RESPIRATORY PROTECTION PROGRAM
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## Appendices

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1. **Scope**

The University of Southern Maine (“USM”) is committed to protecting employees from respiratory hazards that may be encountered on campus. Additionally, non-employee students participating in classes that encounter respiratory hazards due to the nature of the class are included in the scope of this program. The primary goal at USM is to eliminate or significantly reduce all respiratory hazards through engineering or administrative controls. When respiratory hazards cannot be feasibly controlled through engineering or administrative controls, respiratory protection will be used in accordance with 29 CFR 1910.134 and respirator manufacturers’ recommendations. This program describes the requirements for selection, maintenance, and use of a respirator at USM.

2. **Program Administration and Responsibilities**

2.1 **Environmental Health and Safety (EH&S) Department**

- Develop, maintain, and make available the USM Respiratory Protection Program.
- Assist departments in identifying and assessing respiratory hazards in the workplace. Recommend engineering and administrative methods to control those hazards.
- Provide training in the proper use and maintenance of respiratory protection.
- Provide fit testing for employees and non-employee students included in the scope of the program.
- Maintain records of respiratory clearances received, fit tests performed, and training conducted by EH&S. Maintain records and reports of contaminant air monitoring.
- Notify the respiratory protection user and their designated supervisor or classroom instructor (non-employee student) when approval to use respiratory protection will expire.
- Conduct an annual audit of the USM Respiratory Protection Program.

2.2 **Supervisors of Respiratory Protection Users**

- Ensure engineering and administrative controls are instituted where possible to eliminate the need for respiratory protection.
- Request an air monitoring evaluation to determine contaminant concentration(s) and to aid in the selection of proper respiratory protection and the implementation of a respirator cartridge change-out schedule.
- Provide a medical evaluation, fit test, training, and respirator with cartridges at no cost to the respirator user.
- Ensure, *prior to respirator use*, that users have been medically approved to wear respiratory protection. Annually schedule users for a medical evaluation by a Licensed Health Care Professional (“LHCP”). *(See Section 5.)*
- Ensure, *prior to respirator use*, that tight fitting respirators are fitted properly to the user and that users are re-fitted to their respirator on an annual basis. *(See Section 7.)*
- Ensure that users are using the respirator they were fitted to wear in accordance with their training and the requirements outlined in this program.
• Ensure that users are cleaning, maintaining, and storing their respirator as recommended by the manufacturer.
• Ensure replacement cartridges are available for the user and cartridges are replaced according to change-out schedules.

2.3 Respiratory Protection Users

• Prior to receiving USM approval to use respiratory protection, complete a “Respirator Medical Evaluation Questionnaire”. This form meets the specific requirements of the Respiratory Protection standard. It should be submitted to a USM designated Licensed Health Care Professional (“LHCP”). The current LHCP for the USM in Portland/Gorham is WorkHealth (Part of Eastern Maine Medical). (See Section 5). An example of the form is included in the Forms section of the EH&S website.
• Work in accordance with your respiratory protection training. (See Section 6.)
• Only use respirators for which you are currently medically approved to use and have been fit tested for your use. (See Section 7.)
• Before each use inspect the respirator to ensure proper function. Read and follow all manufacturers’ recommendations for respirator use and care. (See Section 8.)
• Perform a user seal check each time you put on the respirator. (See Section 9.)
• Properly clean, maintain, and store respirators in accordance with manufacturers’ recommendations and enclosed guidelines. (See Section 10.)
• Report, to your supervisor, any change in medical status that may affect your ability to safely wear respiratory protection. Examples include, but are not limited to, head colds, flu, significant weight change, or other conditions affecting use.
• Replace respirator cartridges according to change-out schedules.

2.4 Human Resources

• When requested by a departmental contact, aid in the scheduling of initial and annual medical evaluations for USM employees or non-employee users within the scope of the program that have been identified as needing respiratory protection.
• In conjunction with the LHCP, notify EH&S when an employee has been medically approved to wear a respirator.
• In conjunction with the LHCP, notify a users’ supervisor and the user when an affected user is not physically capable to wear a respirator.

3. Immediately Dangerous to Life and Health (IDLH)

USM employees are not allowed to enter work environments having an atmosphere which is Immediately Dangerous to Life and Health (IDLH). In addition, employees are required to evacuate work areas where the concentration of air contaminants may approach life threatening levels, for example during a building fire or major chemical spill. Other examples of IDLH atmospheres include:

• Airborne chemicals in concentrations that pose an immediate threat to life due to toxicity.
• Contaminants at concentrations known to cause irreversible adverse health effects.
• Explosive atmospheres.
• Atmospheres containing less than 19.5% oxygen.
• Atmospheres having contaminants found in concentrations that impair the immediate escape of individuals during an emergency.
• Situations where contaminants and their concentrations are unknown.

Self-contained Breathing Apparatus (SCBA) or emergency escape respirators are not approved for use by USM employees or students included in the scope of the program; therefore, procedures governing these types of respirators are not included in this program. Departments opting to use respiratory protection not covered in this program must develop their own comprehensive program with the approval of EH&S. Research diving activities one example a comprehensive stand-alone program.

4. **Respirator & Respirator Cartridge Selection**

As noted in Section 2.2 a supervisor of a work environment where the respiratory hazards cannot be controlled by the preferred use of engineering or administrative controls may use respiratory protection to reduce or eliminate the employee’s potential exposure. Before respiratory protection is chosen as the control method for managing their employees’ exposure to respiratory hazards, the supervisor must contact EH&S to conduct an exposure assessment. A “**Respiratory Hazard Assessment Form**” will be used by EH&S to conduct an exposure evaluation and to determine the appropriate respiratory protection required to adequately protect the employee.

The selection of a respirator and respirator cartridge will be based on assessment of:

- Contaminant(s);
- Contaminant(s) expected airborne concentration;
- Work rate of individuals using the respirator; and,
- Environmental and other workplace conditions.

In addition, the completed assessment will be referenced and used in conjunction with:

- The LHCP’s medical evaluation of the respirator user.; and
- Fit testing.

Only respirators and respirator cartridges that are approved and certified by National Institute for Occupational Safety and Health (NIOSH) or Mine Safety and Health Administration (MSHA) are allowed for use at USM. Respirator components and cartridges may not be interchanged with another respirator unless it is the same manufacturer and model.

5. **Medical Evaluations**

Prior to using a respirator and in conjunction with or after work environment assessment of respiratory hazards, EH&S must be contacted to begin the medical evaluation process for a potential user of respiratory protection.
The completion of a “Respirator Medical Evaluation Questionnaire” (See Appendix C) is required and must be submitted to the USM designated LHCP in a timely fashion. A LHCP will evaluate the completed questionnaire to determine whether or not the potential respirator user requires additional medical testing. The LHCP will conduct a face to face assessment and decide at the completion of the evaluation if an employee is medically capable to use a respirator.

Medical evaluations are to be performed by the LHCP:

- Prior to using respiratory protection.
- When a potential respiratory protection user gives a positive response to any question among questions 1 through 15 in Section 2, Part A of medical questionnaire. (Please Note: The LHCP will notify the potential user if this is the case.)
- If a potential respiratory protection user reports medical signs or symptoms that are related to their ability to use a respirator.
- When observations made by a user’s supervisor or EH&S indicates the need for re-evaluation.
- When a change occurs in workplace conditions (e.g. work effort, clothing, and temperature) that may result in a substantial increase in the physiological burden placed on a user.
- According to the following schedule or on a more frequent schedule if the LHCP deems necessary:

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<td>Up through 35 yrs</td>
<td>Every 5 yrs</td>
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<tr>
<td>36 – 40 yrs</td>
<td>Every 2 yrs</td>
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6. Training

A user of respiratory protection must be trained:

- How and why a particular respirator and respirator cartridge was selected and its limitations.
- To identify the contaminant(s) or situations where their respirator will provide protection.
- To use other controls (i.e. local exhaust ventilation, safe work practices, etc.) in conjunction with respirator use to help reduce exposure to hazardous substances in the workplace.
- How to put on (donning), wear, and take off (doffing) their respirator.
- How to properly perform a respirator seal check.
- How to properly clean, inspect, and store their respirator in accordance with manufacturer recommendations.
- When to change the face-piece, cartridges, or filters based upon hours of use, contaminant concentration, work rate, end-of-service-life indicator, or when breathing through the respirator (filtering face-piece or filters) becomes difficult.
- To inform their supervisor if they develop any health or technical problems that affect their ability to use a respirator.
- How to recognize emergency situations and immediately exit the area and call 911.
Training is to occur:

- Annually, at the time of or before the required annual fit test;
- When there are changes in the work-place that render previous training irrelevant; or
- When an employee demonstrates that they have not retained the requisite understanding or skill to use their respirator.

Online training is available through the UMaine/SEM website providing respiratory protection users a convenient method for meeting many of the above requirements. Upon completion a training certificate is generated that can be presented to the fit tester to represent proof of training.

7. **Respirator Fit Testing**

Prior to being issued respiratory protection, a user must have successfully completed a fit test within the past twelve months preceding use and after successful completion of a medical evaluation and approval by a LHCP. A proper fit test helps select the best fitting respirator for a user and is required on an annual basis. If facial hair, glasses, safety goggles, or any other equipment or condition interferes with the face to face-piece seal, the employee may not be able to achieve an adequate seal and thus not be able to utilize respiratory protection.

Various fit test methods are available. At USM there are several methods utilized including a quantitative OSHA approved method using a TSI, Inc. Portacount® and the qualitative Bitrex® and irritant smoke methods. These methods can be used for both filtering face-piece respirators and tight fitting elastomeric respirators. The Portacount® is also available for fit testing of 2-strap filtering face pieces (3M N95 valved respirators). The specific steps for performing a fit test using each method are found in the Appendix of the OSHA standard 29 CFR 1910.134, or they can be found by referencing the fit test manufacturer instruction manual. EH&S will provide individuals with all the details. Note: Actual fit testing may be provided by an outside firm that USM & EH&S has formed an agreement with. *WorkHealth* can perform this function.

Prior to a fit test, a user must be cleared by a LHCP and complete the Respiratory Protection Training. Upon completion of these items EH&S can be contacted by the user or supervisor to schedule a date and time for a fit test to be administered.

8. **Respirator Inspections**

Respirators must be inspected prior to each use, during the cleaning process, and in the event that chemical breakthrough occurs while using the respirator, in which case the inspection must occur outside the contaminated work area. Many respirator manufacturers’ will include guidance on proper inspection of their products. The inspection must include the following:

- Inspection of the respirator for defects;
- Ensuring that the respirator is pliable and free of cracks, tears, holes, shape distortion, or other observed deterioration of the construction material;
- Ensuring that filters and cartridge mounts are free from damage;
- Ensuring that the respirator has no parts missing or damaged gaskets;
- Ensuring that the respirator is free from damaged or improperly installed valves; and,
• Ensuring that the respirator is free from broken or worn head straps (straps that exhibit loss of elasticity, cuts, tears, or broken buckles / clips).

Filtering face-piece respirators (for example, dust masks) that are damaged, or contaminated on the interior surface, must not be used. They must be discarded, and a new filtering face-piece obtained.

9. **Seal Checks (Tight Fitting Respirators)**

User seal checks must be performed each time the user puts on an elastomeric tight fitting respirator. Seal checks are performed while wearing the respirator and include these steps:

(i) Cover the attached cartridges with the palms of your hands while *gently* inhaling. If air does not leak through the face to face-piece seal of the respirator then you have passed the negative pressure check.

(ii) Cover the exhalation valve with the palm of either hand while *gently* exhaling. If air does not leak through the face to face-piece seal of the respirator then you have passed the positive pressure check.

Both steps must be passed for a successful seal check. Users must pass a seal check prior to using their respirator for protection against workplace contaminants. Air should neither leak in or out of the mask during the seal check, nor should air leak out of a respirator except through the exhaust valve during use. If these leaks occur the respirator or respirator fit fails and is not to be used until it has been replaced, repaired, or re-fitted to the user.

10. **Maintenance and Storage of Respirators**

Respirators issued exclusively to a user are to be cleaned and disinfected as often as necessary to maintain the respirator in a sanitary condition. When users share a respirator the respirator must be cleaned prior to each use.

A mild soap solution and warm water should be used to clean the elastomeric portions of a respirator as directed by the manufacturer. The respirator should be dried with a cloth, then set in an appropriate location to air-dry. Once the respirator is dry it should be properly stored.

**Note:** Prolonged presence of sand, dirt, dust, or visible microbial growth can damage a respirator.

Users must store respirators in a clean, sanitary area away from sunlight, excessive moisture, chemicals, extreme temperatures, and dust. Separate the cartridges from the respirator and place within a container (or equally effective manner) in a way that protects the face seal from being deformed. Store the cartridges in a similar manner. Respirators are not to be stored by hanging them from their straps; this will weaken the straps potentially cause a poor fit to the user’s face.

11. **Voluntary Use**

Employees are allowed to use a respirator on a voluntary basis as long as:
• Air monitoring results (or other objective data) indicate that exposure to airborne contaminants is below regulated limits;
• Voluntary users shall read and keep a copy of the voluntary use form titled: “Respiratory Protection Voluntary Use”, which is part of this program;
• Voluntary users shall read and follow the manufacturer recommendations for proper respirator use;
• Voluntary users shall properly use, store, and clean the respirator;
• Voluntary users have obtained the approval of a LHCP within the past year, stating that such respirator use is safe.

Exception – Departments are not required to include in the program those users whose only use of respirators involves the voluntary use of filtering face-pieces (dust masks) not described as a “respirator/respiratory protection” by a manufacturer. However, such use must be proven to be voluntary through appropriate air monitoring results.

12. Recordkeeping

EH&S will maintain a copy of the LHCP medical approval provided to the user, a copy of the fit test form titled, “Respiratory Protection Record”, and a copy of training records for all participants in the USM Respiratory Protection Program. These records will be maintained on file and specific information pertaining to these records will be kept in EH&S’s electronic files. However, some departments with the approval of EH&S will maintain all the above records and coordinate parts of the program, for example fit testing. Supervisors are required to maintain a copy of training and fit test records for all users that they are responsible for that are included in the program.

13. Respirators for Protection against Tuberculosis (TB) Exposure

Departments with healthcare duties and users needing protection from potential exposure to TB (or other airborne illnesses) must follow all other guidelines found in this program. Users of respirators to protect against (potential or actual) TB exposure are to dispose of filtering face-piece respirators (2-strap dust masks) following each use. Elastomeric respirators are to be cleaned, and the filters thrown away, following each use.

14. Additional Requirements for use of Supplied Air Respirators

All departments with a need to use a supplied air respirator(s) are required to contact EH&S for approval and development of a specific plan for their use.
15. **Audits**

EH&S will conduct an annual self-audit of the program including review of all users and records maintained in the EH&S paper and electronic files. The purpose of this audit is to review the information stored in the files making certain that users have current medical approvals, fit tests, and training records. Random field audits will be performed to determine how users utilize, store, and maintain their respirators. The program will be updated as necessary to reflect changes in the workplace.
Appendix A

Respiratory Protection Voluntary Use

Appendix D to Sec. 1910.134 (Mandatory)

Information for Employees Using Respirators When Not Required Under the Respiratory Protection Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.

3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
The **3M N95 #8211** respirator is preferred for nuisance non-oil based particles and odor. The mask has a foam seal for comfort and elastic straps to fit most head sizes. The valve allows for extended use in hot/humid climates.

![Image of 3M N95 #8211 respirator]

The **3M 6000 Series Half Facepiece** Respirator will filter out organic vapors and acid gas provided it is worn correctly and used with the right filters. The mask should be worn when adhesive or paint fumes are present. Proper fit-testing will determine the correct size for the user.

![Image of 3M 6000 Series Half Facepiece Respirator]
Respirator Medical Evaluation Questionnaire

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:
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 (i.e. half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator in the past? (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?
   Yes/No a. Seizures:
   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:

3. Have you ever had any of the following pulmonary or lung problems?
   Yes/No 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:

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?
   Yes/No 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 d. Any other symptoms that you think may be related to heart or circulation problems:

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: 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
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:____________ 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):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________