Appendix B

Respiratory Protection Program Evaluation Form

University of Rochester
RESPIRATOR PROGRAM ASSESSMENT CHECKLIST

RPC Name: _____ *RPC – Respiratory Protection Coordinator

Department: _____

Division: _____

Date of Assessment: _____

Respirator Program Location(s): _____

Number of people in this respirator program: _____

Types of Respirator(s) Used: ❑Filtering face piece (includes dust mask, N-95, P99, etc.)
❑Cartridge (half or full face) ❑Powered Air Purifying (PAPR)
❑Airline ❑ SCBA

1 Program Management/Documentation	**Yes**	**No**	**N/A**
1.1 Does the RPC have a current list showing the names of all respirator users?	❒	❒	
1.2 Are up-to-date SOPs in place covering all tasks that use a respirator?	❒	❒	
1.3 Do SOPs, JHAs or local department procedures:			
1.3.1 Address facial hair, prescription lenses, and other conditions that interfere with fit?	❒	❒	
Covered in the UR Respiratory Protection Program document			
1.3.2 Contain disposal information for cartridges, dust masks, etc.?	❒	❒	
1.3.3 Contain local storage information?	❒	❒	
1.3.4 Contain inspection, cleaning and disinfection procedures?	❒	❒	
1.3.5 Cover limitations of use?	❒	❒	
1.3.6 Address voluntary use situations?	❒	❒	
Voluntary respirator use must be in full compliance with OSHA 29 CFR 1910.134, Appendix D			
1.4 Are SOPs / local procedures readily available to users?	❒	❒	
1.5 Are the manufacturers' instructions (or equivalent) for all department respiratory equipment readily available to users?	❒	❒	
1.6 Are procedures in place to ensure all contract labor employees (non-employees being supervised by UR) who are using respirators, have up to date medical clearance, training and fit testing?	❒	❒	❒

2 Respirator Selection			
2.1 Has the respirator selection for each use been discussed with UR Environmental, Health & Safety?	❒	❒	
2.2 Is documentation of respirator selection available?	❒	❒	
2.3 Have cartridge change out schedules been established and <u>documented</u> for all tasks using cartridge respirators without end-of-service-life indicators (ESLI)?	❒	❒	❒

3 Medical Evaluation/Fit Testing			
3.1 Do all users have up to date medical clearance?	❒	❒	

3.2 Have all users of tight fitting respirators been fit tested in the last 12 months? ❒ ❒ ❒

4 RPC and Respirator User Training

4.1 Has the RPC attended Initial RPC Training? ❒ ❒

4.2 Have all respirator users received department-specific respirator training? This may include review of SOPs, JHA's, procedures or formal training. ❒ ❒

5 Maintenance of Respirators

5.1 Are single use respirators (dust mask, N-95, etc.), discarded after use? ❒ ❒ ❒

5.2 Are shared respirators cleaned and disinfected before use by another person? ❒ ❒ ❒

5.3 Are respirators, issued to individuals, periodically inspected by properly trained personnel? ❒ ❒ ❒

543 Is respirator equipment stored in an area that is clean, avoids temperature extremes, free of damaging chemicals, excessive moisture, out of direct sunlight and prevents deformity of the face piece? ❒ ❒

6 Portable Compressor/Cylinder Use

6.1 If portable compressors are used, is there a written procedure for the use and maintenance? ❒ ❒ ❒

6.2 Has the portable compressor undergone periodic preventative maintenance and inspection? ❒ ❒ ❒

6.3 Are certificates of breathing air quality in cylinders available while the cylinder is being used? ❒ ❒ ❒

8 Respiratory Protection Program Feedback

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____