

**RESPIRATORY PROTECTION PROGRAM CHECKLIST**

Complete a separate Checklist for each contaminant Russell Hinton will be exposed to on this project.

Job Site Name: \_\_\_\_\_ Date: \_\_\_\_\_

Number: \_\_\_\_\_ Site Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Work Area(s) with Respiratory Hazard \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work to be performed with Respiratory Hazard

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

**Potential Contaminant:**

Used In or Created by Our Work: \_\_\_\_\_

Created or released by other contractors: \_\_\_\_\_

Resulting from demolition: \_\_\_\_\_

Present because of owner operations: \_\_\_\_\_

SDS Reviewed  Date: \_\_\_\_\_

Air Monitoring performed? Yes  No  Report Filed in office: Date: \_\_\_\_\_

Exposure will exceed action level? Yes  No  (If No do not complete the checklist)

Dangers of Exposure \_\_\_\_\_

Symptoms of Exposure: \_\_\_\_\_  
\_\_\_\_\_

Will exposure be Immediately Dangerous to Life or Health Yes  No

(See IDLH provisions in Respiratory Protection Program)

**➔ Consider the atmosphere immediately dangerous to life or health (IDLH) if you cannot identify or reasonably estimate employee exposure.**

If Yes, the Safety Director must draft IDLH procedure and checklist. Do not complete this form.

**Appropriate Respirator:**

A) Is exposure to gas or vapor? Yes  No

If Yes, choose:

- Atmosphere-supplying respirator or
- Air-purifying respirator NIOSH certified for contaminant
- With End of Service Life Indicator or
  - With Change Schedule that ensure that canisters and cartridges are changed before the end of their service life

Change Schedule based on objective data: \_\_\_\_\_

B) Is exposure to particulates? Yes  No

If Yes, choose:

- Atmosphere-supplying respirator or
- Air-purifying respirator with filter NIOSH certified under 30 CFR part 11 as a high efficiency particulate air (HEPA) filter or
- Air-purifying respirator equipped with a filter certified for particulates by NIOSH under 42 CFR 84 or
- For contaminants consisting primarily of particles with mass median aerodynamic diameters (MMAD) of at least 2 micrometers, an air-purifying respirator equipped with any filter certified for particulates by NIOSH

C) Choose the specific respirator based on Assigned Protection Factors for respirators (see 1544 (d) (3) (A) (1) Table 1) and the Maximum Use Concentration (MUC) of the exposure (see 1544 (d) (3) (A) (2)).

D) Model and Manufacturer of Respirator Selected for this contaminant: \_\_\_\_\_

\_\_\_\_\_

**Information about using this Respirator:**

Respirator weight: \_\_\_\_\_ Maximum continuous use: \_\_\_\_\_

Expected physical work load:  light  moderate  heavy

Potential temperature and humidity extremes: \_\_\_\_\_

\_\_\_\_\_

Additional personal protective equipment and/or clothing required for users: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Limitations on respirator use: \_\_\_\_\_  
\_\_\_\_\_

Signs that filters or cartridges need to be replaced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical conditions of wearers that limit use:  
\_\_\_\_\_  
\_\_\_\_\_

Special manufacturers recommendations regarding fit, donning, maintenance or storage:  
\_\_\_\_\_  
\_\_\_\_\_

**Jobsite Information:**

Storage Area(s) for respirators: \_\_\_\_\_  
\_\_\_\_\_

Location(s) for cleaning respirators: \_\_\_\_\_  
\_\_\_\_\_

**Respirator User Documentation**

Name	Medical Date	Fit Date	Size	Signature: Acknowledging evaluation testing and training

**A copy of this checklist is kept on site and is available for any employee to review.**

Sample Respirator Checklist