Apex Building Company, LLC
Respiratory Protection Program

(888) 581-1783
info@apexbuildingco.com

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RESPIRATORY PROTECTION PROGRAM

1.0 INTRODUCTION

It is the policy of APEX Building Company LLC is to provide employees with a safe and healthful working environment. This is accomplished by utilizing facilities and equipment that have all feasible safeguards incorporated into their design. When effective engineering controls are not feasible, or when they are being initiated, protection shall be used to ensure personnel protection.

This program does not apply to contractors as they are responsible for providing their own respiratory protection programs and respiratory protective equipment.

2.0 RESPONSIBILITIES

2.1 Safety Coordinator

Safety Coordinator is responsible for establishing and maintaining a respiratory protection program consistent with the goal of protecting APEX personnel. Safety Coordinator will implement a Respiratory Protection Program which is designed and organized to ensure respirators are properly selected, used, and maintained by APEX personnel, and to meet federal regulatory standards (29 CFR 1910.134) and industry accepted standards (ANSI).

Safety Coordinator is also responsible for evaluating those tasks for which respiratory protection is thought to be necessary, determine the degree of hazard posed by the potential exposure, determine whether engineering or administrative controls are feasible, and will specify which respiratory protection device is to be used at each task. In addition, Safety Coordinator will train personnel in the selection and use of respiratory protective devices, conduct qualitative and quantitative fit testing, and issue necessary protective devices.

2.2 APEX Building Company LLC, Safety Coordinator

The APEX Safety Coordinator is charged with establishing medical evaluation and surveillance procedures and reviewing the health status of all personnel who may be required to wear respiratory protective equipment in the completion of their assigned tasks.

2.3 Supervisor

Supervisors will ensure each employee under his or her supervision using a respirator has received appropriate training in its use and an annual medical evaluation. Supervisors will ensure the availability of appropriate respirators and accessories, provide adequate storage facilities, and encourage proper respirator equipment maintenance. Supervisors must be aware of tasks requiring the use of respiratory protection, and ensure all employees engaged in such work use the appropriate respirators at all times.

2.4 Respirator Wearers

It is the responsibility of each respirator wearer to wear his/her respirator when and where required and in the manner in which they were trained. Respirator wearers must report any malfunctions of the respirator to his/her supervisor immediately. The respirator wearer must also guard against mechanical damage to the respirator, clean the respirator as instructed, and store the respirator in a clean, sanitary location.

2.5 Others

Personnel, such as employees, inspectors, and visitors, who must enter an area where the use of respiratory protective equipment is required, even when their stay time in the area may be 15 minutes or less, shall be provided with and use appropriate equipment, including instructions regarding use and limitations. Personnel shall be fit tested and medically qualified to wear the respirator being issued prior to entry to the site.

Contractors are required to develop and implement a respiratory protection program for their employees who must enter into or work in areas where exposure to hazardous materials can not be controlled or avoided. This program must meet OSHA regulations and include issuance of respirators, medical evaluations, fit testing and training.

3.0 MEDICAL EVALUATION

The APEX Safety Coordinator, initially, and periodically thereafter, makes a determination as to whether or not an employee can wear the required respirator without physical or psychological risk. Based on the overall health of the individual and special medical tests (pulmonary function studies, EKG, etc.) as appropriate, the examining physician determines whether or not the individual will be restricted from wearing respiratory protective equipment. If a medical restriction is applied, the employee, his/her supervisor, and APEX Building Company LLC are formally notified of the restriction.

Specific medical tests and procedures will be determined by the Recommended Physician and will be in accordance with OSHA medical surveillance requirements and/or NIOSH recommendations.

4.0 SELECTION AND USE OF RESPIRATORY PROTECTIVE DEVICES

4.1 Respirator Use

Respiratory protection is authorized and issued for the following personnel:

1. Workers in areas known to have contaminant levels requiring the use of respiratory protection or in which contaminant levels requiring the use of respiratory protection may be created without warning (e.g., emergency purposes such as hazardous material spill responses).
2. Workers performing operations documented to be health hazardous and those unavoidably required to be in the immediate vicinity where similar levels of contaminants are generated.
3. Workers in suspect areas or performing operations suspected of being health hazardous but for which adequate sampling data has not been obtained.

4.2 Respirator Selection

Selection of the proper respirator(s) to be used in any work area or operation at CDC is made only after a determination has been made as to the real and/or potential exposure of employees to harmful concentrations of contaminants in the workplace atmosphere. This evaluation will be performed prior to the start of any routine or non-routine tasks requiring respirators. Respiratory protective devices will be selected by APEX Building Company LLC, using ANSI Z88.2, NIOSH Certified Equipment List, and/or the NIOSH Respirator Selection Decision Logic as a guide. The following items will be considered in the selection of respirators:

- Effectiveness of the device against the substance of concern;
- Estimated maximum concentration of the substance in the work area;
- General environment (open shop or confined space, etc.);
- Known limitations of the respiratory protective device;
- Comfort, fit, and worker acceptance; and
- Other contaminants in the environment or potential for oxygen deficiency.

Supervisors shall contact Safety Coordinator (901-414-2739) prior to non-routine work which may expose workers to hazardous substances or oxygen deficient atmospheres. Examples of work which may require the use of respirators includes, but are not limited to:

- Asbestos abatement activities

- Abrasive blasting
- Cutting or melting lead or stripping lead-based paints from surfaces
- Welding or burning
- Painting, especially with epoxy or organic solvent coatings
- Using solvents, thinners, or degreasers
- Any work which generates large amounts of dust
- Working in a confined space
- Using formaldehyde to decontaminate a space
- Polyisocyanurate (also referred to as PIR, polyiso, or ISO)
- Methylene diphenyl diisocyanate (MDI)

A review of the real and/or potential exposures is made at least annually to determine if respiratory protection continues to be required, and if so, do the previously chosen respirators still provide adequate protection.

4.3 Types of Respirators

1. **Air-Purifying Respirator**
   These respirators remove air contaminants by filtering, absorbing, adsorbing, or chemical reaction with the contaminants as they pass through the respirator canister or cartridge. This respirator is to be used only where adequate oxygen (19.5 to 23.5 percent by volume) is available. Air-purifying respirators can be classified as follows:

   A. Particulate removing respirators, which filter out dusts, fibers, fumes and mists. These respirators may be single-use disposable respirators or respirators with replaceable filters.

      NOTE:Surgical masks do not provide protection against air contaminants. They are never to be used in place of an air-purifying respirator. They are for medical use only.

   B. Gas- and vapor-removing respirators, which remove specific individual contaminants or a combination of contaminants by absorption, adsorption or by chemical reaction. Gas masks and chemical-cartridge respirators are examples of gas- and vapor-removing respirators.
   C. Combination particulate/gas- and vapor-removing respirators, which combine the respirator characteristics of both kinds of air-purifying respirators.

2. **Supplied-Air Respirators**
   These respirators provide breathing air independent of the environment. Such respirators are to be used when the contaminant has insufficient odor, taste or irritating warning properties, or when the contaminant is of such high concentration or toxicity that an air-purifying respirator is inadequate. Supplied- air respirators, also called air-line respirators, are classified as follows:

   A. Demand
   This respirator supplies air to the user on demand (inhalation) which creates a negative pressure within the facepiece. Leakage into the facepiece may occur if there is a poor seal between the respirator and the user's face.

   B. Pressure-Demand
   This respirator maintains a continuous positive pressure within the facepiece, thus preventing leakage into the facepiece.

   C. Continuous Flow
   This respirator maintains a continuous flow of air through the facepiece and prevents leakage into the facepiece.

   D. Self-Contained Breathing Apparatus (SCBA)
   This type of respirator allows the user complete independence from a fixed source of air and offers the greatest degree of protection but is also the most complex. Training and practice in its use and maintenance is essential. This type of device will be used in emergency situations only.

4.4 Identification of Respirator Cartridges and Gas Mask Canisters

Respirator cartridges and canisters are designed to protect against individual or a combination of potentially hazardous atmospheric contaminants, and are specifically labeled and color coded to indicate the type and nature of protection they provide.

The NIOSH approval label on the respirator will also specify the maximum concentration of contaminant(s) for which the cartridge or canister is approved. For example, a label may read:

"DO NOT WEAR IN ATMOSPHERES IMMEDIATELY DANGEROUS TO LIFE. MUST BE USED IN AREAS CONTAINING AT LEAST 20 PERCENT OXYGEN. DO NOT WEAR IN ATMOSPHERES CONTAINING MORE THAN ONE-TENTH PERCENT ORGANIC VAPORS BY VOLUME. REFER TO COMPLETE LABEL ON RESPIRATOR OR CARTRIDGE CONTAINER FOR ASSEMBLY, MAINTENANCE, AND USE."

4.5 Warning Signs of Respirator Failure

1. Particulate Air-Purifying
   When breathing difficulty is encountered with a filter respirator (due to partial clogging with increased resistance), the filter(s) must be replaced. Disposable filter respirators must be discarded.

2. Gas or Vapor Air-Purifying
   If, when using a gas or vapor respirator (chemical cartridge or canister), any of the warning properties (e.g., odor, taste, eye irritation, or respiratory irritation) occur, promptly leave the area and check the following:

   - Proper face seal
   - Damaged or missing respirator parts
   - Saturated or inappropriate cartridge or canister

   If no discrepancies are observed, replace the cartridge or canister. If any of the warning properties appear again, the concentration of the contaminants may have exceeded the cartridge or canister design specification. When this occurs an airline respirator or SCBA is required.

3. Service Life of Air-Purifying Respirator Canisters and Cartridges
   The canisters or cartridges of air-purifying respirators are intended to be used until filter resistance precludes further use, or the chemical sorbent is expended as signified by a specific warning property, e.g., odor, taste, etc. New canisters, cartridges or filters shall always be provided when a respirator is reissued. When in doubt about the previous use of the respirator, obtain a replacement canister or cartridge.

4. Supplied Air Respirator
   When using an airlines respirator, leave the area immediately when the compressor failure alarm is activated or if an air pressure drop is sensed. When using an SCBA leave the area as soon as the air pressure alarm is activated.

5.0 RESPIRATOR TRAINING

Respirator users and their supervisors will receive training on the contents of the APEX Respiratory Protection Program and their responsibilities under it. They will be trained on the proper selection and use, as well as the limitations of the respirator. Training also covers how to ensure a proper fit before use and how to determine when a respirator is no longer providing the protection intended.

Safety Coordinator provides training of respirator wearers in the use, maintenance, capabilities, and limitations of respirators is initially upon assignment of personnel to tasks requiring the use of respirators. Retraining is given annually thereafter and only upon successful completion of the medical evaluation.

The training program will include the following:

1. Nature and degree of respiratory hazard
2. Respirator selection, based on the hazard and respirator capabilities and limitations
3. Donning procedures and fit tests including hand's-on practice

4. Care of the respirator, e.g., need for cleaning, maintenance, storage, and/or replacement
5. Use and limitations of respirator

Respirator training will be properly documented (Appendix A) and will include the type and model of respirator for which the individual has been trained and fit-tested.

6.0 RESPIRATOR FIT TESTING

A fit test shall be used to determine the ability of each individual respirator wearer to obtain a satisfactory fit with any air-purifying respirator. Both quantitative and qualitative fit tests will be performed. Personnel must successfully pass the fit test before being issued an air-purifying respirator.

No APEX employee is permitted to wear a negative-pressure respirator in a work situation until he or she has demonstrated that an acceptable fit can be obtained. Respirator fitting is conducted initially upon assignment to a task requiring use of a respirator. Refitting is conducted annually thereafter upon successful completion of the respirator training.

Fit testing will be conducted by APEX Building Company LLC and the test results will be the determining factor in selecting the type, model, and size of negative-pressure respirator for use by each individual respirator wearer.

6.1 Fit Checking

Each time a respirator is donned, the user will perform positive and negative pressure fit checks. These checks are not a substitute for fit testing. Respirator users must be properly trained in the performance of these checks and understand their limitations.

1. **Negative Pressure Check**
   Applicability/Limitations:This test cannot be carried out on all respirators; however, it can be used on facepieces of air purifying respirators equipped with tight-fitting respirator inlet covers and on atmosphere supplying respirators equipped with breathing tubes which can be squeezed or blocked at the inlet to prevent the passage of air.

   Procedure:Close off the inlet opening of the respirator's canister(s), cartridge(s), or filter(s) with the palm of the hand, or squeeze the breathing air tube or block its inlet so that it will not allow the passage of air. Inhale gently and hold for at least 10 seconds. If the facepiece collapses slightly and no inward leakage of air into the facepiece is detected, it can be reasonably assumed that the respirator has been properly positioned and the exhalation valve and facepiece are not leaking.

2. **Positive Pressure Check**
   Applicability/Limitations:This test cannot be carried out on all respirators; however, respirators equipped with exhalation valves can be tested.

   Procedure:Close off the exhalation valve or the breathing tube with the palm of the hand. Exhale gently. If the respirator has been properly positioned, a slight positive pressure will build up inside the facepiece without detection of any outward air leak between the sealing surface of the facepiece and the face.

6.2 Qualitative Fit Testing

Federal regulations (29 CFR 1910.1001) require qualitative fit tests of respirators and describe step-by-step procedures. This test checks the subject's response to a chemical introduced outside the respirator facepiece. This response is either voluntary or involuntary depending on the chemical used. Several methods may be used. The two most common are the irritant smoke test, and the odorous vapor test.

1. **Irritant Smoke**
   The irritant smoke test is an involuntary response test. Air purifying respirators must be equipped with a high efficiency particulate air (HEPA) filter for this test. An irritant smoke, usually either stannic chloride or titanium tetrachloride, is directed from a smoke tube toward the respirator. If the test

subject does not respond to the irritant smoke, a satisfactory fit is assumed to be achieved. Any response to the smoke indicates an unsatisfactory fit.

The irritant smoke is an irritant to the eyes, skin, and mucous membranes. It should not be introduced directly onto the skin. The test subject must keep his or her eyes closed during the testing if a full facepiece mask is not used.

2. Odorous Vapor
   The odorous vapor test is a voluntary response test. It relies on the subject's ability to detect an odorous chemical while wearing the respirator. Air purifying respirators must be equipped with an organic cartridge or canister for this test. Isoamyl acetate (banana oil) is the usual test. An isoamyl acetate-saturated gauze pad is placed near the facepiece-to-face seal of the respirator of the test subject's skin. If the test subject is unable to smell the chemical, than a satisfactory fit is assumed to be achieved. If the subject smells the chemical, the fit is unsatisfactory.

   If the subject cannot smell the chemical, the respirator will be momentarily pulled away from the subject's face. If the subject is then able to smell the chemical, a satisfactory fit is assumed. If the subject cannot smell the chemical with the respirator pulled away from the face, this test is inappropriate for this subject, and a different test will be used.

   This test is limited by the wide variation of odor thresholds among individuals and the possibility of olfactory fatigue. Since it is a voluntary response test it depends upon an honest response.

6.3 Quantitative Fit Testing

Quantitative fit testing, using the Portacount Plus fit test system, is generally performed on both full-face and half-face negative pressure respirators. Fit factors are determined by comparing the particle concentration outside the respirator with the concentration inside the respirator facepiece. An acceptable fit is achieved when the respirator wearer successfully completes a series of six programmed exercises (normal breathing, deep breathing, moving head up and down, moving head side to side, reading, and normal breathing) with a fit factor of 100 or more.

6.4 Special Problems

1. Facial Hair
   No attempt is made to fit a respirator on an employee who has facial hair which comes between the sealing periphery of the facepiece and the face, or if facial hair interferes with normal functioning of the exhalation valve of the respirator.

2. Glasses and Eye/Face Protective Devices
   Proper fitting of a respiratory protective device face piece for individuals wearing corrective eyeglasses or goggles, may not be established if temple bars or straps extend through the sealing edge of the face piece. If eyeglasses, goggles, face shield or welding helmet must be worn with a respirator, they must be worn so as not to adversely affect the seal of the face piece. If a full-face piece respirator is used, special prescription glasses inserts are available if needed.

6.5 Respirator User Cards

Respirator User Cards will be issued by Safety Coordinator to workers who have been trained, fitted, and medically evaluated to use respirators. A Respirator User Card will include:

1. Name and identification number of the worker.
2. The statement: " (name) has been trained, fitted and medically evaluated to use the respirator(s) indicated."
3. The type(s), model(s), and size(s) of respirator(s) that the cardholder was issued.
4. Expiration date of card.

6.6 Record-keeping

Respirator fit-testing shall be documented and shall include the type of respirator, brand name and model, method of test and test results, test date and the name of the tester (See Appendix B).

7.0 MAINTENANCE AND ISSUANCE OF RESPIRATORS

7.1 Maintenance

The maintenance of respiratory protective devices involves a thorough visual inspection for cleanliness and defects (i.e., cracking rubber, deterioration of straps, defective exhalation and inhalation valves, broken or cracked lenses, etc.). Worn or deteriorated parts will be replaced prior to reissue. No respirator with a known defect is reissued for use. No attempt is made to replace components, make adjustments or make repairs on any respirator beyond those recommended by the manufacturer. Under no circumstances will parts be substituted as such substitutions will invalidate the approval of the respirator. Any repair to reducing or admission valves, regulators, or alarms will be conducted by either the manufacturer or a qualified trained technician.

7.2 Cleaning of Respirators

All respirators in routine use shall be cleaned and sanitized on a periodic basis. Respirators used non-routinely shall be cleaned and sanitized after each use and filters and cartridges replaced. Routinely used respirators are maintained individually by the respirator wearer. Replacement cartridges and filters are obtained by contacting Safety Coordinator.

Cleaning and disinfection of respirators must be done frequently to ensure that skin-penetrating and dermatitis-causing contaminants are removed from the respirator surface. Respirators maintained for emergency use or those used by more than one person must be cleaned after each use by the user.

The following procedure is recommended for cleaning and disinfecting respirators:

1. Remove and discard all used filters, cartridges, or canisters.
2. Wash facepiece and breathing tube in a cleaner-disinfectant solution. A hand brush may be used to remove dirt. Solvents which can affect rubber and other parts shall not be used.
3. Rinse completely in clean, warm water.
4. Air dry in a clean area in such a way as to prevent distortion.
5. Clean other respirator parts as recommended by the manufacturer.
6. Inspect valves, headstraps, and other parts to ensure proper working condition.
7. Reassemble respirator and replace any defective parts.
8. Place in a clean, dry plastic bag or other suitable container for storage after each cleaning and disinfection.

7.3 Issuance of Respirators

Respiratory protective equipment shall not be ordered, purchased, or issued to personnel unless the respirator wearer has received respirator training and a fit test. New employees who require respiratory protective equipment, must be placed into the respirator program before being issued equipment.

Safety Coordinator provides at least five types of devices: MSA Comfo II, MSA Ultravue, Survivair half-mask, Survivair full-face, and RACAL powered air-purifying respirators. These facepieces have a variety of canisters that may be worn with them; hence, the canisters and facepieces are packaged separately. At the time of issue the appropriate canister is determined, based on the user's needs, and is issued with the appropriate facepiece. In addition, disposable respirators with filter ratings N-95 and N-100 ratings are available for use under appropriate conditions.

7.4 Storage

After inspection, cleaning, and any necessary minor repairs, store respirators to protect against sunlight, heat, extreme cold, excessive moisture, damaging chemicals or other contaminants. Respirators placed at stations and work areas for emergency use shall be stored in compartments built for that purpose, shall be quickly accessible at all times and will be clearly marked. Routinely used respirators, such as half-mask or full-face air-purifying respirators, shall be placed in sealable plastic bags. Respirators may be stored in such places as lockers or tool boxes only if they are first placed in carrying cases or cartons. Respirators shall be packed or stored so that the facepiece and exhalation valves will rest in a normal position and not be crushed. Emergency use respirators shall be stored in a sturdy compartment that is quickly accessible and clearly marked.

8.0 PROGRAM SURVEILLANCE

The ANSI Z88.2-1980 document entitled “Practices for Respiratory Protection” specifies:

“Section 3.5.15 Respirator Program Evaluation. An appraisal of the effectiveness of the respirator program shall be carried out at least annually. Action shall be taken to correct defects found in the program.”

The evaluation of the Respirator Program will include investigating wearer acceptance of respirators, inspecting respirator program operation, and appraising protection provided by the respirator. Evidence of excessive exposure of respirator wearers to respiratory hazards will be followed up by investigation to determine why inadequate respiratory protection was provided. The findings of the respirator program evaluation will be documented, and this documentation will list plans to correct faults in the program and set target dates for the implementation of the plans. These evaluations will be conducted at least annually.

9.0 RECORDKEEPING

The following records shall be developed and maintained for the APEX Respirator Program:

Record	Location
Medical Evaluations	Main Office
Training Records	Main Office
Training Activity	Main Office
Respirator Program	Main Office
Manual, IHP, and SOPs	Main Office
Hazard Evaluations	Main Office
(Air sampling results, surveys, respirator selection records)	Main Office
Fit Test Records	Main Office
Program Evaluations	Main Office

REFERENCES

- American National Standards Institute: American National Standard Practices for Respiratory Protection, ANSI Z88.2, New York, NY: American National Standards Institute, 1989.
- American National Standards Institute: American National Standard For Respiratory Protection - Respirator Use - Physical Qualifications for Personnel, ANSI Z88.6, New York, NY: American National Standards Institute, 1984.
- Colton, Craig, et. al., Respiratory Protection: A Manual and Guideline, 2nd Ed., Akron, OH: American Industrial Hygiene Association, 1991.
- Compressed Gas Association: Commodity Specification for Air. (ANSI/CGA G-7.1), Arlington, VA: Compressed Gas Association, Inc., 1989.
- OSHA Standard, 29 CFR 1910.134, “Respiratory Protection”.

Table 4-1 Respirator Selection and Use

HAZARD	RESPIRATOR TYPE
Asbestos	Half-mask, air-purifying respirator with HEPA filters
	Full-face, air-purifying respirator with HEPA filters
	Full-face, powered air-purifying respirator with HEPA filter
Epoxy- or Oil-based Paints	Half-face, air-purifying respirators with organic vapor filters
	Full-face powered air-purifying respirator with organic vapor filters
Lead-based Paint removal	Half-face, air-purifying respirators with HEPA filters
	Full-face, air-purifying respirators with HEPA filters
	Full-face, powered air-purifying respirators with HEPA filters
Use of Pesticides, Herbicides, and Rodenticides	Full-face, air-purifying respirator with combination particulate and pesticide cartridges
	Full-face, powered air-purifying respirator with combination particulate and pesticide cartridges
Use of Formaldehyde	Full-face, air-purifying respirator with organic vapor or specific formaldehyde cartridges
	Full-face, powered air-purifying respirator with organic vapor or specific formaldehyde cartridges
	Type C supplied air respirator with pressure- demand mode

APPENDIX A

RESPIRATOR TRAINING CERTIFICATION

I hereby certify that I have been trained in the proper use and limitations of the respirator issued to me. The training included the following:

1. Instruction on putting on, fitting, testing and wearing the respirator.
2. Instruction on inspection, cleaning, and maintaining the respirator.
3. Explanation of dangers related to misuse.
4. Instructions on emergency situations.

I further certify that I understand the use, care, and inspection of the respirator and have tested and worn the unit.

Signed:_____ SSN: _____

Respirator Type Issued: _____

Training Coordinator: _____

APPENDIX B - FIT TEST WORKSHEETS

QUALITATIVE RESPIRATOR FIT TEST

Name: _____ SSN: _____

Clean Shaven? __Yes __No

Spectacle Kit? ___Yes ___No

Manufacturer/Model _____ Size: ___S ___M ___L

Irritant Smoke ___Pass ___Fail

Isoamyl Acetate ___Pass ___Fail

Manufacturer/Model_____ Size: ___S___M___L

Irritant Smoke ___Pass ___Fail

Isoamyl Acetate ___Pass ___Fail

Examiner _____ Date_____

Employee _____ Date _____

QUANTITATIVE RESPIRATOR FIT TEST REPORT

NAME (Last, First) _____

ID NUMBER_____

NEXT TEST DUE_____

OPERATOR NAME_____

RESPIRATOR MODEL_____

- SIZE_____
- MANUFACTURER_____
- APPROVAL NUMBER_____

NOTES_____

TEST DATE_____

TEST TIME_____

OVERALL FIT FACTOR = _____

TEST DATA

Fit Factor Pass Level: 100

Ex. Ambient (Part/cc)	Mask (Part/cc)	Fit Factor	Pass/Fail
NB			
DB			

Operator _____ ***Date*** _____

Subject_____ Date _____