

**SAN MATEO COUNTY
AGRICULTURAL COMMISSIONER**

**Generic Guidelines for Development of a Respiratory Protection
Program in Accordance with Department of Pesticide
Regulation Requirements**

Based on Guidelines by
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This outline serves as a guide for companies to develop a written respiratory protection program with work-site specific procedures for respirator selection, medical clearance, fit-testing, maintenance and use. Companies are directed to insert the appropriate name(s) in the blank sections and to customize this document to their specific written program. Suggestions and explanations are given in *(italic bold)*. It is to be used in conjunction with the Pesticide Safety Information Series A-5 (HS-632). This is a guideline. Some of the suggested procedures may exceed the minimum requirements of the regulations. Other sections of this document require you to develop procedures specific to your company. Your company's written program, based on this document, may benefit from review by the Department of Industrial Relations' Division of Occupational Safety and Health (Cal/OSHA), the Department of Pesticide Regulation, Worker Health and Safety Branch (DPR/WH&S), or your insurance company's loss prevention agent.

Once again, it is required that you customize this document to reflect your actual program. There are portions that require you to develop procedures specific to your company and its written program. You will be held responsible for all elements of your written program. Make sure it reflects what you are actually doing.

Respiratory Protection Program

for

(Company Name)

Date Implemented _____

INTRODUCTION

This respiratory protection program is designed to conform to the requirements in Title 3 of the California Code of Regulations, Section 6739 (3 CCR Section 6739). General employee information on respiratory protection is available in the Pesticide Safety Information Series (PSIS) A-5 and N-5, which is available to employees.

PURPOSE

The purpose of this program is to protect the employees of _____ from respiratory hazards associated with the use of pesticides and to comply with current regulations and label requirements. This program will include the following elements:

- Respirator selection
- Medical evaluation
- Fit testing
- Proper use for routine and emergency
- Maintenance, cleaning and care
- Ensure breathing air quality
- Training in respiratory hazards (IDLH if applicable)
- Training in donning, doffing, limitations
- Program evaluation

ADMINISTRATION

_____ is the individual designated as the Respirator Program Administrator (RPA) and is responsible for implementing the elements of this WRITTEN PROGRAM for all uses of respirators by _____. This person is responsible for ensuring the effectiveness of the respiratory protection program in compliance with the respiratory protection regulation

The RPA keeps records on:

1. Training
2. Fit Testing
3. Equipment Inspection
4. Medical Recommendations
5. Copies of previous WRITTEN PROGRAMS
6. Employee consultations
7. Program evaluation

RESPIRATOR SELECTION

Only respiratory protective equipment approved by NIOSH (National Institute for Occupational Safety and Health) will be used. The equipment must be approved for the specific hazard. Pesticide product labels must be consulted first to determine the correct respirator for protection against the specific hazard. Regulatory requirements or permit conditions may also specify the appropriate respiratory protection. Absent label directions, or other regulatory guidance, selection of respiratory protective equipment should be made according to guidance from the Department of Pesticide Regulation (Worker Health and Safety Branch), the Department of Industrial Relations (Cal/OSHA), the safety equipment manufacturer/provider, or other appropriate sources.

An assignment list of employees and their respirators should have the following general format and shall be worksite specific.

Employee Respirator Assignment Roster for _____

Employee	Respirator/Size	Type	Activity	Hazard

For entry into unknown atmospheres or atmospheres at or above the IDLH concentration, only SCBA type or supplied air type equipped with escape bottle shall be used.

INSTRUCTION AND TRAINING

Employees who are required to use respirators must be trained such that they can demonstrate knowledge of at least:

- When and why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect.
- Limitations and capabilities of the respirator, including if the respirator malfunctions.
- Effective use in emergency situations.
- How to inspect, put on, remove, use, and check the seals.
- Proper maintenance and storage.
- Recognition of medical signs and symptoms that may limit or prevent effective use.

Training will be conducted annually. Training records will be kept by the RPA.

CLEANING, MAINTENANCE, AND CARE

Cleaning and Storing Respirators:

Employees will be issued respirators that are clean, sanitary, and in good working order. Employees who are assigned respirators will ensure their respirator is cleaned as often as necessary to ensure proper function and fit. Respirators must be cleaned and sanitized before being re-issued to another employee.

Individual responsible for cleaning and sanitizing respirators before re-issue (check one):

- Supervisor RPA NA (*check if single-use respirators or if none will be re-issued*)
 Other (if checked, list their title): _____

After cleaning (and sanitizing if required), respirators will be stored in a resealable plastic bag or other sealable container that protects the respirator. Respirators will be stored so they are protected from sunlight, dust, chemical contamination, moisture, temperature extremes, or any other potentially damaging effect.

Our organization will store respirators in the following containers and locations:

Maintenance, Inspection, and Repair:

Employees will be responsible for inspecting their respirator prior to use. If there is any damage or defect to the respirator, the RPA must be immediately notified, and the respirator not be used.

Routine inspections must include the following:

- General condition of mask, straps, valves, and air hoses (no cracks, tears, holes, deformations, or loss of elasticity)
- Filter elements (proper filter or cartridge), air tanks (full to required capacity), regulators, low-pressure warning device
- Hose clamps, gaskets (in place and properly seated)
- Mask cleanliness (nothing on sealing surfaces or the rest of the mask)
- Other inspection items:

The RPA or their designate may repair air purifying type respirators if they have been trained or are otherwise proficient in the proper procedure. Factory-certified personnel must do all repairs to supplied-air respirators.

Other requirements for respirator maintenance, inspection and repair:

Change-Out Schedule:

Cartridges, canisters, filters, and filtering facepieces must be “changed-out” using the following hierarchy:

1. At the first indication of odor, taste, or irritation while in use, the respirator wearer leaves the contaminated area adjusts the mask for fit and on returning still encounters odor, taste, or irritation.
(This criterion item supersedes any of the criteria listed in numbers 2–6).
2. When any End-of-Service-Life-Indicator indicates the respirator has reached its end of service.
3. All disposable filtering facepiece respirators shall be discarded at the end of the workday.
4. According to pesticide-specific label directions/recommendations.
5. According to pesticide-specific directions from the respirator manufacturer.
6. Absent any pesticide-specific directions/recommendations, at the end of the day’s work period.

MEDICAL EVALUATION

The medical evaluation (or medical evaluation that obtains the same information as the questionnaire) will be completed during normal work hours and at no cost to the employee. Each employee who is required to wear a respirator must complete the medical evaluation questionnaire (Appendix 5) of this document, or equivalent form that obtains the same information), which will be reviewed by a physician or other licensed health care professional (PLHCP) to determine their ability to wear a respirator. The questionnaire will be completed confidentially by the employee and submitted to the PLHCP. Management will not read the completed questionnaire or assist the employee in filling out the questionnaire. If the employee cannot read the questionnaire, the employee may ask for a confidential reader (see definitions) for assistance, or the employer may obtain an independent translator for the worker, if the worker so desires.

PLHCP NAME:

PLHCP ADDRESS:

The PLHCP will receive the following information to assist in evaluating the questionnaire:

- Type of respirator (filtering facepiece, half-face, full-face, SCBA, etc.)
- Weight of respirator
- Duration/Frequency of use
- Expected physical effort (medium to heavy)
- Additional protective clothing and equipment worn
- Temperature/Humidity extremes
- Copy of this Respiratory Protection Program
- Copy of 3 CCR, Section 6739 (from CDPR website)

After the PLHCP has reviewed the questionnaire or completed the physical examination, they will send the results of the medical evaluation to the RPA and the employee. The PLHCP may use the Medical Recommendation Form (*Appendix 6*) or similar documentation for the results. The

recommendation will be retained by the RPA.

When a new or different PLHCP is used, the RPA shall ensure that the new PLHCP obtains the necessary information by having the documents transferred from the former PLHCP to the new PLHCP.

This organization shall provide subsequent/additional medical evaluations if any of the following occur:

- The worker reports medical signs or symptoms related to their inability to use a respirator.
- PLHCP, supervisor, or RPA informs management that a worker needs to be re-evaluated.
- Information from the RPA, including observations made during fit testing and program evaluation, indicates a need.
- Changes in workplace conditions that may substantially increase the physiological burden on a worker.

USE LIMITATIONS

Respirators shall not be worn when conditions prevent a good gas-tight fit.

Prescription lenses, if needed for a full-face respirator, will be mounted within the face mask using manufacturer authorized mounting equipment.

Employees with facial hair (heavy stubble, drooping mustache, long sideburns, and beards) that prevent a gas-tight seal shall not wear respiratory protective equipment that requires a tight face to face-piece seal for proper operation. Other types of non-face-sealing respirators, if adequate for mitigating the hazard, may be chosen.

Cartridges, filters and filtering face-pieces will be discarded at the end of the workday absent any pesticide-specific directions/recommendations from the pesticide label or respirator manufacturer.

Air-purifying respirators shall not be worn when an oxygen-deficient atmosphere (less than 19.5% oxygen) is known or suspected, or in environments where high concentrations of air contaminant may be present. Company sites that may develop oxygen-deficiency or high concentrations of hazardous air contaminant include: *(list all worksites that may have these conditions)*.

RESPIRATOR FIT TESTING AND USER SEAL-CHECK PROCEDURES FOR

RESPIRATORS REQUIRING A FACE TO FACE-PIECE SEAL

- 1) Qualitative Fit Testing**
- 2) Quantitative Fit Testing**
- 3) Positive/Negative Pressure User Seal-Check**

In all cases, the respirator wearer should select a respirator that feels comfortable. If there are any doubts about the condition or integrity of the respirator or filters, the respirator should be rejected.

As required by 3 CCR Section 6739(e)(4), all fit testing is done in accordance with the requirements found in Department of Industrial Relations Title 8 CCR Section 5144, Appendix A.

(An example of a Respirator Fit Test record is shown at the end of this document as Appendix 4)

Qualitative Fit Testing: The following protocols found in Cal/OSHA regulations Title 8 CCR Section 5144 Appendix A, cited in DPR regulation Title 3 CCR Section 6739(e)(4), are approved to **qualitatively** fit test respirators:

For testing against chemical cartridges:

- Iso-amyl acetate test (“Banana oil”)

For testing against particulate filters:

- Saccharin test
- Bitrex® test
- Irritant smoke test

If performing qualitative fit testing, our organization will use the following protocol:

Quantitative Fit Testing: The following protocols are cited in regulation 3 CCR, Section 6739(e)(4) as authorized to fit test respirators:

- Generated Aerosol (corn oil, salt, DEHP)
- Condensation Nuclei Counter (PortaCount)
- Controlled Negative Pressure (CNP)

If performing qualitative fit testing, our organization will use the following protocol:

Reason for Fit Test Selection (*state how the selection above was made*):

RESPIRATOR GENERAL USE REQUIREMENTS

Facial Hair: No employee who wears a respirator will be allowed to wear the respirator if they have facial hair that comes between the sealing surface of the facepiece and the face. Facial hair must also

not interfere with the normal functioning of the valves of the respirator.

Corrective Glasses: Corrective glasses or sunglasses with temple bars cannot be worn with a full-face respirator since they interfere with the respirator’s sealing ability. If an employee wears corrective glasses and uses a full-face respirator, a “spectacles kit” will be provided at no cost to the employee. Contact lenses may be worn in lieu of glasses unless prohibited by label.

Emergency Use:

In the event of an emergency, employees must do the following:

User Seal-Check: A user seal-check must be performed **EVERY TIME** the person puts on (dons) a respirator to ensure a proper seal before entering an area where a respirator is required, as described in Title 8 of the California Code of Regulations section 5144 Appendix B-1:

Positive Pressure User Seal-Check: This test will be conducted by blocking the exhalation valve with the palm of the hand to prevent air escaping from the mask. Do not press so hard on the exhalation valve that the mask is moved from its proper face-fit position. A slight positive pressure is then created in the mask by gently exhaling until the facepiece starts to pull away from the face. If the mask does not “balloon” up or otherwise pull away, there may be a leak in the mask or in the face seal. However, if there is neither loss of pressure nor outward leakage of air, the wearer and the respirator have passed the positive pressure fit-check.

Negative Pressure User Seal-Check: This test will be conducted by blocking the air purifying element(s) with either the palm of each hand or covering it with a plastic wrap. A negative pressure will be created inside the facepiece by gently inhaling and holding the breath for several seconds. The mask should collapse against the face and remain in that position during the test. If the mask does not collapse or otherwise tighten against the face, there may be a leak in the mask or in the face seal. If there is no loss of vacuum or inward movement of air, the wearer and the respirator have passed the negative pressure fit-check.

Caution!

The positive/negative pressure user seal-checks are **not** considered “fit-testing”. A qualitative or quantitative fit test must be performed before a respirator can be assigned to a worker. Persons with facial hair that interferes with the sealing surfaces of the respirator will be recorded as unsatisfactory for respirator use without further testing.

VOLUNTARY USE OF RESPIRATORY PROTECTION

When not required by label, permit conditions or regulations, employees may request to wear respirators on a voluntary basis. If this organization requires the use of respirators when not required on label directions, permit conditions, or regulations, then the full respiratory protection program must be in place.

If voluntary use of respirators is allowed, the Voluntary Use Posting (3 CCR 6739(r)) must be displayed next to the Pesticide Safety Information Series A-8 or N-8. Other requirements may apply,

depending on the selections below. See bold arrows (☐) for requirements.

****The Voluntary Use Posting is in Appendix 7.**

Check YES or NO below:

1. Voluntary use of filtering facepieces is allowed
 YES NO

2. The employer will provide filtering facepieces for voluntary use at the employee's request
 YES NO

If YES: Post the "Voluntary Use Posting" found in Appendix 7 and provide respirators at no cost to the employee

3. Voluntary use of full face or half face respirators is allowed
 YES NO

4. The employer will provide full face or half face respirators at the employee's request
 YES NO

If YES: Post the "Voluntary Use Posting" found in Appendix 7, provide respirators, medical evaluations, training on proper cleaning, storage and maintenance at no cost to the employee. The employee must be medically able to use the respirator so that it does not present a hazard.

5. Employees may bring their own respirators for voluntary use (including filtering facepieces and elastomeric [rubber] facepiece respirators)
 YES NO

If YES: Post the "Voluntary Use Posting" found in Appendix 7

EVALUATION AND EMPLOYEE CONSULTATION

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 otherwise deficient, the RPA shall take immediate steps to reestablish effective implementation.

Workers required to wear respiratory protection will be consulted, at least annually, on the worker's experience with the respirators and the WRITTEN PROGRAM in general. Workers will be asked about respirator fit, maintenance, appropriateness to the pesticides sprayed and any other information deemed necessary to ensure worker feedback concerning their use of respirators.

All evaluations and consultations will be documented, including declarations of no change. Any modifications to the WRITTEN PROGRAM will be implemented within 30 days.

ADDITIONAL SOURCES OF INFORMATION ON RESPIRATORY PROTECTION:

- *Occupational safety and health consultants.*
- *Department of Pesticide Regulation, Worker Health and Safety Branch, 1001 I Street, Sacramento, California 95814*
- *Cal/OSHA Consultation Service - see listing under State Government Offices, Industrial Relations Department, in local telephone directory.*
- *County Agricultural Commissioner*
- *County Health Department.*
- *Insurance carriers.*
- *Department of Labor, Federal OSHA: Small Entity Compliance Guide*
(<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>)

DEFINITIONS

Air-Purifying Respirator: A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants passing ambient air through the air-purifying element.

Atmosphere-Supplying Respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere. This includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.

Canister/Cartridge: A container with a filter, sorbent, or catalyst, or combination of these, that removes specific contaminants from the air passed through the container.

Change-Out Schedule: Information provided to the respirator user to ensure the canister, cartridge, or filter is changed before the end of its service-life.

Confidential Reader: A person chosen by an employee required to wear a respirator to read to them the Medical Evaluation Questionnaire required under 3 CCR Section 6739(q) in a language primarily understood by the employee. This includes, but is not limited to, a coworker, family member, friend, or an independent translator provided by the employer. The employer or the employer's direct agent, such as a supervisor, manager, foreman, or secretary, are not included and are prohibited from being confidential readers.

Filtering Facepiece: A National Institute for Occupational Safety and Health (NIOSH) approved negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Full Face Respirator: A NIOSH approved reusable respirator made of rubber or silicone that forms a tight seal against the user's face and must be fit tested prior to use and on an annual basis. Full-face respirators have a clear plastic lens covering the face and provides eye protection.

Half Face Respirator: A NIOSH approved reusable or disposable respirator with cartridges or filters. These devices are made of rubber or silicone that form a tight seal against the user's face and must be fit tested prior to use and on an annual basis.

High Efficiency Particulate Air (HEPA) Filter: A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers (microns) in diameter. These are N-100, R-100, and P-100 filters.

Immediately Dangerous to Life or Health (IDLH): 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 concentrations reach label-required levels as measured with appropriate monitoring equipment. Oxygen-deficient atmospheres (less than 19.5% oxygen) are considered IDLH.

Negative Pressure Respirator: A tight fitting respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator. Air-purifying respirators and filtering facepieces are examples of negative pressure respirators.

Particulate Filter: A filter designed to capture particles such as dusts, mists, and fumes, and includes filtering facepieces. The three styles are N (Not Oil Resistant), R (Oil Resistant), and P (Oil Proof). They have a capture efficiency of 95%, 99%, or 99.97% at the most penetrating particle size of 0.3 micrometers (microns).

Physician or Other Licensed Health Care Professional (PLHCP): An individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by these regulations. This can include; Physicians, (including Occupational Medicine Physicians), Doctors of Osteopathy, Physician Assistants, Registered Nurses, Nurse Practitioners, and Occupational Health Nurses.

Positive Pressure Respirator: A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator. Supplied Air Respirators and Self-Contained Breathing Apparatus (SCBA) are examples of these.

Powered Air-Purifying Respirator (PAPR): An air-purifying respirator that uses a battery-powered blower to force the ambient air through the filters or cartridges into the respirator inlet. These may have a tight fitting half or full facepiece that requires fit testing prior to use and on an annual basis. They also may be loose fitting (such as with a hood or helmet), which would not require fit testing.

Qualitative Fit Test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative Fit Test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respirator: A device designed to protect the wearer from inhalation of hazardous airborne substances.

Respirator Program Administrator (RPA): A person who is qualified by appropriate training or experience that is commensurate with the complexity of the respiratory protection program and demonstrates knowledge necessary to administer a respiratory protection program. Such training or experience includes, but is not limited to; reading and understanding either the American National Standard for Respiratory Protection Publication (ANSI Z88.2), the U.S. Department of Labor's "Small Entity Compliance Guide for the Revised Respiratory Protection Standard", taken specific course work on developing a respiratory protection program from a college or a respirator manufacturer's authorized representative, or is an American Board of Industrial Hygiene, Certified Industrial Hygienist, (CIH).

Respiratory Inlet Covering: The portion of the respirator that forms the barrier between the user's respiratory tract and the air purifying device or breathing air. It may be a facepiece, helmet, hood, or suit.

Self-Contained Breathing Apparatus (SCBA): A respirator for which the breathing air source is designed to be carried by the user and is independent of the ambient atmosphere.

Supplied Air Respirator (SAR): An atmosphere-supplying respirator for which the source of

breathing air is not designed to be carried by the user. Also called an airline respirator. May be used in combination with an escape bottle of breathing air that can be used if the air supply becomes interrupted.

User Seal Check: An action conducted by the respirator user to determine if the respirator is properly seated to the face.

Appendix 1

Medical Evaluation Questionnaire

The completion of this form, or a form substantially equivalent and acceptable to the DEPARTMENT OF PESTICIDE REGULATION, by each respirator wearing employee; and the review of the completed form by a physician or licensed health care provider, is mandatory for all employees whose work activities require the wearing of respiratory protection.

The medical evaluation questionnaire shall be administered in a manner that ensures that the employee understands and documents its content. The person administering the questionnaire shall offer to read or explain any part of the questionnaire to the employee in a language and manner the employee understands. After giving the employee the questionnaire, the person administering the questionnaire shall ask the following question of the employee: "Can you read and complete this questionnaire?" If the answer is affirmative, the employee shall be allowed to confidentially complete the questionnaire. If the answer is negative, the employer must provide either a copy of the questionnaire in a language understood by the employee or a confidential reader, in the primarily understood language of the employee.

To the employee:

Can you read (circle): Yes/No (*This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of 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, no variance in this format allowed) Every employee who has been selected to use any type of respirator must provide the following information (please print):

1. Today's date: ____/____/____

2. Your name: _____

3. Your age: _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. How can you be reached by the health care professional who reviews this questionnaire?

9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:
(include the area code): ____ - ____ - ____ - ____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
 - b. Half-face respirator (particulate or vapor filtering or both)
 - c. Full-face respirator (particulate or vapor filtering or both)
 - d. Powered air purifying respirator (PAPR)
 - e. Self-contained breathing apparatus (SCBA)
 - f. Supplied air respirator (SAR)
 - g. Other

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

If "yes," what type(s):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self-contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (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?**
- a. Seizures (fits): Yes/No
 - b. Allergic reactions that interfere with your breathing: Yes/No
 - c. Claustrophobia (fear of closed-in places): Yes/No
 - d. Trouble smelling odors: Yes/No/Do not know

e. Diabetes (sugar disease): Yes/No/Do not know

3. *Have you ever had any of the following pulmonary or lung problems?*

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you have been told about: Yes/No

4. *Do you currently have any of the following symptoms of pulmonary or lung illness?*

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. 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?*

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina (pain in chest): Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Irregular heart beat (an arrhythmia): Yes/No/Do not know.
- g. High blood pressure: Yes/No/Do not know
- h. Any other heart problem that you have been told about: Yes/No

6. *Have you ever had any of the following cardiovascular or heart symptoms?*

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- f. 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?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you have used a respirator, have you ever had any of the following problems?

(If you have never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Breathing difficulty: Yes/No
- f. Any other problem that interferes with your use of a respirator: Yes/No

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

Questions 10-15 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering this question is voluntary.

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

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

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

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

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

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

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

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

At the discretion of the PLHCP, if further information is required to ascertain the employee's health status and suitability for wearing respiratory protection, the PLHCP may include and require the questionnaire found in Title 8, California Code of Regulations, section 5144, Appendix C, Part B, Questions 1-19.

Cuestionario de Evaluación Médica Obligado por OSHA
(Administración de Seguridad y Salud Ocupacional)
Parte 29 CFR 1910.134 Obligatorio para la protección del sistema respiratorio

Marque con un círculo para indicar sus respuestas a cada pregunta

Para el empleado: ¿Puede usted leer? (circule uno) Sí No

Su empleador debe dejarlo responder estas preguntas durante horas de trabajo o en el momento y lugar que sea conveniente para usted. Para mantener este cuestionario confidencial, su empleador o supervisor no debe ver ni revisar sus respuestas. Su empleador debe informarle a quién dar o cómo enviar este cuestionario al profesional de salud que lo va a revisar.

Parte A. Sección 1. (Obligatorio). La siguiente información debe ser provista por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (escriba claro por favor).

1. Fecha: _____

2. Nombre: _____

3. Edad: _____

4. Sexo (circule uno) Masculino o Femenino

5. Altura: _____ pies _____ pulgadas

6. Peso: _____ libras

7. Su ocupación, título o tipo de trabajo: _____

8. Número de teléfono donde le puede llamar un profesional de salud con licencia que revisará este cuestionario (incluya el área): _____

9. Indique la hora más conveniente para llamarle a este número: _____

10. ¿Le ha informado su empleador cómo comunicarse con el profesional de salud con licencia que va a revisar este cuestionario (circule una respuesta)? Sí No

11. Anote el tipo de equipo respiratorio que va a utilizar (puede anotar más de una categoría)

a. _____ Respirador desechable de clase N, R o P (por ejemplo: respirador de filtro mecánico, respirador sin cartucho).

b. _____ Otros tipos (respirador de media cara o cara completa, purificador de aire accionado por un motor, máscara con manguera con soplador (PAPR), máscara con manguera sin soplador (SAPR), aparato personal de auto-respiración (SCBA)

12. ¿Ha usado algún tipo de respirador? Sí No

Si ha usado equipo protector respiratorio, qué tipo(s) ha utilizado:

Parte A. Sección 2. (Obligatorio): Las preguntas del 1 al 9 deben ser contestadas por cada empleado que fue seleccionado para usar cualquier tipo de respirador. Marque con un círculo para indicar sus respuestas.

1. ¿Fuma tabaco actualmente, o ha fumado tabaco durante el último mes?	Sí	No
2. ¿Ha tenido algunas de las siguientes condiciones médicas?		
a. Convulsiones	Sí	No
b. Diabetes (azúcar en la sangre)	Sí	No
c. Reacciones alérgicas que no lo dejan respirar	Sí	No
d. Claustrofobia	Sí	No
e. Dificultad para oler excepto cuando ha cogido un resfriado	Sí	No
3. ¿Ha tenido alguno de los siguientes problemas pulmonares?		
a. Asbestosis	Sí	No
b. Asma	Sí	No
c. Bronquitis crónica	Sí	No
d. Enfisema	Sí	No
e. Pulmonía	Sí	No
f. Tuberculosis	Sí	No
g. Silicosis	Sí	No
h. Neumotorax (pulmón colapsado)	Sí	No
i. Cáncer en los pulmones	Sí	No
j. Costillas quebradas	Sí	No
k. Lesión o cirugía en el pecho	Sí	No
l. Algún otro problema de los pulmones que le haya dicho su médico	Sí	No
4. ¿Tiene actualmente alguno de los siguientes síntomas o enfermedades en los pulmones?		
a. Respiración dificultosa	Sí	No
b. Respiración dificultosa cuando camina rápido sobre terreno plano o subiendo una colina	Sí	No
c. Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano	Sí	No
d. Cuando camina normalmente en terreno plano ¿siente que tiene que detenerse para coger aire?	Sí	No
e. Respiración dificultosa cuando se está bañando o vistiendom.	Sí	No
f. Respiración dificultosa que le impide trabajar	Sí	No
g. Tos con flema	Sí	No
h. Tos que lo despierta temprano en la mañana	Sí	No
i. Tos que ocurre mayormente cuando está acostado	Sí	No
j. ¿Ha tosido sangre en el último mes?	Sí	No
k. Respiración dificultosa y con ruido	Sí	No
l. Respiración dificultosa y con ruido que le impide trabajar	Sí	No
m. Dolor en el pecho cuando respira profundamente	Sí	No
n. Otros síntomas que cree usted están relacionados a los pulmones	Sí	No

5. ¿Ha tenido algunos de los siguientes problemas con el corazón?	
a. Ataque cardíaco	Sí No
b. Ataque cerebrovascular	Sí No
c. Angina de pecho	Sí No
d. Insuficiencia cardíaca	Sí No
e. Hinchazón en las piernas o pies (que no sea por caminar)	Sí No
f. Latidos irregulares del corazón	Sí No
g. Presión alta	Sí No
h. Algún otro problema con el corazón	Sí No

6. ¿Ha tenido algunos de los siguientes síntomas cardiacos?	
a. Dolor de pecho frecuente o pecho apretado	Sí No
b. Dolor o pecho apretado durante actividad física	Sí No
c. Dolor o pecho apretado que no lo deja trabajar normalmente	Sí No
d. En los últimos dos años ha notado que su corazón late irregularmente	Sí No
e. Dolor en el pecho o indigestión que no es relacionado a la comida	Sí No
f. Algunos otros síntomas que usted piensa son causados por problemas del corazón o de la circulación	Sí No

7. ¿Está tomando medicinas por alguno de los siguientes problemas?

- a. Problemas pulmonares
- b. Problemas del corazón
- c. Presión alta
- d. Convulsiones

8. Si ud. ha usado un respirador ¿ha tenido alguna vez alguno de los siguientes problemas? (si no ha usado un respirador deje esta pregunta en blanco y continúe con la pregunta 9).

a. Irritación de los ojos	Sí No
b. Alergias del cutis o salpullido	Sí No
c. Ansiedad que ocurre solamente cuando usa el respirador	Sí No
d. Debilidad, falta de vigor o fatiga desacostumbrada	Sí No
e. Algún otro problema que le impida utilizar su respirador	Sí No

9. ¿Le gustaría hablar con el profesional de salud que va a revisar sus respuestas?

Sí No

Las preguntas de la 10 a la 15 deben ser contestadas por los empleados seleccionados para usar un respirador purificador de aire de cara completa con filtros o un aparato personal de auto respiración?

10. ¿Ha perdido la vista en cualquiera de sus ojos (temporalmente o permanente)?

Sí No

11. ¿Actualmente tiene algunos de los siguientes problemas con su vista?

a. Usa lentes de contacto	Sí No
b. Usa lentes	Sí No

- | | | |
|---|----|----|
| c. Daltonismo(dificultad para distinguir colores) | Sí | No |
| d. Algún problema con los ojos o la vista | Sí | No |

12. ¿Se ha hecho alguna vez daño en los oídos, como romperse el tímpano? Sí No

13. ¿Tiene actualmente alguno de los siguientes problemas para oír?

- | | | |
|--|----|----|
| a. Dificultad para oír | Sí | No |
| b. Usa un aparato para oír | Sí | No |
| c. ¿Tiene algún otro problema con los oídos o de audición? | Sí | No |

14. ¿Se ha lesionado alguna vez la espalda?

15. ¿Tiene alguno de los siguientes problemas óseos o musculares?

- | | | |
|--|----|----|
| a. Debilidad en los brazos, manos, piernas o pies | Sí | No |
| b. Dolor de espalda | Sí | No |
| c. Dificultad para mover sus brazos y piernas completamente | Sí | No |
| d. Dolor o rigidez cuando se inclina para adelante o para atrás | Sí | No |
| e. Dificultad para mover la cabeza para arriba o para abajo completamente | Sí | No |
| f. Dificultad para mover la cabeza de lado a lado | Sí | No |
| g. Dificultad para agacharse doblando las rodillas | Sí | No |
| h. Dificultad para agacharse hasta tocar el piso | Sí | No |
| i. Dificultad para subir escaleras cargando más de 25 libras | Sí | No |
| j. Algún problema muscular o con sus huesos que le impida usar un respirador | Sí | No |

Parte B. Las siguientes preguntas pueden ser agregadas al cuestionario a discreción del profesional de salud con licencia del estado.

1. ¿Está trabajando en alturas arriba de 5.000 pies o en sitios que tienen menos oxígeno de lo normal? SíNo

Si la respuesta es “sí”, ¿se ha sentido mareado o ha tenido dificultad para respirar, palpitaciones o cualquier otro síntoma que no tiene cuando no está trabajando en estas condiciones? SíNo

2. ¿En el trabajo o en su casa ha estado expuesto a solventes o contaminantes peligrosos en el aire (como por ejemplo humos, neblina o polvos) o ha entrado su piel en contacto con sustancias químicas peligrosas? SíNo

Escriba las sustancias o productos químicos a los que ha estado expuesto, si sabe cuáles son:

3. ¿Ha trabajado con los siguientes materiales o las condiciones anotadas abajo?

- | | | |
|--|----|----|
| a. Asbesto | Sí | No |
| b. Sílice (limpieza con chorro de arena) | Sí | No |
| c. Tungsteno/cobalto (pulverizado o soldadura) | Sí | No |
| d. Berilio | Sí | No |
| e. Aluminio | Sí | No |
| f. Carbón de piedra (minando) | Sí | No |
| g. Hierro | Sí | No |

- | | |
|--|------|
| h. Estaño | SíNo |
| i. Ambiente polvoriento | SíNo |
| j. Solventes | SíNo |
| k. Algún otra sustancia o material peligroso | SíNo |
- Describe las exposiciones peligrosas
-
-

4. ¿Tiene usted otro trabajo o un negocio aparte de éste?

5. ¿En qué ha trabajado antes?

6. ¿Qué le gusta hacer en su tiempo libre?

7. ¿Hizo servicio militar?

SíNo

Si la respuesta es “sí” ¿ha estado expuesto a agentes químicos o biológicos durante el entrenamiento o combate?

SíNo

8. ¿Alguna vez ha trabajado en un equipo de HAZMAT (equipo de respuesta de emergencia a incidentes de materiales peligrosos)

SíNo

9. ¿Está tomando alguna medicina que no haya mencionado en este cuestionario (tales como remedios caseros o medicinas que compra sin receta médica)?

SíNo

10. ¿Va a usar algunas de las siguientes partes con su respirador?

SíNo

a. Filtros HEPA (filtro de alta eficiencia que remueve partículas tóxicas en la atmósfera)

SíNo

b. Canastillo (por ejemplo, máscara para gas)

SíNo

c. Cartuchos

SíNo

11. ¿Cuántas veces espera usar un respirador?

a. Para salir de peligro solamente (no rescates)

SíNo

b. Rescates de emergencia solamente

SíNo

c. Menos de 5 horas por semana

SíNo

d. Menos de 2 horas por día

SíNo

e. 2 a 4 horas por día

SíNo

f. Más de 4 horas por día

SíNo

12. ¿Durante el tiempo que tiene puesto el respirador su trabajo es...?

a. **Ligero** (menos de 200 kcal por hora) Si la respuesta es “sí”, cuánto tiempo dura la obra _____ horas _____ minutos

SíNo

Ejemplos de trabajos ligeros: estar sentado escribiendo, escribir a máquina, diseñar, trabajar en la línea de montaje, o manejar de pie un taladro o máquinas

b. **Moderado** (200-350 kcal por hora) Si la respuesta es “sí” cuánto tiempo dura en promedio por jornada ___ horas ___ minutos

Ejemplos de trabajo moderado: estar sentado clavando o archivando, manejar un camión o autobús en tráfico pesado, estar de pie taladrando, clavando, trabajando en la línea de montaje o transfiriendo una carga (de 35 libras) a la altura de la cintura; caminar sobre terreno plano a 2 millas por hora o bajar a 3 millas por hora; empujar una carretilla con una carga pesada (de 100 libras) sobre terreno plano.

c. **Pesado** (más de 350 kcal por hora):

Si la respuesta es “sí” cuánto tiempo dura en promedio por jornada ___ horas ___ minutos

Ejemplos de trabajo pesado: levantar cargas pesadas (más de 50 libras) desde el piso hasta la altura de la cintura o los hombros; trabajar cargando o descargando; traspalear; estar de pie trabajando de albañil o partiendo moldes; subir a 2 millas por hora; subir escaleras con una carga pesada (más de 50 libras). Sí No

13. ¿Va a estar usando ropa o equipo de protección cuando use el respirador? Sí No
Si la respuesta es “sí” describa qué va a estar usando

14. ¿Va a estar trabajando en condiciones calurosas? (temperatura de más de 77 grados F)? Sí No

15. ¿Va a estar trabajando en condiciones húmedas? Sí No

16. Describa el tipo de trabajo que va a estar haciendo cuando use el respirador

17. Describa cualquier situación especial o peligrosa que pueda encontrar cuando esté usando el respirador (por ejemplo, espacios encerrados, gases que lo pueden matar, etc.)

18. Provea la siguiente información, si la sabe, por cada sustancia tóxica a la que vaya a estar expuesto cuando esté usando el respirador (o respiradores):

Nombre de la primera sustancia tóxica _____

Máximo nivel de exposición por jornada de trabajo _____

Tiempo de exposición por jornada _____

Nombre de la segunda sustancia tóxica _____

Máximo nivel de exposición por jornada de trabajo _____

Tiempo de exposición por jornada _____

Nombre de la tercera sustancia tóxica _____

Máximo nivel de exposición por jornada de trabajo _____

Tiempo de exposición por jornada _____

Nombre de cualquier sustancia tóxica a la que vaya a estar expuesto cuando tenga puesto el respirador _____

19. Describa alguna responsabilidad especial que vaya a tener cuando tenga puesto el respirador (o respiradores) que pueda afectar la seguridad o la vida de otros (por ejemplo, rescate, seguridad).

Medical Recommendation Form

On _____,
(Date)

I evaluated _____.
(Patient's name)

At this time there (are)/(are not) medical contraindications to the employee named above wearing a respirator while working in potential pesticide exposure environments. The patient (does)/(does not) require further medical evaluation at this time. Any restrictions to wearing a respirator or to the type of respiratory protection are given below.

I have provided the above-named patient with a copy of this form.

Physician signature

Date

Respirator Fit Test Record

ID Number: _____ Date of Test: _____

Employee Last Name: _____

Employee First Name: _____

Age: _____ Sex: _____

Trainer: _____

Respirator Name: _____ Size/Type: _____

Tests Used: _____

(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)

Voluntary Respirator Use Posting [Subsection (r) posting]

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Air filtering respirators **DO NOT SUPPLY OXYGEN**. Do not use in situations where the oxygen levels are questionable or unknown.