

Respiratory Protection

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1. Purpose.

To establish conditions and procedures necessary to ensure the safety & health of persons who wear respirators. This program also addresses OSHA requirements for respiratory protection under 29 CFR 1910.134.

2. Scope & application.

The provisions of this program apply to all employees who wear a respirator during any period of their employment. The term “respirator”, as referenced in this policy, **includes dust masks (particulate masks)**.

We do not use, & this policy does not cover, supplied air respirators.

3. Required use.

Respirators are required to be worn during the following exposures/activities:

EXPOSURE – ACTIVITY	RESPIRATOR SELECTION ¹	CARTRIDGE/FILTER CHANGE FREQ.
<p>Respirable crystalline silica dust exposure, as required per Silica Policy.</p> <ul style="list-style-type: none"> From processing (cut, saw, drill, grind, chip, abrade, etc.) silica-containing products. 	<p>Particulate mask</p> <p><i>N95</i></p>	<p>Daily.</p> <p>-or-</p> <p>When soiled.</p> <p>-or-</p> <p>If breathing resistance increases noticeably</p>

¹ Assumes contaminant concentration is no more than 10x OSHA-established PEL for contaminant and oxygen content is at least 19.5%. All respirators must be NIOSH certified.

4. Respirator selection & availability.

Whenever use of a respirator is required, the foreman shall ensure that an adequate stock of the specified respirators is available on site (job trailer or truck). Employees required to wear a respirator shall be informed of the location of this equipment during training. Supplies shall be kept readily accessible and provided to them at no cost.

5. Respirator user rules & expectations.

- 5.1. Authorization – No employee may be issued or use a respirator until authorized to do so. Prior to being authorized to use a respirator, each wearer must undergo:
 - Medical evaluation
 - Initial & annual training
 - Initial & annual fit test
- 5.2. Respirator selection – Employees required to wear a respirator must wear the appropriate respirator as specified in this policy or as recommended by a product SDS (safety data sheet). In the absence of clear instruction, consult with your foreman or the program administrator.

Any respiratory/air contaminant hazard that could result in employee exposure, and which has not been evaluated in this policy, must immediately be brought to the attention of the program administrator. The need for exposure controls and/or respirator protective equipment will be evaluated before work continues.
- 5.3. Manufacturer instructions – Employees required to wear a respirator are expected to know and follow the respirator manufacturer’s instructions regarding proper use, limitations, maintenance, care, and storage. This information will be covered during training.
- 5.4. Responsibility for care – Respirators will be distributed on an individual basis to employees required to wear them. The user is responsible for its reasonable care in accordance with manufacturer instructions. Improperly maintained respirators can create or contribute to undue physiological stress and/or air contaminant exposure.
 - 5.4.1. Respirator inspection – Respirators must be inspected before each use to ensure that they remain in proper working order. Discard any respirator that is damaged, deteriorated, distorted, or ineffective.
 - 5.4.2. Sanitation – Respirators must be kept reasonably clean and sanitary. Dust masks are disposable and are to be discarded when they become damaged, ineffective, or excessively dirty/clogged (requiring more than normal effort to breath). Do not share dust mask respirators.
- 5.5. Proper seal of tight-fitting facepiece respirators – Tight-fitting facepiece respirators (half masks, full-face, dust masks, etc.) are only effective if they are properly sealed to the face.
 - 5.5.1. Seal check – A positive-pressure or negative-pressure seal check must be performed each time a tight-fitting facepiece respirator is donned (put on). However, seal checks are not a substitute for the required annual fit tests.
 - 5.5.2. Facial hair – Employees required to wear a respirator may not have any facial hair that interferes with the respirator’s valve operation or with proper seal of the facepiece to the face.
 - 5.5.3. Corrective glasses & PPE – If these interfere with the wearer’s facepiece seal, alternate provisions will need to be made to allow for an equal degree of personal protection.
- 5.6. Leave respirator area – Employees required to wear a respirator must leave the area of contamination in the following circumstances:
 - 5.6.1. To change or remove the respirator.
 - 5.6.2. If contaminant breakthrough is detected or if the facepiece leaks.
 - 5.6.3. If the wearer experiences anxiety, disorientation, shortness of breath, or injury.
 - 5.6.4. To wash-up or clean/replace any part of the respirator/filters.
 - 5.6.5. If there is a significant change in breathing resistance.
- 5.7. Proper storage – Employees required to wear a respirator are responsible for properly storing their respirators when not in use.
 - 5.7.1. Avoid areas that are excessively dirty, dusty, wet, or in direct sunlight.
 - 5.7.2. Avoid storage with or near hazardous chemicals.
 - 5.7.3. Avoid storage in areas subject to extreme temperatures.
 - 5.7.4. Do not pile clothing, tools, equipment or other items on top of respirator.

6. Medical evaluation to wear a respirator.

- 6.1. Condition of authorization – No employee shall be authorized to use a respirator unless he/she has been medically evaluated and cleared to do so by a licensed healthcare provider (LHCP).

Note: Voluntary use of dust masks does not require a medical evaluation.

Wearing a respirator places a physiological burden on the body. This stress varies from person to person depending on the type of respirator used, health of wearer, environmental conditions where respirator is used, and other factors. The medical evaluation helps to ensure that each respirator wearer is capable of safely using his/her respirator under reasonably foreseeable working conditions, without undue risk to health/wellbeing.

- 6.2. Options to complete medical evaluation – The requirement to have respirator users medically evaluated may be accomplished in either of two ways:
- 6.2.1. In-office visit – Employee is sent directly to a LHCP for an in-office medical exam/evaluation.
 - 6.2.2. Medical questionnaire – The “**OSHA Medical Questionnaire for Respirator Users**” (contained at the end of this policy) may be used in place of sending employees in for a medical exam. Employee submits a confidential medical questionnaire that is sent to and reviewed by a LHCP. The LHCP will then decide whether an in-office medical exam/evaluation is necessary.
 - a) Administering form – The program administrator will provide the questionnaire to the employee in an area where he/she can be assured of privacy. The administrator shall remain available to answer questions while the form is being completed.
 - b) Collecting & forwarding form – When finished, the employee is to immediately place the form into a manila envelope that can be given to the program administrator and forwarded to the LHCP. The completed questionnaire is a confidential document and must be treated as such.
 - c) LHCP contact info – The program administrator is to provide each employee with the name and contact information of the LHCP that will be reviewing the questionnaire. Employees have the right to discuss the results of their medical questionnaire/exam with the evaluating healthcare professional.
 - d) Follow-up medical examination – If the LHCP recommends an examination for any employee, it shall be scheduled as soon as reasonably possible and before the employee begins to use a respirator.
- 6.3. Providing medical evaluation at no cost – All medical evaluations required by this policy shall be provided at no cost to the employee and during the employee's normal working hours or at a mutually convenient time and place.
- 6.4. Documentation & recordkeeping.
- 6.4.1. For the LHCP – The program administrator shall see that “**Appendix A – Respirator Medical Evaluation Record**” is filled-out, and supporting documentation is attached, and sent to the licensed healthcare provider (LHCP) for each employee who must be medically evaluated to wear a respirator. When sending more than one employee for medical evaluations, only one copy of the respirator manufacturer's instructions and copy of this policy need to be sent.
 - 6.4.2. From the LHCP – The LHCP is to complete and return “**Appendix A – Respirator Medical Evaluation Record**” for each employee, or provide an equivalent document attesting to the employee's ability to use the respirator.
 - 6.4.3. Recordkeeping – The completed **Appendix A** documentation shall become a part of the employee's medical records file. OSHA requires these records be retained for the employee's term of employment plus 30 yrs. For anyone who works here less than one year, these records shall be offered to them at termination, and if not taken, they are to be destroyed in the same manner as other confidential documents.
- 6.5. Additional medical evaluations – The program administrator shall schedule a new medical evaluation for an employee if:
- 6.5.1. The employee reports medical problems that arise or are aggravated by respirator usage.

- 6.5.2. Significant changes occur that could affect the physiological burden placed on the wearer.
Examples may include changes in work rate, tasks, procedures, respirator type, or environment.
- 6.5.3. The licensed healthcare provider determines that reevaluation is necessary.
- 6.5.4. It is determined that reevaluation is necessary due to noted concerns, complaints or incidents.

7. Training.

- 7.1. Condition of authorization – No employee shall be authorized to use a respirator unless he/she has received training on the following topics within the past 12 months.

- 7.1.1. Why respirator use is necessary (respiratory hazards to which potentially exposed)
- 7.1.2. How protection can be compromised by improper fit, use & maintenance
- 7.1.3. Manufacturer instructions – proper inspection, care, use, storage, limitations & capabilities
- 7.1.4. How to perform seal checks
- 7.1.5. How to recognize medical signs/symptoms that may limit effective respirator use
- 7.1.6. Basic provisions and responsibilities in this policy

Training provides each user with the instruction necessary to select, use, and maintain respirators in a manner that maximizes protection, efficiency, and wearer safety.

- 7.2. Trainer qualification – Training must be administered by a person who is knowledgeable of the subject matter covered by this policy and of OSHA’s respiratory protection standard (29 CFR 1910.134).

- 7.3. Training frequency – In addition to initial respirator training, employees required to wear a respirator must be trained annually thereafter. Additional training will be necessary in the event:

- 7.3.1. Workplace changes relating to respirator use have not been addressed in previous training.
- 7.3.2. Air contaminant type/concentration changes have not been addressed in previous training.
- 7.3.3. Changes in respirator type/operation have not been addressed in previous training.
- 7.3.4. An employee demonstrates inadequate respirator knowledge or adherence to this policy.
- 7.3.5. Any other situation arises in which retraining appears necessary to ensure safe respirator use.

- 7.4. Documentation & recordkeeping – The program administrator shall maintain documentation of each training session. This documentation is to include:

- Date of training
- Attendance roster
- Training content summary, and
- Name of person(s) conducting the training

8. Fit testing.

- 8.1. Condition of authorization – No employee shall be authorized to use a tight-fitting facepiece respirator unless he/she has been successfully fit tested within the past 12 months, using the same respirator make & model as will be worn on the job. Fit testing ensures that the specific model & size of the respirator makes an effective seal with the wearer’s face.

Voluntary respirator users and wearers of non-tight-fitting facepiece respirators do not require fit tests.

- 8.2. Fit test frequency – In addition to initial fit testing, employees required to wear a tight-fitting facepiece respirator must be fit tested annually thereafter. Additional fit tests will be necessary in the event:

- 8.2.1. A different size, style, make or model of tight-fitting facepiece respirator is used.
- 8.2.2. The user exhibits significant physical changes that can affect fit.
Examples may include facial scarring, dental changes, cosmetic surgery or changes in body weight.

- 8.3. Scheduling – Fit testing will usually be conducted concurrently with annual training. However, it may also be arranged on an as-needed basis.

- 8.4. Facial hair – The employee to be fit tested must be clean shaven.

- 8.5. OSHA-recognized fit test method – The Irritant Smoke (stannic chloride) fit test protocol shall be used for all respirators that can accommodate an N100 or P100 (HEPA) filter. Otherwise, the Bitrex Solution (denatonium benzoate) fit test protocol shall be used.
 - 8.6. Failed fit tests – If an employee is unable to pass the fit test, then a different type or size of respirator is to be used and he/she shall be retested. The employee shall not be authorized to use a tight-fitting facepiece respirator until passing the fit test.
 - 8.7. Documentation & recordkeeping – **“Appendix B – Qualitative Respirator Fit Test Record”** shall be completed following each wearer’s fit test. The program administrator shall collect these documents and see that they are retained, along with training documentation, until replaced by next year’s employee fit test record.
9. **Annual policy review.**
- 9.1. Assignment of responsibility – Per OSHA requirements, the program administrator shall conduct a complete review of this policy, or oversee its completion by a competent person, every twelve (12) months.
 - 9.2. Documentation – **“Appendix C – Annual Policy Review”** shall be used to document each review. A copy of the most recent review shall remain a part of this program until replaced by the next year’s review.
 - 9.3. Scope of review – The current version of this policy and associated documents shall be gathered for review. The need for policy changes will be assessed to address new/different exposures, respiratory equipment, problems, inaccuracies, concerns, or unsafe situations that arose since last review. The review shall also evaluate the effectiveness of prior corrective actions.
 - 9.4. Update training – If changes are made to this policy, update training shall be provided as necessary to all affected personnel.

Appendix A – Respirator Medical Evaluation Record

Dear Licensed Healthcare Provider,

In accordance with OSHA requirements, we are enclosing the following information so that our employees may be medically evaluated for respirator use.

- Medical questionnaires completed by employees.
- Copy of respirator manufacturer's user instruction booklet.
- Copy of our Respiratory Protection Policy.
- Expected frequency of respirator use: _____
- Typical duration of respirator use: _____
- Expected physical work effort: LOW MODERATE HIGH
- Additional protective equipment/clothing that may be used or worn during respirator use: _____

- Temperature & humidity extremes to be encountered: _____

- OSHA's respiratory protection standard can be accessed online by:
GOOGLE: **29 CFR 1910.134**
Website: **www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=12716**

For each employee, could you please complete the following information and return this form so that we may document this evaluation in accordance with our responsibilities under OSHA regulation 29 CFR 1910.134.

Thank you in advance.

Employee name: _____ (is / is not) medically able to use the specified respirator as described.

- Check this box if a follow-up medical examination is recommended.
29 CFR 1910.134(e)(3)(i) – The employer shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Medical Questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination.
- Check this box if there are any limitations on usage relating to any medical condition of the employee or workplace conditions in which the respirator will be used. (Please explain):
- Check this box to confirm that recommendations have been shared with employee.

Name of LHCP: _____ Date of evaluation: _____

Signature: _____

Appendix B – Qualitative Respirator Fit Test Record

(Applies to negative pressure air-purifying respirators with a fit factor of 100 or less)

1. Name of wearer: _____ Test date: _____

2. Fit test administered:

- Bitrex Solution Aerosol Protocol (Denatonium Benzoate)
 Irritant Smoke Protocol (Stannic Chloride)

3. Respirator used for fit test:

Make: _____ Model: _____ Size: S M L XL

Type: APR PAPR Airline SAR Other _____

Style: Particulate (dust) mask ½ mask Helmet Hood Full mask
 Other: _____

Filter: (N – R – P) 95 (N – R – P) 99 (N – R – P) 100

Cartridge: OV AG Combo/MG _____ Other _____

4. Comments/concerns:

5. Results: **PASS** **FAIL** _____

Signature of wearer: _____

Fit test administered by: _____

Appendix C – Annual Policy Review

Name of evaluator: _____

Review date: _____

Review questions:

1. Are there any new or previously unidentified respiratory/air quality hazards? Yes No
2. Are there any new respirators in use for which update training is needed? Yes No
3. Are there any new methods of controlling air contaminant exposures that would eliminate the need for employees to wear respirators? Yes No
4. Is training/retraining necessary for anyone? Yes No
5. Program assessment (incorporate respirator wearer feedback). Are there any problems with:

Respirator selection, fit or availability	Yes	No
Respirator effectiveness for the job	Yes	No
Respirator sanitation/cleaning	Yes	No
Respirator condition/maintenance	Yes	No
Medical evaluation procedure	Yes	No
Fit testing	Yes	No
Wearer training/retraining	Yes	No
Written program or its availability	Yes	No
Other	Yes	No
6. Explain any “YES” answers from above. (Document necessary changes below.)

Changes needed:

Action Item	Assigned To	Date Assigned	Date Complete

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 foreman 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.

PLEASE PRINT LEGIBLY

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

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 form? Yes / No
11. Check the type of respirator you will use (you can check more than one category):
_____ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
_____ Other type (ex: ½ or full-facepiece, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you (ever) worn a respirator (circle one): Yes / No
If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 – 9 below must be answered by every employee who has been selected to use a 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?
 1. Seizures (fits): Yes / No
 2. Diabetes (sugar disease): Yes / No
 3. Allergic reactions that interfere with your breathing: Yes / No
 4. Claustrophobia (fear of closed-in places): Yes / No
 5. 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 up slight hill/incline: Yes / No
 - c. Shortness of breath while walking with others at ordinary pace on level ground: Yes / No
 - d. Must 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. 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 2 yrs, 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 here _____ 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: 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 ft.) 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 (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)? (Line-out if item does not 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°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: _____

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):