

# RESPIRATORY PROTECTION PROGRAM

## WRITTEN WORK-SITE SPECIFIC PROCEDURES

**Organization's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

**Respiratory Program Administrator (RPA)'s Name:** \_\_\_\_\_

The RPA is responsible for ensuring the effectiveness, and implementing the elements of this WRITTEN PROGRAM.

### **I. RESPIRATORY HAZARDS AND (IDLH) ATMOSPHERES**

This organization uses some pesticides that may require, either by label requirements, regulatory requirements, or restricted permit requirements, respiratory protection. Those pesticides that might present a respiratory hazard and that you may be exposed to are found in **Attachment #1** (Employee Respirator Assignment, Fit Test, Training Record, & Consultation). This attachment (Attachment #1) will be kept in the individual employees' files.

The improper use of respiratory protective equipment may itself create a hazard. That is why employees who are supplied respirators by this organization for voluntary use *{except for voluntary use of filtering facepiece respirators (N-95, TC-21C, etc.)}* will also be included in this WRITTEN PROGRAM.

An "Immediately Dangerous to Life or Health (IDLH)" atmosphere is an 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. All fumigant-confining structures shall be considered IDLH until proven safe by appropriate monitoring equipment. Air filtering respirators do not supply oxygen and shall not be worn when in suspected IDHL atmospheres, including environments where high concentrations of air contaminants may be present. Only Atmosphere-Supplying Respirators may be used in IDHL atmospheres.

This organization  **does**  **does not** have IDLH atmospheres associated with the work place.

This organization  **does**  **does not** use Atmosphere-Supplying Respirators (SCBAs, SARs, or Escape Only Respirators).

*{If you checked "does" on either of the boxes above, fill out Attachment #2 (Supplemental Written Respiratory Protection for the use of Atmosphere-Supplying Respirators and work sites with IDLH atmospheres.)}*

### **II. SELECTION OF RESPIRATORS**

This organization's selection of respirators is based on  Pesticide product labeling,  Restricted material permit conditions, and/or  Applicable Regulations for the specific tasks that are being preformed by our employees.

When not required by the pesticide label, permit conditions or regulations, this organization  **does**  **does not** require respirators be used. This Organization also  **does**  **does not** allow voluntary use of respirators when not required. In addition to, or absent label directions, or other regulatory guidance, respiratory protective equipment provided by this Organization is selected based on guidance from: \_\_\_\_\_.

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The specific pesticide related uses for respirators that are supplied by this organization and assigned to employees' are found in **Attachment #1** (Employee Respirator Assignment, Fit Test, Training Record, & Consultation).

### III. MEDICAL EVALUATIONS

The Physician *or other licensed health care professional* (PLHCP) contracted by this organization is:

**PLHCP's Name & Address:** \_\_\_\_\_

Each employee of this organization who may be required to routinely wear respiratory protective equipment, or who voluntarily wears employer supplied respirators (except for voluntary use of filtering face-piece respirators), will be medically evaluated to confirm his or her ability to safely use a respirator by the above named PLHCP using the Medical Evaluation Questionnaire *{as found in Title 3 CCR Section 6739(q)}*. The questionnaire and medical evaluation will be administered in accordance with Title 3 CCR Section 6739. Prior to the PLHCP performing any evaluations, the PLHCP will be provided the information required under Section 6739 (d)(4)(A).

### IV. RESPIRATOR FIT TESTING

Each employee of this organization who may be required to wear a tight-fitting face-piece respirator must pass an appropriate Qualitative Fit Test (QLFT) or a Quantitative Fit Test (QNFT) after the PLHCP determines that he or she is able to wear the respirator, but prior to initial use, for each different respirator face-piece (size, style, model or make) used, and at least annually thereafter. All fit testing will be done in accordance with the requirements found in Department of Industrial Relations Title 8 CCR Section 5144, Appendix A.

This organization uses the following fit test protocols: \_\_\_\_\_

Employees shall be re-tested if it is reported that he or she has had a physical change that could affect a respirator's fit. If an employee reports that the fit of a respirator is unacceptable, the employee will be allowed to select a different respirator and be retested.

### V. PROPER USE OF RESPIRATORS IN ROUTINE AND EMERGENCY SITUATIONS.

Employees will be required to perform either a Positive Pressure or a Negative Pressure User Seal Check every time they don their tight-fitting elastomeric face-piece respirator to ensure a good seal. Conditions preventing proper fit (facial hair, PPE, prescription lenses, etc.) of these respirators shall be mitigated, or those employees will not be assigned to work in areas where respiratory protection is required. If a problem arises with a respirator or its fit, the employee shall immediately leave the contaminated area to make adjustments and repairs.

Cartridges, filters and filtering face-pieces will be discarded daily, absent other pesticide specific information from the respiratory protection equipment manufacturer or pesticide label. Cartridges, filters and filtering face-pieces must be discarded if an indication of odor, taste, or irritation persists, after adjustment of the respirator has failed to correct the problem.

If Employees are allowed to voluntarily use Respirators at this work site, they have been provided with the information found in Title 3, CCR 6739(r), and this information is displayed with the Hazard Communication (A-8) or (N-8) leaflet. *(This includes the voluntary use of filtering face-piece respirators.)*

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### VI. INSPECTION, REPAIR, CLEANING, SANITIZING, AND STORAGE

#### **Inspection**

This organization requires all respirators be inspected when issued to an employee, during cleaning, and before each use as required by Title 3 CCR 6739 (j). These inspections will be performed by:  The User  The Supervisor  The RPA  Other: \_\_\_\_\_

#### **Repair**

Respirators that fail inspection shall only be repaired by persons who have been properly trained or are otherwise proficient in the proper procedure of repair. These repairs will be performed by:  The User  The Supervisor  The RPA  Other: \_\_\_\_\_

Respirators that are not repaired will be rendered unwearable (cut in half or destroyed by some other means) and thrown away to ensure that they are not accidentally used.

#### **Cleaning & Sanitizing**

Employees will be issued respirators that are clean, sanitary, and in good working order. Respirators will be cleaned (and sanitized if needed) following manufacturer's recommendations at the end of each day and before being stored.

A solution of \_\_\_\_\_ will be used for cleaning respirators.

The registered disinfectant \_\_\_\_\_ will be used for sanitizing. Respirators must be Cleaned and Sanitized prior to being re-issued to another employee.

The Supervisor  The RPA  Other: \_\_\_\_\_ (*Check one*) is responsible for ensuring respirators are clean and sanitary prior to issuance to any employee.

Routine respirator cleaning and sanitation will be performed as needed by: (*Check one*)

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

Disposable type respirators may be cleaned by the user if they become dirty but must be disposed of at the end of each day. Disposable respirators may not be reissued to another employee.

#### **Storage**

Respirators shall be stored in \_\_\_\_\_ (i.e. resealable bag or other container) to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals when not in use. Respirators shall be stored in a manner that prevents deformation of the face-piece and any valves.

### VII. EMPLOYEE TRAINING

Training will be given to all employees prior to requiring the use of respiratory protective equipment, or allowing voluntary use of employer supplied respirators (except for voluntary use of filtering face-piece type respirators), by a qualified trainer.

This Organization uses the following qualified trainers to train employees in respiratory and respirator safety: \_\_\_\_\_

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Written records of this training can be found in **Attachment #1** (Employee Respirator Assignment, Fit Test, Training Record, & Consultation). This attachment (Attachment #1) will be kept in the individual employees' files.

Employees will be trained such that they can demonstrate knowledge of at least: Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect; Limitations and capabilities of the respirator; Effective use in emergency situations; How to inspect, put on and remove, use and check the seals; Maintenance and storage; Recognition of medical signs and symptoms that may limit or prevent effective use; And the general requirements of Title 3, CCR 6739.

Each respirator user will be retrained at least annually, and as necessary to ensure respirators are used safely at this work site.

### **VIII. PROGRAM EVALUATION**

The respiratory protection program, as defined by this WRITTEN PROGRAM, shall be evaluated annually to ensure that it reflects conditions found in the workplace. If conditions change such that this WRITTEN PROGRAM becomes inadequate or deficient, the RPA shall make the necessary changes to the WRITTEN PROGRAM within 30 days of discovering the inadequacies or deficiencies.

This WRITTEN PROGRAM went into effect on (date): \_\_\_\_\_.

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

All employees required to wear respiratory protective equipment were consulted and this WRITTEN PROGRAM was evaluated. This 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: \_\_\_\_\_

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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.*