



SURVIVAIR®

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REQUIREMENTS OF AN OSHA ACCEPTED WRITTEN RESPIRATORY PROGRAM

Company Name: _____ Date: _____

Program Administrator: _____ (Print)

Checklist: *Must be filled in and signed by an authorized and suitably trained program administrator.*

Procedures for selecting respirators for use in the workplace:

☐ Contaminant (s) identified

☐ Concentration or estimate of contaminant (s)

☐ IDLH (Y/N)

☐ Confined space (Y/N)

☐ NIOSH approved (Y/N)

Medical evaluations:

☐ Medical questionnaire, which is contained in Appendix C of the regulation

☐ A physician or other licensed health care professional (PLHCP) performed medical evaluation

☐ PLHCP determined a pulmonary function test needed

☐ Copy of Written Program provided to evaluator

PLHCP name: _____

A separate list of employees medically evaluated is on file.

Fit testing:

☐ Qualitative (QLFT) Type of QLFT : _____

☐ Quantitative (QNFT) Type of QNFT: _____

Individual employee fit test records are kept on file _____

Procedures for proper use:

☐ Employer established and implemented procedures for respiratory use

☐ Appropriate workplace surveillance performed

☐ Provisions made for the employee to leave the contaminated area

☐ On-going effectiveness of the respirator and modifications to the program taken if needed

☐ Cartridges and/or filter change instructions given

Method used to determine service life of cartridges _____

☐ Other _____

Procedures for cleaning, disinfecting, storing, inspecting, repairing and maintaining respirators:

☐ Cleaning and disinfection procedures as outlined in Appendix B-2 of the OSHA regulations or respiratory manual are used and on file

☐ Cartridges, filters and clean respirators are not stored in contaminated areas

☐ Inspections for of routine-use and emergency-use respirators are performed. Frequency and results of inspections are on file

- ☐ Replacement parts approved with the respirator, including air-supply hoses, fittings and cartridges and filters are used
- ☐ Respirators are maintained in proper working order or are discarded from service. Maintenance records are on file

Breathing air quality: (If applicable)

- ☐ Employees using air-supplied respirators are provided with Grade D breathing air as defined in ANSI/CGA commodity Specification for Air, G-7.1-1989
- ☐ Compressors and pumps are located to prevent entry of contaminated air. When using air pumps, carbon monoxide levels do not exceed 10 ppm. Oil-lubricated compressors are required to have sufficient in-line filters to assure Grade D air
- ☐ Connections to breathing air are incompatible with connections for non-breathing plant air

Training for routine and emergency use of respirators:

- ☐ Training is provided to those employees who are required to use respirators, including those used for emergency situations. This includes reading and understanding the respirator instruction manual.
- ☐ The training is comprehensive and understandable. An employee signed verification of his/her training is on file. Re-training is performed as needed.

Training was performed by _____

- ☐ Check here if an outside source was used.

Training was performed by _____

Training of employees in the proper use and limitations of use and maintenance:

- ☐ The employees are trained in the capabilities of the respirator, donning and doffing instructions, as well as how to inspect the respirator for defects and to ensure that it is in good working order.
- ☐ Training covers maintenance, storage and inspection procedures.
- ☐ The basic advisory information in Appendix D of the OSHA regulation 1910.134 has been presented to employees who wear respirators when such use is not required by the employer.

Evaluating the effectiveness of the program:

- ☐ Program is evaluated to ensure that the written respiratory program is being properly implemented. Factors to be assessed include respirator fit, maintenance, use and selection based on the workplace hazards present.
- ☐ Changes to the program must be implemented and recorded as required.
- ☐ These evaluations included respirator fit, maintenance, use and selection based on the workplace hazards present. Employees must be consulted on respirator use and procedures.

Program Administrator: _____
(Signature)

Evaluators: _____
(Signature)

(Signature)

Date: _____

Revised: _____
(Initials)

(Initials)

(Initials)