



# West Texas A&M University™

## ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY

### STANDARD OPERATING PROCEDURES

#### SOP No. 24.01.01.W1.40AR WTAMU Respiratory Protection Program

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Environmental Health and Safety at WTAMU is composed of two distinct but integrated environmental safety departments that report to the Vice President of Research and Compliance. Academic and Research Environmental Health and Safety (AR-EHS) is responsible for research and academic related compliance, which includes laboratory and academic research and the associated compliance committees. Fire and Life Safety (FLS-EHS) is responsible for fire related compliance and conducts fire and life safety inspections of campus buildings and assists with the testing of all fire detection and suppression systems.

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## 1. Purpose

The purpose of this program is to ensure that all West Texas A&M University (WTAMU) employees and students are protected from exposure to respiratory hazards, such as chemical vapors, certain biohazards, asbestos, and other particulates.

Control banding (CB) will be used to guide the assessment and management of workplace risks. It is a generic technique that determines a control measure (for example dilution ventilation, engineering controls, containment, etc.) based on a range or “band” of hazards (such as skin/eye irritant, very toxic, carcinogenic, etc.) and exposures (small, medium, large exposure). Controls, such as ventilation and substitution of less toxic materials, are the first line of defense at WTAMU; however, controls are not always feasible for some of the operations, or do not always completely control the identified hazards. In these situations, respirators and other protective equipment must be used. Respirators are also needed to protect employee health during emergencies. The work activities requiring respirator use at WTAMU are outlined in Table 1 in the Scope and Application section of this program.

In addition, if an employee or student expresses a desire to wear respirators during certain operations that do not require respiratory protection; WTAMU will review each of these requests on a case-by case basis. As outlined in the Scope and Application section of this program, voluntary respirator use is subject to certain requirements of this program.

## 2. Scope and Application

This program applies to all employees who are required to wear respirators during normal work operations, and during some non-routine or emergency operations such as a spill of a hazardous substance. This includes employees in the Environmental Safety Office, Spill Response Team, and faculty, staff, and students involved in certain research activities. All employees working in these areas and engaged in certain processes or tasks (as outlined in Table 1) must be enrolled in the WTAMU respiratory protection program. It also includes students who are participating in activities where respirator work is deemed necessary as per the standards set forth in this SOP.

<u>Work Process</u>	<u>Type of Respirator</u>
Chemical Hazards	Full-face Air-purifying Respirator (APR) or half-face (APR)
Biohazards	N95 disposable or N99 disposable Powered Air-purifying Respirator (PAPR) with hood
Asbestos Management	Half-face APR, full-face APR, or PAPR
Pesticide Application	PAPR or half-face APR
Emergency response	Half-face APR, full-face APR, Self-Contained Breathing Apparatus (SCBA), or PAPR

**Table 1. Work activities that require respirator protection. For more details, please contact EHS at (806) 651-2270 or [ar-ehs@wtamu.edu](mailto:ar-ehs@wtamu.edu).**

### 3. Responsibilities

#### 3.1 Environmental Health and Safety (EHS)

EHS is responsible for administering the respiratory protection program. Duties include:

- Identifying work areas, processes, or tasks that require workers to wear respirators;
- Evaluating hazards;
- Selection of respiratory protection options;
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications;
- Arranging for and/or conducting training;
- Ensuring proper storage and maintenance of respiratory protection equipment;
- Conducting/supervising qualitative fit testing;
- Administering the medical surveillance program;
- Maintaining records required by the program;
- Evaluating the program; and
- Updating the written program, as needed.

#### 3.2 Supervisors

Supervisors, including laboratory PI's, are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the employees or students under their charge. Duties of the supervisor include:

- Ensuring that employees or students under their supervision (including new hires) have received appropriate training, fit testing, and an annual medical evaluation;
- Ensuring the availability of appropriate respirators and accessories;
- Enforcing the proper use of respiratory protection when necessary;
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan;
- Ensuring that respirators fit well and do not cause discomfort;
- Continually monitoring work areas and operations to identify respiratory hazards; and
- Coordinating with EHS on how to address respiratory hazards or other concerns regarding the program.

#### 3.3 Respirator Wearer Responsibility

Each employee or student has the responsibility to wear his or her respirator when and where required and in the manner in which they were trained. He or she must also:

- Only wear the respirator for the conditions specified in the fit test report (**Appendix A**);

- Care for and maintain their respirators as instructed, and store them in a clean, sanitary location;
- Inform their supervisor if the respirator no longer fits well, and request a new one that fits properly; and
- Inform their supervisor or EHS of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding the program.

## 4. Program Elements

### 4.1 Selection Procedures

EHS will select respirators to be used on site, based on the hazards to which workers are exposed. EHS will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The hazard evaluation will include:

- Identification and development of a list of hazardous substances used in the workplace, by department, and/or in work processes; and
- Review work processes to determine where potential exposures to these hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing process records, and talking with employees and supervisors.

The hazard evaluation may include exposure monitoring to quantify potential hazardous exposures. Monitoring will be performed by EHS staff when needed.

### 4.2 NIOSH Certification

All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while it is in use.

### 4.3 Emergency Use

Supplied air and air purifying respirators will be used depending on the emergency. Appropriate respiratory protection will be selected by EHS and the supervisor.

### 4.4 Voluntary Respirator Use

EHS will authorize the use of respiratory protective equipment at WTAMU on a case-by case basis, depending on specific workplace conditions. If voluntary use occurs, please contact EHS for training regarding the selection and use of respiratory protection. **Note:** Voluntary use falls outside the scope and applicability of WTAMU's respiratory protection procedure. Training will be provided to educate students, faculty, staff, and visitors and monitoring may be required to ensure safe working conditions. In addition, anyone voluntarily wearing a respirator must abide by the following:

- Read and follow manufacturer instructions provided with the respirator (use, care, storage, and limitations);
- Ensure the respirator is certified by NIOSH;
- Manage your respirator so that others do not use your respirator and you don't use someone else's respirator; and
- Ensure the respirator is selected for the specific hazard and the concentrations encountered.

WTAMU employees who voluntarily wear a respirator must undergo medical evaluation. Students (unpaid) will be strongly encouraged to seek medical evaluation. Visitors will be required to demonstrate their understanding of respiratory protection regarding regulations, selection, and use of respiratory protection. Additionally, visitors must provide documentation verifying completion of medical evaluation.

#### 4.5 Medical Evaluation

Employees or students who are required to wear respirators must pass a medical exam before being permitted to wear a respirator on the job or in the associated laboratory or research environment. Employees or students are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee or student refusing the medical evaluation will not be allowed to work in an area requiring respirator use.

Medical evaluations are provided by a physician, Student Medical Services (Students only), or other licensed healthcare professionals. The form in **Appendix D: Initial Enrollment** must be completed by EHS. Contact EHS for recommendations.

Licensed physicians, Student Medical Services, or an occupational healthcare provider may provide the evaluation. Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in **Appendix C** of the respiratory protection standard. EHS will provide a copy of this questionnaire and the Initial Enrollment Form to all employees requiring medical evaluations.
- To the extent feasible, WTAMU will assist employees who are unable to read the questionnaire (by providing help in reading the questionnaire). When this is not possible, the employee will be sent directly to the medical practitioner for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to fill out and they will bring the completed questionnaire to the medical practitioner. Employees will be permitted to fill out the questionnaire on university time.
- Follow-up medical exams will be granted to employees as required by the standard, and/or as deemed necessary by the medical practitioner.
- All employees will be granted the opportunity to speak with the medical practitioner about their medical evaluation, if they so request.

The Program Administrator will provide the physician with a copy of this Respirator Program. In addition the following is provided for each employee in a letter requesting medical evaluation (**Appendix B**):

#### **Medical Evaluation Memorandum**

- A summary of the employee's exposure to a hazardous substance;

- His or her work area and/or job title;
- Proposed respirator type and weight;
- Length of time required to wear the respirator;
- Expected physical work load (light, moderate, or heavy);
- Potential temperature and humidity extremes; and
- Any additional protective clothing required.

After an employee has received clearance and starts to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing;
- A physician informs EHS the employee needs to be reevaluated;
- Information from the program, including observations made during fit testing and program evaluation, indicates a need for reevaluation; and
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

All examinations and questionnaires are to remain confidential between the employee and the physician.

#### 4.6 Fit Testing

Fit testing is required for WTAMU employees who are required to wear respirators. Employees who are required to wear respirators will be fit tested:

- Prior to being allowed to wear any respirator with a tight fitting face piece;
- Annually; and
- When there are changes in the employee's physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

Employees and/or students will be fit tested with the make, model, and size of respirator that they will actually wear. Employee costs are provided by WTAMU. Student's responsibility will be determined by instructor and departmental arrangements. Please visit with your instructor. Individuals will be fit with North 7700 series ¾ face APRs unless other APR is indicated. Fit testing of PAPRs shall be conducted in the negative pressure mode if worn with a tight fitting face piece.

EHS will conduct fit tests following the OSHA approved QNFT Protocol (Portacount):

Fit Testing Services  
 WTAMU Box 60217  
 Canyon, TX 79016  
 806.651.2270

#### 4.7 General Use Procedures

Employees and/or students will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH, by its manufacturer, or for an exposure or work activity that is not approved by EHS.

All employees not wearing disposable N95 respirators shall conduct user seal checks each time that they wear their respirator. All employees shall be permitted to leave the work area to maintain their respirator for the following reasons:

- To clean their respirator if the respirator is impeding their ability to work;
- Change filters or cartridges;
- Replace parts; or
- To inspect the respirator if it stops functioning as intended.

**NOTE:** Employees and/or students should notify their supervisor before leaving the area.

#### 4.8 Respirator Malfunction

For any malfunction of an APR, such as breakthrough, face piece leakage, or an improperly working valve, the respirator wearer should inform his or her supervisor that the respirator no longer functions as intended, and obtain a replacement. The supervisor must ensure that the defective respirator is returned for service or replacement guidance.

All workers wearing atmosphere-supplying respirators will work with a buddy. Buddies shall assist workers who experience an SAR malfunction as follows: If a worker experiences a malfunction of an SAR, he or she should signal to the buddy that he or she has had a respirator malfunction. The buddy shall don an emergency escape respirator and aid the worker in immediately exiting the work area.

#### 4.9 Air Quality

For supplied-air respirators, only Grade D breathing air shall be used in the cylinders.

#### 4.10 Cleaning

Respirators (except for disposable respirators such as N95s) are to be regularly cleaned and disinfected at a suitable location. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Atmosphere supplying and emergency use respirators are to be cleaned and disinfected after each use. **Follow the manufacturer's recommendations if they differ from the following disinfection and cleaning procedures:**

- Disassemble respirator, removing any filters, canisters, or cartridges;
- Wash the face piece and associated parts in a mild detergent with warm water. Do not use organic solvents;



- Rinse completely in clean warm water;
- Wipe the respirator with disinfectant wipes (70% Isopropyl Alcohol) to kill germs;
- Air dry in a clean area;
- Reassemble the respirator and replace any defective parts; and then
- Place in a clean, dry plastic bag or other air tight container.

**NOTE:** The employee's or student's supervisor/PI will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees should contact their supervisor who will order the needed supplies.

#### 4.11 Maintenance

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be conducted by a service agent licensed by the manufacturer of the SAR.

Employees or students are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards.

Inspection of the respirator must be conducted before every use. The following checklist will be used when inspecting respirators:

- **Facepiece:** Check for cracks, tears, holes, facemask distortion, and cracked or loose lenses/face shield
- **Headstraps:** Check for breaks, tears, or broken buckles
- **Valves:** Check for residue or dirt, cracks or tears in valve material, valve distortion, and if the valves are stuck or folded open
- **Filters/Cartridges:** Make sure that the NIOSH approval designation or label is clearly visible, and there are no gaskets, cracks, or dents in the housing, and that it has the proper cartridge for the hazard that you are working with or around.
- **Air Supply Systems:** Check the breathing air quality and grade, the condition of the supply hoses, hose connections, and settings on regulators and valves.
- **Change Schedules:** Make sure that respirator users are informed of the proper cartridge change schedule during training. For more information on cartridge change schedules, contact EHS.

#### 4.12 Storage

Respirators must be stored in a clean, dry area, and in accordance with the manufacturer's recommendations. Each employee will clean and inspect their own APR in accordance with the provisions of this program and will store their respirator in a plastic bag in their own emergency response bag or other suitable location. EHS will supply respirators and respirator components in their original manufacturer's

packaging.

#### 4.13 Defective Respirator

Respirators that are defective or have defective parts shall be taken out of service and given to EHS. If an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his/her supervisor. Supervisors will give all defective respirators to EHS who will decide whether to:

- Temporarily take the respirator out of service until it can be repaired;
- Perform a simple fix on the spot such as replacing a head strap; or
- Dispose of the respirator due to an irreparable problem or defect.

When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of similar make, model, and size. All tagged out respirators will be kept in the EHS office.

## 5. Training

EHS will provide training to respirator users and their supervisors on the contents of the WTAMU Respiratory Protection Program and their responsibilities under it. Workers will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervising employees that must wear respirators.

The training course will cover the following topics:

- The WTAMU Respiratory Protection Program
- Respiratory hazards encountered at WTAMU and their health effects
- Proper selection and use of respirators
- Limitations of respirators
- Respirator donning and user seal (fit) checks
- Fit testing
- Emergency use procedures (if applicable)
- Maintenance and storage
- Medical signs and symptoms limiting the effective use of respirators

Employees and applicable students will be retrained annually or as needed (for example, if they change departments and need to use a different respirator). Employees and students must demonstrate their understanding of the topics covered in the training through hands-on exercises, such as correctly donning and doffing the respirator. Respirator training will be documented by EHS and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested to use.

West Texas A&M University Environmental Health and Safety will follow the Texas A&M University System Policy [33.05.02 Required Employee Training](#). Staff and faculty whose required training is delinquent more than 90 days will have their access to the Internet terminated until all trainings are completed. Only Blackboard and Single Sign-on will be accessible. Internet access will be restored once training has been completed. Student workers whose required training is delinquent more than 90 days will need to be terminated by their manager

through Student Employment.

## 6. Program Evaluation

EHS will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees and students who use respirators, their supervisors, site inspections, air monitoring, and a review of records. Findings will be reported to employee's supervisor and will contain specific corrective actions and target dates for the implementation of those corrections.

## 7. Record Retention

EHS will provide training and fit test records to WTAMU Human Resources for inclusion into employee health records. Student records will be maintained by EHS. These records will be updated when: new employees or students are trained, existing employees or students receive refresher training, and as new fit tests are conducted.

EHS will also maintain copies of the medical clearance records for all employees and students covered under the respirator program. The completed medical questionnaire and documented findings are confidential and will remain with the appropriate medical practitioner. Only written recommendation regarding each employee's ability to wear a respirator will be retained.

No official state records may be destroyed without permission from the Texas State Library as outlined in [Texas Government Code, Section 441.187](#) and [13 Texas Administrative Code, Title 13, Part 1, Chapter 6, Subchapter A, Rule 6.7](#). The Texas State Library certifies Agency retention schedules as a means of granting permission to destroy official state records.

West Texas A&M University Records Retention Schedule is certified by the Texas State Library and Archives Commission. West Texas A&M University Environmental Health and Safety will follow [Texas A&M University Records Retention Schedule](#) as stated in the Standard Operating Procedure [61.99.01.W0.01 Records Management](#). All official state records (paper, microform, electronic, or any other media) must be retained for the minimum period designated.

### Related Statutes, Policies, or Requirements

- [The National Institute for Occupational Safety and Health \(NIOSH\): Control Banding](#)
- OSHA 29 CFR 1910.134

### Contact Office

WTAMU Environmental Health and Safety  
(806) 651-2270



**West Texas A&M University™**  
**ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY**

**FIT TEST REPORT**

**MEMORANDUM**

**To:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

Re: Respirator Use

This is to confirm that you received training and passed a quantitative respirator fit test with the following equipment:

**Respirator Manufacturer:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**Type:** \_\_\_\_\_

**Size:** \_\_\_\_\_

You may only use this respirator for the following tasks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify conditions and tasks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You should not use this respirator for any chemical or biological exposure or activity not listed above without approval from this office. This fit test must be repeated before the date of: \_\_\_\_\_

In addition to the respirator, list other personal protective equipment (PPE) that you must wear, if applicable:

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List other hazard awareness information, such as SDS or other literature that you were provided, if applicable:

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Please contact me if you have any questions.

Encl. File: Respirator Program/emp. fit test - CCL

 **West Texas A&M University™**  
**ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY**  
**MEDICAL EVALUATION FOR RESPIRATOR USE**

**MEMORANDUM**

**To:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**From:** \_\_\_\_\_

To whom it may concern,

Re: Medical evaluation for respirator use

\_\_\_\_\_, a West Texas A&M University employee/student, is required to wear a respirator. WTAMU requests that you provide this individual with a medical evaluation that meets the requirements outlined in the SOP 24.01.01.W1.40AR, sec. 4.0. We have provided you with this Respirator Standard. Please follow this procedure when you examine this employee.

A Respirator Medical Evaluation Questionnaire was provided to this employee. A completed questionnaire must be provided to you by the employee/student.

The following supplemental information is provided to you to assist in your evaluation of this employee's respirator use:

A. The type and weight of the respirator that will be used: \_\_\_\_\_

B. The duration and frequency of the respirator use: \_\_\_\_\_

C. The expected physical work effort: \_\_\_\_\_

D. Additional protective clothing and equipment that will be worn: \_\_\_\_\_

E. Temperature and humidity extremes experienced during work: \_\_\_\_\_

We request that you provide WTAMU EHS a signed statement on letterhead indicating that the employee and/or student is medically able to wear a respirator under the conditions described.

Please feel free to contact WTAMU EHS if you have any questions, (806) 651-2270.

Encl.: EHS SOP 24.01.01.W1.40AR; Respirator Medical Evaluation Questionnaire: Respirator Program/emp. fit test



**West Texas A&M University™**  
**ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY**  
**OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)**

**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.

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

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **UIN/Student ID #:** \_\_\_\_\_

**Age (to nearest year):** \_\_\_\_\_ **Sex:** Male  Female  **Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Weight:** \_\_\_\_\_ lbs.

**Job Title:** \_\_\_\_\_ **Type of Respirator:** \_\_\_\_\_

Phone number where you can be reached by the health care professional who reviews this questionnaire (include Area Code): \_\_\_\_\_

The best time to phone you at this number: \_\_\_\_\_ AM  PM

Has your employer told you how to contact the health care professional who will review this questionnaire:

Yes  No

Type of respirator you will use:

**Disposable Respirator:**  N95 Aerosol Mask  Filter Mask  Non-cartridge type only

**Non-disposable Respirator:**  Half-face/Full-face air purifying  Powered-air purifying  
 Supplied Air  Self-contained Breathing Apparatus

**NOTE:** If you are using a non-disposable respirator; please complete Part B 10-15.

Have you worn a respirator: Yes  No

If "yes," what type(s): \_\_\_\_\_

**Section 2. Part A.** (Mandatory – Confidential: Must be completed at health clinic)-Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.

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?
- Seizures: Yes  No
  - Diabetes (sugar disease): Yes  No
  - Allergic reactions that interfere with your breathing: Yes  No
  - Claustrophobia (fear of closed-in places): Yes  No
  - Trouble smelling odors: Yes  No
3. Have you *ever had* any of the following pulmonary or lung problems?
- Asbestosis: Yes  No
  - Asthma: Yes  No
  - Chronic bronchitis: Yes  No
  - Emphysema: Yes  No
  - Pneumonia: Yes  No
  - Tuberculosis: Yes  No
  - Silicosis: Yes  No
  - Pneumothorax (collapsed lung): Yes  No
  - Lung cancer: Yes  No
  - Broken ribs: Yes  No
  - Any chest injuries or surgeries: Yes  No
  - 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?
- Shortness of breath-: Yes  No 
    - a.-when walking fast on level ground: Yes  No
    - b.-when walking up a slight hill or incline: Yes  No
    - c.-when walking with other people at an ordinary pace on level ground: Yes  No
    - d.-when washing or dressing yourself: Yes  No
    - e.-that interferes with your job: Yes  No
  - Have to stop for breath when walking at your own pace on level ground: Yes  No



- Coughing that produces phlegm (thick sputum): Yes  No
  - Coughing that wakes you early in the morning: Yes  No
  - Coughing that occurs mostly when you are lying down: Yes  No
  - Coughing up blood in the last month: Yes  No
  - Wheezing: Yes  No
  - Wheezing that interferes with your job: Yes  No
  - Chest pain when you breathe deeply: Yes  No
  - 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?
- Heart attack: Yes  No
  - Stroke: Yes  No
  - Angina: Yes  No
  - Heart failure: Yes  No
  - Swelling in your legs or feet (not caused by walking): Yes  No
  - Heart arrhythmia (heart beating irregularly): Yes  No
  - High blood pressure: Yes  No
  - 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?
- Frequent pain or tightness in your chest: Yes  No
  - Pain or tightness in your chest during physical activity: Yes  No
  - Pain or tightness in your chest that interferes with your job: Yes  No
  - In the past two years, have you noticed your heart skipping or missing a beat: Yes  No
  - Heartburn or indigestion that is not related to eating: Yes  No
  - Any other symptoms that may be related to heart or circulation problems: Yes  No
7. Do you *currently* take medication for any of the following problems?
- Breathing or lung problems: Yes  No
  - Heart trouble: Yes  No
  - Blood pressure: Yes  No
  - Seizures/Epilepsy (fits): Yes  No

8. Have you ever used a respirator? Yes  No   
**NOTE:** If you have never used a respirator, mark “NO” and proceed to question 10.

9. If you've used a respirator, have you *ever had* any of the following problems?

- Eye irritation: Yes  No
- Skin allergies or rashes: Yes  No
- Anxiety: Yes  No
- General weakness or fatigue: Yes  No
- Any other problem that interferes with your use of a respirator: Yes  No

10. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes  No

**Questions 11 to 16** below must be answered by every employee who has been selected to use either a full-face respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators (N95 disposable, PAPR, etc.) answering these questions is voluntary.

11. Have you *ever lost* vision in either eye (temporarily or permanently): Yes  No

12. Do you *currently* have any of the following vision problems?

- Wear contact lenses: Yes  No
- Wear glasses: Yes  No
- Color blind: Yes  No
- Any other eye or vision problem: Yes  No

13. Have you *ever had* an injury to your ears, including a broken ear drum: Yes  No

14. Do you *currently* have any of the following hearing problems?

- Difficulty hearing: Yes  No
- Wear a hearing aid: Yes  No
- Any other hearing or ear problem: Yes  No

15. Have you *ever had* a back injury: Yes  No

16. Do you *currently* have any of the following musculoskeletal problems?

- Weakness in any of your arms, hands, legs, or feet: Yes  No
- Back pain: Yes  No

- Difficulty fully moving your arms and legs: Yes  No
- Pain or stiffness when you lean forward or backward at the waist: Yes  No
- Difficulty fully moving your head up or down: Yes  No
- Difficulty fully moving your head side to side: Yes  No
- Difficulty bending at your knees: Yes  No
- Difficulty squatting to the ground: Yes  No
- Climbing a flight of stairs or a ladder carrying more than 25 lbs.: Yes  No
- Any other muscle or skeletal problem that interferes with using a respirator: Yes  No

**Section 2. Part B.** (Mandatory): Questions 1 through 19 below must be answered by every employee who has been selected to use any type of respirator.

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the healthcare 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 
  - 1a. 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 (such as gases, fumes, or dust), or come into skin contact with hazardous chemicals: Yes  No 
  - 2a. If "yes," name the chemicals if you know them: \_\_\_\_\_
  - 3a. Have you ever worked with any of the materials, or under any of the conditions, listed below:
    - Asbestos: Yes  No
    - Silica (e.g., in sandblasting): Yes  No
    - Tungsten/cobalt (e.g., grinding or welding this material): Yes  No
    - Beryllium: Yes  No
    - Aluminum: Yes  No
    - Coal (for example, mining): Yes  No
    - Iron: Yes  No
    - Tin: Yes  No
    - Dusty environments: Yes  No
    - Any other hazardous exposures: Yes  No

If answering "yes" to "Any other hazardous exposures," please describe these exposures:

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---

List any second jobs or side businesses you have:

---

---

List your previous occupations:

---

---

List your current and previous hobbies:

---

---

3a. Have you been in the military services?      Yes  No

7a. If "yes," were you exposed to biological or chemical agents:      Yes  No

3. Have you ever worked on a HAZMAT team?      Yes  No

4. Other than for previously mentioned health concerns (breathing/lung concerns, heart/blood concerns, seizures), are you taking any other medications (including over-the-counter):      Yes  No

9a. If "yes," name the medications if you know them: \_\_\_\_\_

Will you be using any of the following items with your respirator(s):

• HEPA Filters:      Yes  No

• Canisters (for example, gas masks):      Yes  No

• Cartridges:      Yes  No

5. How often are you expected to use the respirator(s):

• Escape only (no rescue):      Yes  No

• Emergency rescue only:      Yes  No

• Less than 5 hours per week:      Yes  No

• Less than 2 hours per day:      Yes  No

- 2 to 4 hours per day: Yes  No
- Over 4 hours per day: Yes  No

6. During the period you are using the respirator(s), is your work effort:

- Light (less than 200 kcal per hour): Yes  No

12a. 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.

- Moderate (200 to 350 kcal per hour): Yes  No

12b. 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.

- Heavy (above 350 kcal per hour): Yes  No

12c. If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

**Examples of heavy work effort** 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.).

7. Will you be wearing protective clothing and/or equipment (other than the respirator) when using your respirator: Yes  No

13a. If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes

No

8. Will you be working under humid conditions: Yes  No

9. Describe the work you'll be doing while using your respirator(s): \_\_\_\_\_

10. Describe any special or hazardous conditions you might encounter while using your respirator(s), for example, confined spaces, life-threatening gases, etc.: \_\_\_\_\_

11. 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, etc.: \_\_\_\_\_

12. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when 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: \_\_\_\_\_

- Name of the fourth toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

- The name of any other toxic substances that you will be exposed to while using your respirator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998; 76 FR 33607, June 8, 2011; 77 FR 46949, Aug. 7, 2012]



**West Texas A&M University™**  
**ACADEMIC RESEARCH ENVIRONMENTAL HEALTH AND SAFETY**  
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**INITIAL ENROLLMENT FORM FOR RESPIRATOR AND TRAINING**

**Circle One:**                      Student GA/TA                      Faculty/Staff                      Other

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **UIN/Student ID #:** \_\_\_\_\_

**Age (to nearest year):** \_\_\_\_\_ **Sex:** Male  Female  **Height:** \_\_\_\_\_ ft. \_\_\_\_\_ in. **Weight:** \_\_\_\_\_ lbs.

**Job Title:** \_\_\_\_\_ **Type of Respirator:** \_\_\_\_\_

1. Specific work requiring the use of respiratory protection:  
 \_\_\_\_\_
2. Is Respiratory protection needed as part of your job duties:                      Yes                       No
3. Agents or chemicals exposed to: \_\_\_\_\_
4. Has your supervisor/instructor told you how to contact the healthcare professional who will review this questionnaire:                      Yes                       No
5. Has your supervisor/instructor informed you about the proper use of respiratory protection or hazards in your workplace:                      Yes                       No
6. What Hazards will you be exposed? \_\_\_\_\_
7. Type of respirator you will use (check one):  
 If you are Using an N95 aerosol mask.  
 If you are using one of the following: for example, half- or full-face piece air purifying, powered- air purifying, supplied-air, self-contained breathing apparatus; please complete Part B 10.
8. Have you worn a respirator (circle one):                      Yes                       No   
 8a.If "yes," what type(s): \_\_\_\_\_

Student/Employee Name  
 \_\_\_\_\_

Responsible Party for Payments (supervisor)  
 \_\_\_\_\_

Student/Employee Signature  
 \_\_\_\_\_

Payment Type/account number  
 \_\_\_\_\_

Received by EHS  
 \_\_\_\_\_

Supervisor/Instructor Name/Signature  
 \_\_\_\_\_