is a potential for an oxygen-deficient atmosphere or a risk of exposure to the member's face or eyes.

Cartridge respirator filters shall be replaced whenever:

- The wearer begins to smell, taste or be irritated by a contaminant.
- The wearer begins to experience difficulty breathing due to filter loading.
- The cartridges or filters become wet.
- The expiration date on the cartridges or canisters has been reached.

908.4.4 USE OF N95 MEDICAL MASKS

N95 medical masks are a class of disposable respirators that are approved by the Food and Drug Administration (FDA) and the National Institute for Occupational Safety and Health (NIOSH) as suitable for use where fluid resistance is a priority. The masks protect against particulate contaminants that are 0.3 microns or larger, and meet the Centers for Disease Control and Prevention (CDC) guidelines for the prevention of tuberculosis (TB) exposure. Misuse of the N95 respirators may result in serious injury or death. N95 masks should only be used to protect the wearer from particulate contaminants and are not suitable in an oxygen-deficient atmosphere or where an unsafe level of carbon monoxide exists.

908.4.5 TRAINING

Members should not use respirators unless they have completed the mandatory training requirements for the selected device (see the Respiratory Protection Training Policy).

908.5 EQUIPMENT ACQUISITION AND SPECIFICATIONS

908.5.1 SCBA REQUIREMENTS

West Orange Fire Department's SCBA shall meet the standards found in the most current National Fire Protection Association (NFPA) publication and approved for use by NIOSH (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

The West Orange Fire Department shall use only the respirator manufacturer's NIOSH-approved breathing-gas containers, marked and maintained in accordance with the quality assurance provisions of the NIOSH approval for the SCBA as issued in accordance with the NIOSH respirator certification standard at 42 CFR 84.1 et seq.

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908.5.2 COMPRESSED BREATHING AIR

Compressed breathing air used in SCBA should meet at least the requirements for Grade D breathing air as described in the American National Standards Institute (ANSI) Compressed Gas Association Commodity Specification for Air (G-7.1-1989) (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

908.6 RESPIRATOR FIT TESTING

Fit tests are used to qualitatively or quantitatively evaluate the fit of a respirator on an individual. Each new member shall be fit tested before being permitted to use SCBA in a hazardous atmosphere. Fit tests may only be administered by persons determined to be qualified by the program administrator (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

After initial testing, fit testing shall be repeated:

- (a) At least once every 12 months.
- (b) Whenever there are changes in the type of SCBA or facepiece used.
- (c) Whenever there are significant physical changes in the user (e.g., obvious change in body weight, scarring of the face seal area, dental changes, cosmetic surgery or any other condition that may affect the fit of the facepiece seal).

908.6.1 RESPIRATOR FIT TESTING PROCEDURES

Fit testing is to be done only in a negative-pressure mode. If the facepiece is modified for fit testing, the modification shall not affect the normal fit of the device. Such modified devices shall only be used for fit testing and not for field use (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

908.6.2 FIT TESTING RECORDS

The Deputy Fire Chief shall supervise the testing and the Training Officer shall be responsible for maintaining records of all fit testing.

Current fit test records shall be retained as required by the department records retention schedule, but in all cases at least until the next fit test is administered. Fit test records shall include (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10):

- (a) Name of person tested.
- (b) Test date.
- (c) Type of fit test performed.
- (d) Description (type, manufacturer, model, style, size) of the respirator tested.
- (e) Results of fit tests (e.g., quantitative fit tests should include the overall fit factor and a print out or other recording of the test).
- (f) The written guidelines for the respirator fit testing program, including pass/fail criteria.
- (g) Instrumentation or equipment used for the test.

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- (h) Name or identification of test operator.

908.7 RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

All members who are required to use respiratory protection must complete a medical evaluation questionnaire upon initial fit testing and annually thereafter as well as if any of the following conditions arise between annual tests (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.4):

- (a) A member reports medical signs or symptoms that are related to his/her ability to use a respirator.
- (b) A Physician or Licensed Health Care Professional (PLHCP), supervisor or the respirator program administrator informs the employer that an employee needs to be reevaluated.
- (c) Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for an employee reevaluation.
- (d) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

The questionnaires will be reviewed by a PLHCP selected by the Department to determine which, if any, members need to complete physical examinations.

The Training Officer shall be responsible for maintaining records of all respirator medical evaluation questionnaires and any subsequent physical examination results.

[See attachment: Respirator Medical Evaluation Questionnaire](#)

908.8 SCBA INSPECTION, MAINTENANCE AND STORAGE

Prior to each shift, members are required to physically inspect and operate all SCBA and respirators that are on frontline fire apparatus. Captains shall log the inspections in the station journal. If the equipment is not in daily use, it should be inspected every Tuesday and after each cleaning. Inspection should include, but is not limited to:

- (a) All alarm devices on the SCBA should be tested for proper operation, all irregularities shall be recorded and reported as soon as practicable to the Deputy Fire Chief.
- (b) Any SCBA or respirator which is not operating properly or is below standard air volume shall be taken out of service immediately until the problem is remedied.
- (c) Rubber facepiece:
 - 1. Excessive dirt
 - 2. Cracks, tears, holes
 - 3. Distortion from improper storage
 - 4. Cracked, loose or scratched lenses (full facepiece)

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- 5. Broken or missing mounting clips
- (d) Head straps:
 - 1. Breaks or tears
 - 2. Loss of elasticity
 - 3. Broken or malfunctioning buckles or attachments
 - 4. Excessively worn serrations of the head harness which might allow the facepiece to slip
- (e) Inhalation and exhalation valves:
 - 1. Detergent residue, dust particles or dirt on the valve seal
 - 2. Cracks, tears or distortion in the valve material or valve seal
 - 3. Missing or defective valve covers
- (f) Filter elements:
 - (a) Proper filter for the hazard
 - (b) Approved designation (NIOSH)
 - (c) Missing or worn gaskets
 - (d) Worn thread
 - (e) Cracks or dents in filter housing

908.8.1 MAINTENANCE, INSPECTION AND ANNUAL SERVICE

Members should thoroughly clean and sanitize all SCBA and respirators after each use (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

Respirator should be cleaned using the cleaning kit issued to the station. Respirators may be washed with mild detergent and warm water using a brush, followed by a thorough rinsing with fresh water and drying in a contaminant-free location. Sanitizing of respirators is performed with cotton swabs and/or isopropyl alcohol pads.

All partially empty bottles should be replaced with full bottles. Members should perform the inspections noted above before placing an SCBA or respirator back in service.

Members filling bottles must be trained in the proper operation of the SCBA fill station equipment.

Every SCBA shall be inspected monthly by the Department and serviced on an annual basis by individuals who have been trained and certified by the SCBA manufacturer to perform such annual servicing (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10). SCBA bottles shall be hydrostatically tested pursuant to applicable federal regulations, state standards and manufacturer recommendations.

All maintenance and inspection mandates of 29 CFR 1910.134 shall apply.

See attachment: [SCBA Inspection Checklist](#)

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908.8.2 STORAGE

Respirators in storage shall be protected against (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

- Dust
- Sunlight
- Heat
- Extreme cold
- Excessive moisture
- Damaging chemicals

Freshly cleaned respirators can be stored in reusable plastic bags or in a storage cabinet. Care must be taken so that distortion of the rubber or elastic parts does not occur. Respirators shall not be stored in lockers or vehicles unless the respirators are stored in individual containers and are protected from damage.

All filters, cartridges and canisters shall be properly labeled and color-coded with NIOSH approval labels. Labels shall not be removed and must remain legible (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

908.8.3 FLOW TESTING

The Department shall conduct annual flow testing on all SCBA. A flow test, also known as a performance test, ensures that the SCBA is performing to the manufacturer's specifications. Unlike basic inspections and functional testing, flow testing requires specialized equipment. The Department shall use NFPA standards or the SCBA manufacturer's requirements for flow testing, whichever is more stringent (29 CFR 1910.134; N.J.S.A. 34:6A-30; N.J.A.C. 12:100-4.2; N.J.A.C. 12:100-10.10).

Exposing SCBA to extreme temperatures, water or chemicals can degrade SCBA performance. If an SCBA is exposed to any type of corrosive material that could lead to a component failure, it should be sent to a certified SCBA technician for testing. If a member suspects that an SCBA has been compromised or damaged, a flow test should be conducted to ensure that it is in good working order.

All annual flow testing must be performed by a certified SCBA technician.

908.9 EXPOSURES

Any member who is exposed to a hazardous atmosphere should immediately leave the room or area and move to an area containing fresh, uncontaminated air. Symptoms of hazardous atmosphere exposure may include, but are not limited to:

- Difficulty breathing.
- Dizziness, headache or other distress symptoms.

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- A sense of irritation.
- A smell or taste of contaminants.

If a member feels ill or impaired in any way, a supervisor should be notified, and emergency medical personnel summoned if not already available on-scene. Any time there is a doubt about the need for medical care, medical care shall be obtained. Any injury or exposure must be documented on an injury reporting form. Under most circumstances, the exposed member should not drive a vehicle.

An attempt should be made to identify the exposure agent by questioning the facility representative or by reviewing the hazardous materials inventory. A supervisor should attempt to make this determination. If possible, a Safety Data Sheet (SDS) for the exposure agent should be obtained.

Attachments

Respirator Medical Evaluation Questionnaire.pdf



Respirator Medical Evaluation Questionnaire (Mandatory)

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: Firefighter
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-facepiece 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?

- 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. 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-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

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, including 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 other muscle or skeletal problem that interferes with using a respirator:
Yes/No.

Part B :

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: _____ 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.

- b. 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.

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

If "yes," how long does this period last during the average
shift: _____ hrs. _____ mins.

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

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

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

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

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

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

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

Revised SCBA Inspection Checklist 1-29-2020.pdf

SCBA Inspection Checklist

Date: _____ Apparatus: _____

Harness No.									
Regulator No.									
Bottle No.									
Mask No.									

[illegible][illegible][illegible]

APPENDIX I B MONTHLY INSPECTION FORM

SCBA Spare Cylinder Checklist

[illegible]

APPENDIX I B INSPECTION FORM
COMMENTS

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

SPARE MASKS

Number	Condition
M-	
M-	
M-	
M-	
M-	