

**Supplemental Written Respiratory Protection for the use of  
Atmosphere-Supplying Respirators and Work Sites with IDLH Atmospheres.  
(Written Respiratory Protection Program - Attachment #2)**

This organization has the following work sites that may develop oxygen-deficient atmospheres or high concentrations of hazardous air contaminants and could be classified as an IDLH atmosphere:

This organization requires  self-contained breathing apparatus (SCBA) with a minimum 30 minute service life; or  combination full face-piece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply be used by employees in IDLH atmospheres.

When an employee enters an IDHL atmosphere: One (or more) employee must be located outside the IDLH atmosphere; Visual, voice, or signal line communication shall be maintained; The employee(s) located outside shall be trained and equipped to provide emergency rescue; The employee(s) located outside shall notify the employer, and/or call 9-1-1 before entering the structure; And employee(s) located outside the IDLH atmosphere shall be equipped with an SCBA and appropriate retrieval equipment.

**Inspection, Repair, Cleaning, Sanitizing, & Storage for Atmosphere-Supplying and/or Emergency Use Respirators**

All the elements listed in the main WRITTEN PROGRAM for air purifying respirators also apply to Atmosphere-Supplying and/or Emergency Use Respirators with the following additions:

Atmosphere-Supplying and/or Emergency Use Respirators must also be inspected to ensure air tanks, air hoses, regulators, low-pressure warning device, and any other integral parts of the respirator are in good repair and properly functioning.

Crews who may enter IDLH atmospheres must maintain at least one emergency use SCBA with its air cylinder at 100 percent capacity. If an SCBA is used for routine use in IDLH atmospheres, at least one routine use SCBA air cylinder shall be at 80 percent of capacity at the beginning of each work day.

Emergency Use and Escape Only Respirators must also be inspected before being brought into service and at least monthly. These inspections must document the date inspected, the name of the person who made the inspection, the findings, required remedial action, and a serial number of the respirator. A report of this inspection is to be kept in the Emergency Use and Escape Only Respirator's storage compartment.

Factory-certified personnel must make all adjustments and/or repairs to supplied-air respirator reducing and admission valves, regulators, and alarms.

Respirators maintained for emergency use shall be cleaned and disinfected according to manufacture's recommendations (*as listed in the main WRITTEN PROGRAM*) after each use by:

The User       Your Supervisor       The RPA       Other: \_\_\_\_\_

Emergency respirators shall be stored immediately accessible to the work area; in compartments or in covers that are clearly marked as containing emergency respirators; in accordance with any applicable manufacturer instructions; and in such a location as to be safely accessible.

\_\_\_\_\_  
(Firm's Name)

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**ADEQUATE AIR QUALITY, QUANTITY, AND FLOW**

Air tanks shall be refilled with Grade D air or better by \_\_\_\_\_.  
A Certificate of Analysis shall be annually obtained from this company and kept on file.  
Hydrostatic testing of SCBA air tanks will be performed according to manufacturer's  
recommendations by \_\_\_\_\_.  
Compressors used to supply breathing air to respirators are constructed and situated so as to  
conform to Title 8, CCR, section 5144.

**SUPPLEMENTAL PROGRAM EVALUATION**

This Supplemental WRITTEN PROGRAM for the use of Atmosphere-Supplying Respirators  
went into effect on (date): \_\_\_\_\_.

RPA's signature: \_\_\_\_\_

This Supplemental WRITTEN PROGRAM for the use of Atmosphere-Supplying Respirators  
was re-evaluated at the same time as the main WRITTEN PROGRAM. This Supplemental  
WRITTEN PROGRAM is still effective and reflects the conditions at this work place.

RPA's signature: _____	Date: _____
RPA's signature: _____	Date: _____
RPA's signature: _____	Date: _____
RPA's signature: _____	Date: _____
RPA's signature: _____	Date: _____
RPA's signature: _____	Date: _____
RPA's signature: _____	Date: _____

*This fill-in-the-blank form was developed by the Kern County Department of Agriculture and Measurement Standards to assist organizations in establishing a Written Respiratory Protection Program with work site-specific procedures. It is the individual organization's (and their Respiratory Program Administrator's) responsibility to ensure that their WRITTEN PROGRAM meet the requirements of Title 3, CCR 6739 (a)(2) and reflects the conditions at the work site.*