

Respiratory Protection Program

I. Scope

The purpose of this program is to establish the necessary requirements and responsibilities to protect employees from possible exposure to hazards through inhalation.

The California Code of Regulations, Title 8, Section 5144 mandates that a written standard operating procedure governing the selection and use of respirators be established by every employer whose employees are required to use respirators in the course of conducting their work.

This program will be modified as required due to changes in operations, procedures, chemical usage, or as applicable laws mandate.

This program shall be implemented and enforced when it is clearly impractical to control harmful dusts, fumes, gases, mists, or vapors at their source by engineering or administrative means or when emergency protection is needed. Voluntary use of respiratory protective equipment is also subject to this program (see Appendix B).

This program does not cover the use of respiratory protection for atmospheres immediately dangerous to life or health as defined by Section 5144(b).

This program does not apply to those employees whose only use of respirators involves the voluntary use of filtering face pieces (dust masks).

II. Responsibility

(Insert name/position) is designated as the program administrator.

Administrative responsibilities include:

1. Identify areas requiring the use of respiratory protective equipment.
2. Assure all personnel receives adequate training and are fit tested to their respirators.
3. Assure that all equipment within the work group is properly used, serviced, and maintained.
4. Assure all employees who are required (or may be required) to wear respiratory protective equipment have been medically evaluated and found to be physically capable to use required equipment.
5. Provide proper respiratory protection at no cost to the employee.
6. Implement all feasible administrative and engineering controls to reduce the exposure level as much as possible.

Employee responsibilities include:

1. Using the respiratory equipment in accordance with established procedures.
2. Maintaining the respirator clean, in good condition, and properly stored.
3. Reporting any equipment malfunction.
4. Assuring adequate respiratory fit is achieved each time the respirator is worn.
5. Reporting any changes in physical well-being.

III. Hazard Assessment

Assessments in each work area are necessary to identify materials that may be an inhalation hazard.

Monitoring may be done to document and calculate the exposure of these operations. Results of the monitoring are usually expressed numerically in terms of an eight-hour time weighted average (TWA) and/or a ceiling or peak concentration.

The Program Administrator shall also consult employees who use respirators to assess their views on the effectiveness of the program and to identify problems.

IV. Hazard Control

Regulations require prevention of worker exposure to harmful levels of airborne contaminants by implementing the following controls:

Engineering Controls - This type of control includes: substitution of a less toxic substance, isolation, encapsulation or enclosure of the process, and/or ventilation.

Administrative Controls - This type of control may involve limiting the time an employee is exposed by limiting the time performing the task.

Engineering and administrative controls shall be implemented to reduce exposure whenever feasible.

Respiratory protection will be used to control an employee's exposure only when engineering controls are being installed or implemented or when engineering or administrative controls fail to adequately control the employee's exposure.

V. Operating Procedures

Each employee who uses respiratory protection will follow these operating procedures. The procedures include provisions for selection, instruction and training, cleaning, inspection and maintenance.

Selection and Issuance

All respiratory protective equipment shall be approved by MSHA and NIOSH. The correct respirator shall be assigned for each specific job to ensure adequate protection. Supervisors shall ensure that personnel use the correct respirator on each job. Volunteer use of respiratory equipment is also subject to this program. Respiratory protection is based on the specific airborne contaminants for which the employee may be exposed, and the exposure levels. Specific contaminants, respirator selections, and cartridge change schedules are listed in Appendix A.

Respirators that are individually assigned should be marked to indicate to whom it is assigned. The mark must not affect the respirator performance in any way. The date of issuance will also be recorded

Training and Education

Employees who are required to wear respiratory protective equipment will receive training. Training will be structured and documented under the direction of the Program Administrator.

The training shall be repeated annually to ensure employees have the proper understanding regarding respiratory protection and to ensure they can demonstrate knowledge and skills specific to the hazards and uses of respirators.

The training shall include:

1. An explanation of respiratory hazards and exposure.
2. Discussion of why respiratory protection is needed.
3. Discussion of the function, capabilities, and limitation for the equipment.
4. Discussion of the proper care and maintenance of equipment.
5. Explanation of the effects of personal factors such as eye wear, facial hair, and physical capabilities.
6. Explanation of medical limitations.
7. Explanation and documentation of required fit testing.
8. Discussion of emergency use situations.
9. Any other applicable information.

Fit Checks/Testing

Fit checks/testing are essential to ensure that a respirator forms a good seal with the wearer's face. This prevents contaminants from leaking into the mask.

When the employee is issued a respirator, he/she will be able to try on a variety of sizes to find one with a comfortable fit. Several tests are then performed to determine proper fit.

Employees shall be provided the opportunity to wear the respirator in normal air for an adequate familiarity period. The following fit checks shall be conducted each time a tight fitting respirator is used.

Negative pressure check: The wearer closes off the respirator inlet (cartridges) and inhales. A vacuum and partial inward collapse of the mask should result. If a vacuum cannot be maintained for at least 10 seconds, readjust the mask and try again.

Positive pressure check: The wearer closes off the exhalation valve and breathes out gently. Air will escape through any gaps in the seal. The wearer should be careful not to exhale too strongly so as not to force leakage.

Fit testing with a test atmosphere will also be conducted by introducing a test substance (isoamyl acetate and/or irritant smoke) around the seal of the mask. If the wearer detects a smell or irritation, he/she should readjust the mask and try again. It may be necessary to try several different sizes or makes of respirators in order to find one that fits properly. Employees will wear the equipment in a test atmosphere such as generated by smoke to ensure adequate fit. This type of fit test will be conducted annually.

Quantitative fit tests provide a numerical measurement of respirator performance and require the use of technical equipment and trained personnel. This type of testing will not be performed by this facility.

There are several factors that may interfere with the fit of a mask. They include:

1. Corrective eye wear (glasses) may cause leakage where the mask seal passes over the temple bar. Employees who are assigned respiratory protective equipment and require prescription glasses may require special equipment to accommodate the glasses (i.e., glass inserts).
2. Facial features - Normal variations in size and shape may affect the ability of the mask to seal properly.
3. Facial hair - Facial hair in the respirator seal area will reduce the ability of the mask to obtain a proper seal. No facial hair will be allowed along the seal areas of the mask.

Fit testing will be administered and documented as part of the respiratory protection training.

Inspection and Maintenance

All respirators shall be inspected routinely. This includes inspection before and after each use. If any problem is detected during the inspection, which would violate protection, the respirator will not be worn until the problem is corrected. Needed repairs and problems will be reported immediately to the supervisor.

1. The tightness of connections and the condition of face pieces, head bands, valves, connecting tubes, and canisters shall be inspected before use.

2. Masks shall be cleaned and disinfected after each use.
3. Respirator filters shall be replaced when the user notices an increased resistance in inhaling or as the odor or taste of the contaminant is noticed by the user. If in doubt, the filters shall be changed.
4. All equipment will be MSHA/NIOSH approved and certified. Equipment without this approval will not be used. All replacement parts must also have the approval. Respirators are approved as a system. Cartridges, canisters, filters, valves, etc. cannot be interchanged between different manufacturers or between different respirator models unless specifically approved.
5. Respirators and cartridges must be approved for the hazardous atmosphere for which the worker will be exposed.
6. Repair shall be conducted by a qualified person.

All required inspections and maintenance procedures for respiratory equipment will be the responsibility of each employee for whom the equipment is assigned. The program administrator will be responsible for ordering parts and ensuring that mandatory inspections and maintenance is documented.

Sanitation and Storage

After removing filters and straps, the respirator shall be washed in a mild soap solution or immersed in a sanitary solution recommended by the manufacturer for at least two minutes. The respirator should be air dried. Prepackage respirator wipes may be used for maintaining freshness between cleanings.

Respiratory equipment shall not be passed on from one person to another until it has been cleaned and sanitized.

Respirators will be stored to protect against dust, sunlight, extreme temperatures, excessive moisture, or damaging chemicals when not in use.

VI. Medical Surveillance

Employees who are required to wear respiratory protection shall have a medical evaluation from a physician and shall complete the Respirator Medical Evaluation Questionnaire (Appendix D). This requirement shall also apply to the voluntary use of respirators. The physician shall provide a written statement that indicates the employee's physical ability to safely wear respiratory protective equipment. Medical evaluations conducted by a licensed physician shall be required initially and pursuant to the following:

1. An employee reports medical signs or symptoms that are related to ability to use a respirator.
2. A physician or other licensed health care professional, supervisor, or the respirator Program Administrator informs the employer that an employee needs to be reevaluated.

3. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
4. A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

If changes in an employee's medical status have occurred, the physician may recommend further evaluation or restrict respirator use.

There are several medical conditions that could possibly interfere with respirator usage. The PLHCP shall determine what health and physical conditions are pertinent.

VII. Program Surveillance and Evaluation

Appropriate and ongoing surveillance of all work areas is critical in assessing the adequacy of the program and employee protection.

Items to consider when evaluating the program include: increases in exposure concentration, the introduction of other toxic substances, or other conditions that increase the degree of employee exposure.

The program effectiveness shall be evaluated by regular inspection of the work areas and through review by management at least annually. This written program shall be updated as any new information arises or as soon as conditions warrant such revision.

VIII. Recordkeeping

The following records are to be maintained by the Program Administrator:

1. The qualitative fit test.
2. Date of employee training, description of agenda, and roster of employees trained.
3. Respirator Assignment Record. (Appendix C)
4. Documentation of injuries involving the use of respirators.

Appendix A

Selection and Use of Respirators

Identification of Contaminants Exposure Levels

The district has assessed the work environment to identify materials or processes that may pose an inhalation hazard.

The following contaminants have been identified that may require respiratory protection:

<u>Contaminant</u>	<u>Anticipated Exposure Level</u>
1. Asbestos (particulate)	below PEL of .1 f/cc
2. Lead (particulate)	below PEL of 50 mg/m ³
3.	below PEL of

Selection of Respirators For Protection Against Particulates

The district shall supply air-purifying respirators equipped with a high efficiency particulate air (HEPA) (P100) filter certified for such use by NIOSH. Cartridges shall be changed when the user notices a resistance in breathing.

For protection against gases and/or vapors the district shall: supply an air-purifying respirator that is equipped with an end-of-service-life indicator (ESLI) certified by NIOSH, or implement the cartridge change schedule recommended by the manufacturer.

Employees will be provided powered air purifying respirators (PAPRs) when exposures warrant such protection or when employees are unable to wear a negative pressure respirator for physical or medical reasons.

Appendix B

Information for Voluntary Use of Respirators

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 limit 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 heed 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 designed 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.

Note: Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code. Appendix D to Section 5144 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard.

Employee Signature

Date

Appendix C

Employee Respirator Assignment Record

1. Employee Name: _____
2. Job Title: _____
3. Type of Respirator Assigned: _____
4. Conditions of Respirator Use: Respiratory Protection is required under the conditions specified in the Injury and Illness Prevention Program, Respiratory Protection Program, and as directed by the Program Administrator.
5. Estimated frequency of cartridge or filtering face piece replacement:
 - a. Filtering face pieces or dust masks shall be discarded at the end of the work shift or when contaminated beyond use, whichever is sooner.
 - b. Cartridges shall be replaced when the maximum use time is reached, at the end of each shift, or when breakthrough is detected, whichever is sooner.
 - c. If the cartridge or filter integrity is in question, then replace the cartridges and/or filters prior to use.
6. This employee is physically able to wear a negative or positive pressure respirator as determined by a Physician or Licensed Health Care Professional. Information regarding employee medical fitness to use a respirator are kept with the employees medical records.
7. Employee informed of hazards: _____
8. Employee trained in emergency procedures: _____
9. Employee trained in respirator selection, limitation, and use: _____
10. Employee fitted - qualitative test date: _____
11. Respirator Manufacturer and Model Number: _____
12. Respirator Manufacturer and Model Number: _____
13. Respirator Manufacturer and Model Number: _____
14. Employee's Signature: _____ Date _____
15. Program Administrator's Signature: _____ Date _____

APPENDIX D
RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE
(See Attached Form)

Respiratory Medical Evaluation Questionnaire

Supervisor: Please complete Section 1 prior to distributing to the employee. Include a return envelope for employee to submit the form to the Licensed Health Care Professional (LHCP).

Employee: Please complete. To maintain confidentiality, please return the completed questionnaire in the envelope provided.

Section 1 - Supervisor:

- This section **MUST** be completed prior to distributing this form to the employee.
- Please provide the employee with the name and phone number of the Occupational Physician or LHCP responsible for reviewing this questionnaire.
- To maintain confidentiality, please include a return envelope for employee to submit the form to LHCP.

Occupational Physician:

Phone No.:

1. Information on respirator to be worn by employee:

Type	Weight	Duration	Frequency of Use
1. Negative Pressure Air Purifying	_____	_____	_____
2. Positive Pressure Air Purifying	_____	_____	_____
3. _____ Other	_____	_____	_____

2. Expected physical work effort:

- Light effort (i.e., walking, inspecting)
- Moderate effort (i.e., manual labor, include tool use and lifting less than 25 lbs.)
- Heavy effort (i.e., fire fighting, ladder climbing, emergency response duties, and lifting more than 25 lbs.)

3. Additional Protective Clothing and Equipment to be worn _____

4. Temperature and humidity extremes that may be encountered:

- Extreme Cold (below 30°F)
- Dryness
- Humidity (above 90%)
- Extreme Heat (above 100°F)
- Wetness
- Other _____

Section 2 - Employee

Per OSHA Respirator Standards, if you have been selected to wear a respirator then you **MUST answer the following questions. To maintain confidentiality, please return the completed questionnaire in the envelope.**

Can you read? Yes No

Last Name:	Middle Initial:	First Name:	Birth Date (MM-DD-YYYY):	Male <input type="checkbox"/>	Social Security No.:
				Female <input type="checkbox"/>	

Job Title:	Work Location:
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Home Address:	City/State/Zip:	Date (MM-DD-YYYY):
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Height (ft. in.):	Weight (lbs):	Work Phone No.:	Best Time to Reach You at This No.:
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1. Has your employer told you how to contact the health professional who will review this Questionnaire? Yes No
- b) Have you worn a respirator? Yes No
- c) Have you worn a respirator during fit testing Yes No

If "Yes", what type(s) _____ (e.g., half face or full-piece, supplied air)

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had any of the following conditions: | | |
| a) Seizures (fits) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Diabetes (sugar disease) | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Allergic reactions that interfere with breathing | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Claustrophobia (fear of closed-in places) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Trouble smelling odors | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had any of the following pulmonary or lung problems: | | |
| a) Asbestosis | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Chronic Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Emphysema | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Silicosis | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Pneumothorax (collapsed lung) | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Lung cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Broken ribs | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Any chest injuries or surgeries | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Any other lung problem that you've been told about | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you currently have any of the following symptoms of pulmonary or lung illness: | | |
| a) Shortness of breath | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Shortness of breath when walking fast on level ground or walking up a slight hill or incline | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Shortness of breath when walking with other people at an ordinary pace on level ground | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Have to stop for breath when walking at your own pace on level ground | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Shortness of breath when walking or dressing yourself | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Shortness of breath that interferes with your job | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Coughing that produces phlegm (thick sputum) | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Coughing that wakes you early in the morning | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Coughing that occurs mostly when you are lying down | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Coughing up blood in the last month | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Wheezing | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Wheezing that interferes with your job | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Chest pain when you breath deeply | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Any other symptoms that you think maybe related to lung problems | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 5. Have you ever had any of the following cardiovascular or heart problems | | |
| a) Heart Attack | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Stoke | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Angina | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Heart Failure | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Swelling in your legs or feet (not caused by walking) | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Heart arrhythmia (heart beating irregularly) | <input type="checkbox"/> | <input type="checkbox"/> |
| g) High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Any other heart problem you've been told about | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any of the following cardiovascular or heart symptoms: | | |
| a. Frequent pain or tightness in your chest | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or tightness in your chest during physical activity | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pain or tightness in your chest interferes with you job | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past two years, have you noticed your heart stopping or missing a beat | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heartburn or indigestion that is not related to eating | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any other symptoms that you think may be related to heart or circulation problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you currently take medication for any of the following problems: | | |
| a) Breathing or lung problems | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Heart trouble | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Seizure (fits) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Skin allergies or rashes | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Anxiety | <input type="checkbox"/> | <input type="checkbox"/> |
| d) General weakness or fatigue | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Any other problem that interferes with your use of a respirator | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are selected to wear a FULL FACEPIECE RESPIRATOR or SELF CONTAINED BREATHING APPARATUS (SCBA), please answer these additional questions.

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 10. Have you ever lost vision in either eye (temporarily or permanently) | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you currently have any of the following vision problems: | | |
| a) Wear contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Wear glasses | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Color blind | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Any other eye or vision problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever had an injury to your ears, including a broken ear drum? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you currently have any of the following hearing problems: | | |
| a) Difficulty hearing | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Wear a hearing aid | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Any other hearing or ear problem | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever had a back injury? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 15. Do you currently have any of the following musculoskeletal problems: | | |
| a) Weakness in any of your arms, hands, legs or feet | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Back pain | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Difficulty fully moving your arms and legs | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Pain or stiffness when you lean forward or backward at the waist | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Difficulty fully moving your head up or down | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Difficulty fully moving your head side to side | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Difficulty bending at your knees | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Difficulty squatting to the ground | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Climbing a flight of stairs or ladder carrying more than 25lbs | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Any other muscle or skeletal problem that interferes | <input type="checkbox"/> | <input type="checkbox"/> |

Section 3 - Licensed Health Care Professional:

- Exam Required
 Cleared for Respirator Use
 Not Cleared for Respirator Use
 Personal Egress/Self Evacuation Only

Comments _____

Signature of LHCP: _____