



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 all fire detection and suppression systems.

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PURPOSE

The purpose of this program is to ensure that all 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.

1. 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 that follows) 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.

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

Table 1: Work Activities that Require Respirator Protection

Work Process	Type of Respirator
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

2. RESPONSIBILITIES

2.1. EHS

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

- Identifying work areas, processes or tasks that require workers to wear respirators, and 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.
- Updating written program, as needed.

2.2. 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 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.
- Coordinating with EHS on how to address respiratory hazards or other concerns regarding the program.

2.3. 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.
- 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.

3. PROGRAM ELEMENTS

3.1. 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:

1. Identification and development of a list of hazardous substances used in the workplace, by department, or work process.
2. Review of 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.

3.2. 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.

3.3. 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.

3.4. Voluntary Respirator Use

EHS will authorize 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. Please 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.
- 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 and selection and use of respiratory protection. Additionally, visitors must provide documentation verifying completion of medical evaluation.

3.5. 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 professional. APPENDIX D Initial Enrollment Form 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 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 or job title
- proposed respirator type and weight
- length of time required to wear respirator
- expected physical work load (light, moderate, or heavy)
- potential temperature and humidity extremes
- 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;
- 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.

3.6. 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.
- 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 ¼ 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

3.7. 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 or 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 respirator if it stops functioning as intended. Employees and/or students should notify their supervisor before leaving the area.

3.8. Respirator Malfunction

For any malfunction of an APR (e.g., such as breakthrough, face piece leakage, or 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 to 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.

3.9. Air Quality

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

3.10. 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 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.
- 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.

3.11. 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:

Cracks, tears, or holes, facemask distortion, cracked or loose lenses/face shield

Headstraps:

Breaks or tears or broken buckles

Valves:

Residue or dirt, cracks or tears in valve material, valve distortion, valves stuck or folded open

Filters/Cartridges:

NIOSH approval designation/label clearly visible, gaskets, cracks or dents in housing, proper cartridge for hazard.

Air Supply Systems:

Breathing air quality/grade, condition of supply hoses, hose connections, settings on regulators and valves.

Change Schedules

Respirator users are informed of the proper cartridge change schedule during training. For more information on cartridge change schedules, contact EHS.

3.12. 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.

3.13. Defective Respirator

Respirators that are defective or have defective parts shall be taken out of service and given to EHS. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his or 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.
- 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.

3.14. 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 (e.g., 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, i.e. 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.

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.

4. 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 and their supervisors, site inspections, air monitoring and a review of records.

Findings will be reported to employee's supervisor and will specific corrective actions and target dates for the implementation of those corrections.

5. 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

<http://www.cdc.gov/niosh/topics/ctrlbanding/>

OSHA 29 CFR 1910.134

Contact Office

WTAMU Environmental Health and Safety
(806) 651-2270

West Texas A&M University

FIT TEST REPORT

MEMORANDUM

To: _____.

From: _____.

Date: _____.

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 Date. _____.

In addition to the respirator you must wear list other PPE if applicable

You were also provided with list other hazard awareness information such as SDS or other literature provided to the employee if applicable

Please contact me if you have any questions.

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

West Texas A&M University

Medical evaluation for respirator use

MEMORANDUM

To: _____.

To whom it may concern

From: _____.

Date: _____.

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/student is medically able to wear a respirator under the conditions described.

Please feel free to contact WTAMU EHS if you have any questions.

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

West Texas A&M University

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.

Part A.

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

1. Today's date: _____ 2. Your name: _____

UIN/Student ID# _____

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: _____ Type of Respirator: _____

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 questionnaire (circle one): Yes/No

11. Type of respirator you will use (Circle one):

- a. Disposable respirator (N95 aerosol mask, filter mask, non-cartridge type only)
- b. If you are using one of the following: for example, half-face or full-face air purifying, powered-air purifying, supplied-air, self-contained breathing apparatus; please complete Part B 10-15.

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Section 2. (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 (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?

- 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
- Shortness of breath when walking fast on level ground, walking up a slight hill or incline: Yes/No

- Shortness of breath when walking with other people at an ordinary pace on level ground:
- Yes/No
- Have to stop for breath when walking at your own pace on level ground: Yes/No
- Shortness of breath when washing or dressing yourself: Yes/No
- Shortness of breath that interferes with your job: 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

- d. 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?

- 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
(If you've 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? (If you've never used a respirator, check the following space and go to question 9:)

- 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 full-facepiece 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

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 health care professional who will review the questionnaire.

2. 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

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

3. 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: _____

4. 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:

5. List any second jobs or side businesses you have: _____

6. List your previous occupations: _____

7. List your current and previous hobbies: _____

8. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents: Yes/No

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

10. 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: _____

11. 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

12. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- 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

13. 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.

a. *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.

b. *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.).

14. 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: _____

15. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

16. Will you be working under humid conditions: Yes/No

17. Describe the work you'll be doing while you're using your respirator(s):

18. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

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: _____

Name of the third 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):

[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

Environmental Health and Safety

WTAMU Box 60217 Canyon, TX 79016
806.651.2270

Initial Enrollment Form: Student _____ GA/TA _____ Faculty/Staff _____ Other _____

1. Today's date: _____ 2. Your name: _____

UIN/Student ID# _____

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: _____ Type of Respirator: _____

8. Specific work requiring the use of respiratory protection: _____

9. Is Respiratory protection needed as part of your job duties: Yes/No

10. Agents or chemicals exposed to: _____

11. Has your supervisor/instructor told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

12. Has your supervisor/instructor informed you about the proper use of respiratory protection or hazards in your workplace? (circle one): Yes/No. What Hazards will you be exposed? _____

13. Type of respirator you will use (Circle one):

- a. If you are Using an N95 aerosol mask.
- b. 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.

14. Have you worn a respirator (circle one): Yes/No

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

**Instructions for this form. Please complete this form first, return to EHS and we will assist you in selecting medical, appropriate respirator, and training.