

Standard Operating Procedure: Respiratory Protection Program

Applicable Departments: All departments who use respirators for Cal Poly Humboldt activities

1.0 Introduction & Purpose

The purpose of this Respiratory Protection Program (RPP) is to ensure that all Cal Poly Humboldt employees are protected from hazardous levels of respiratory exposures. The respiratory hazards include particulates, dusts, gases, and vapors.

The elimination and mitigation of these hazards is controlled by engineering controls (i.e. general or local ventilation, isolation or containment of hazards, and substitution of hazardous substances or activities). When these engineering controls are beyond reasonable or feasible, the appropriate respirators may be required to worn for the activity or environment.

There has been situations or circumstances where employees desire to wear a respirator for an environment or activity, but the respiratory protection is NOT required per regulation or the Risk Management & Safety Services (RM&SS) department. The employees who desire to voluntarily wear a respirator must notify their supervisor and/or RM&SS. There are additional requirements for these situations and more information can be found in the Voluntary Use section of this document.

Students (non-employees) and visitors (non-contractors) participation in respirator use will be voluntary use of disposable face-piece units, unless there is approved written authorization from RM&SS.

Contractors working on Cal Poly Humboldt property shall follow their employer's Respiratory Protection Program.

2.0 Scope

Cal Poly Humboldt University has two types of scenarios for respirator users:

1. Required users of disposable filtering face-piece units, half-mask air purifying respirators, or full-face air purifying respirators
2. Voluntary users of disposable filtering face-piece units or half-mask air purifying respirators

Regardless of respirator use, there are elements of this RPP to ensure the user is informed and properly using the respirators.

The University will be responsible for providing respirators and all associated costs for employees required to participate in the RPP.

To summarize the respiratory use at Cal Poly Humboldt University, below is a chart for quick reference.

Required & Voluntary Respirator Use at Cal Poly Humboldt University		
Respirator Type	Department/Process	Use
Filtering face-piece (dust mask)	Permitted on campus	Voluntary
N-95 filtering face-piece respirator	Health Center , specific areas Maintenance Athletics Training Room Other Campus Areas	Required Voluntary or Required Required during Comm. Disease Restrictions Voluntary or Required (10 days following close contact to a positive case or leaving isolation before 10 days)
Half-Mask or Full-Face Air Purifying Respirator (APR) with dust, mist, organic vapor, acid gas, particulate, or combination cartridges	EHS , response or areas of hazardous activities Maintenance , dust, mist, chemical, vapor, or particulate exposure during activities where hazards maybe present. For example: asbestos or lead abatement, work on fume hoods or their exhaust, and potentially enclosed environments with little or no ventilation. University Police , for potential exposures to chemicals or gases.	Required Required or Voluntary Required
Power Air Purifying Respirators (PAPR)	Maintenance , dust, mist, chemical, vapor, or particulate exposure during activities where hazards may be present.	Required

3.0 Definitions

Air-purifying respirator: a respirator with an air purifying filter, cartridge, or canister that removes specific air contaminants by passing through the air-purifying element.

Assigned protection factor (APF): means the level of respiratory protection that a respirator or class of respirators is expected to provide to users.

Atmosphere-supplying respirator: a respirator that supplies the user with breathing air from a source independent of the ambient atmosphere, these include supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA).

Canisters or cartridges: a container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

Emergency situation: any occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled release of an airborne contaminant.

Employee exposure: exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

Filtering face-piece (dust mask): a negative pressure particulate respirator with a filter as an internal part of the face-piece or with the entire face-piece composed of the filtering element.

Fit factor: a quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio if the concentration of a substance in ambient air to its concentration inside the respirator when worn.

Fit test: the testing protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual.

High efficiency particulate air (HEPA) filter: a filter that is at least 99.97% efficient in removing particles 0.3 micrometers in diameter from the air. These filters are equivalent to N100, R100, or P100 filters.

Immediately dangerous to life and 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.

Negative pressure respirator: a tight fitting respirator in which the air pressure inside the face-piece is negative during inhalation with respect to the ambient air pressure outside the respirator.

Oxygen deficient atmosphere: an atmosphere with an oxygen content below 19.5% by volume.

Physician or other licensed health care professional (PLHCP): an individual permitted scope of practice (i.e. license, registration, or certification) allows the individual to independently provide, or be delegated the responsibility to provide, some or all the health care services required by regulation.

Positive pressure respirator: a respirator where the pressure inside the respiratory inlet covering exceeds the ambient air outside the respirator.

Power air-purifying respirator (PAPR): a positive pressure atmospheric-supplying respirator that admits breathing air to the face-piece when the positive pressure is reduced inside the face-piece by inhalation.

Qualitative fit test (QLFT): a pass/fail 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 adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Self-contained breathing apparatus (SCBA): an atmospheric-supplying respirator for which breathing air source is designed to be carried by the user.

Service life: period of time that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

Supplied-air respirator (SAR): atmospheric-supplying respirator for which the source of breathing air is not designed to be carried by the user.

Tight-fitting face-piece: a respiratory inlet covering that forms a complete seal with the face.

User seal check: an action conducted by the respirator user to determine if the respirator is properly sealed to the face.

4.0 Responsibilities

4.1 Program Administrator (RM&SS)

- 4.1.1 Responsible for maintaining and administering the RPP.
- 4.1.2 Identifying work areas, processes, or tasks which require that personnel must wear respirators
- 4.1.3 Selection of respiratory protection options
- 4.1.4 Periodically monitoring respiratory use to ensure that respirators are being used as the manufacturer advises
- 4.1.5 Arranging or providing training in respiratory protection

- 4.1.6 Ensuring direction on proper storage and maintenance of respiratory protection to supervisors and trainees
- 4.1.7 Conducting qualitative fit testing, arranging for quantitative fit testing when required
- 4.1.8 Providing departments assistance in the medical surveillance program
- 4.1.9 Evaluation of the program for effectiveness
- 4.1.10 The Program Administrator may assign the above duties to suitably trained individuals within specific departments through written approval

The **Program Administrator(s)** for the RPP at Cal Poly Humboldt University are:

Tianna Nourot, tkn11@humboldt.edu

Krista Botkin, keb3@humboldt.edu

4.2 Supervisors or Principal Investigators (PIs)

- 4.2.1 Identifying to the Program Administrator the names of persons who may need to use respiratory protection
- 4.2.2 Ensuring that employees under their supervision have received appropriate training, fit-testing and annual medical evaluation
- 4.2.3 Ensuring the availability of the appropriate respirators and accessories
- 4.2.4 Being knowledgeable of the activities or tasks that require respiratory protection
- 4.2.5 Maintaining records of training for personnel
- 4.2.6 Ensure proper use of respiratory protection when used
- 4.2.7 Ensuring respirators are properly cleaned, sanitized, maintained, and stored according to the RPP
- 4.2.8 Coordinate with the Program Administrator(s) on respiratory related hazards or concerns

4.3 Respirator Users

- 4.3.1 Use the respirator in accordance with instructions and training
- 4.3.2 Cleaning and maintaining the respirator properly
- 4.3.3 Reporting any malfunction of the respirator to their supervisor
- 4.3.4 Informing their supervisor of any respiratory hazards that they feel are not adequately addressed in the workplace and of any question they have regarding the RPP.

5.0 Fit Testing Procedures

Fit testing is required for all employees wearing any Cal Poly Humboldt supplied respirators, other than a dusk mask or filtering face piece.

Frequency of Fit Testing

- Prior to an employee's initial use of a respirator;
- At least annually after; and
- When there have been changes in employee's physical condition that could affect the respirator fit.

Users will be fit tested with the make, model, and size of respirator that they will actually wear in the field or job. Users will be provided a choice of fit with different sizes and models as needed. If corrective lens or goggles are to be worn, they must not interfere with the seal of the face piece. Certain respirators are engineered to allow mounting of corrective lens for this purpose.

Fit Testing Methods

The Program Administer will conduct the fit test(s) following the Cal/OSHA approved methods. Reference CCR Title 8, Section 5144. Respiratory Protection or Attachment ## of this document for specific information.

Qualitative fit testing is most common and provided by the Program Administrators for HSU. If necessary, the Program Administrators will assist or coordinate with outside contractors to establish Quantitative fit testing.

Fit testing must occur annually and if this has lapsed, the employee is not permitted to wear a respirator for HSU activities.

6.0 Respirator Use Procedures

Use Conditions

Users will wear their respirator under conditions specified by the RPP and in accordance with training they receive for use on the specific respirator. In addition, the respirator should not be used outside the scope of the manufacturer's recommendation.

Employees are not permitted to use respirators under any of the following situations:

- They are not currently medically approved for respirator use from licensed physician;
- They do not have a current fit test or training record within the past year; or
- They have facial hair or any other condition, which may interfere with the respirator fit.

User Seal Checks

The user shall check the seal of the respirator by using positive and negative user seal checks each time the respirator is worn. The pressure checks are not substitutes for quantitative or qualitative fit tests.

The users must be trained to perform these checks. The checks should be performed according to the specific manufacturer's recommendations or requirements.

Negative Pressure User Seal Check

The inlet opening of the respirator's cartridges, canisters or filters is closed completely by the palm of the hands, or blocking the inlet to prevent passage of air through the respirator.

The user is instructed to inhale gently and hold their breath for at least 10 seconds.

The face piece should collapse slightly inward and no air leakage must enter the face piece for a successful user seal check.

Positive Pressure User Seal Check

The exhalation valve or breathing tube, or both, is closed off and the user is instructed to exhale gently.

If slight positive pressure can be built up inside the face piece without detecting any outward leakage through the respirator seal and the face, the user seal test has been properly performed (should be a slight bulge outward of the face piece without leaking).

7.0 Training

Respiratory training is provided to Cal Poly Humboldt employees through CSULearn or Environmental Health & Safety Services. Request training at risk-management@humboldt.edu.

Training is required prior to initial use and then annually afterwards. Re-training is required when:

- A new respirator is assigned to employee;
- When significant changes occur in the workplace that render previous training obsolete or inadequate; or
- When observations of employee's knowledge or skills indicate that previous training was insufficient or not retrained.

Successful completion of training requires the user to demonstrate knowledge of:

- Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
- The limitations and capabilities of the respirator;
- How to use a respirator effectively in emergency situations, including situations in which the respirator malfunctions;
- How to inspect, put on and remove, use, and check the seals of the respirator;
- Procedures for maintenance and storage of the respirator;

- Medical signs and symptoms that may limit or prevent the effective use of respirators.

8.0 Maintenance, Cleaning, Change Schedule, and Storage Procedures

Inspection of Respirators

Respirators should be inspected prior to each use, as directed in the training. Any malfunctions or deficiencies identified in the inspection should be reported to your supervisor immediately. The inspection should include a visual/physical overview of the following items:

- Valves and valve seats are not damaged, worn dirty, or “stuck” in place
- There are no cracks or other damage to the silicon or other materials on the respirator body
- The elastic straps are in good condition
- The respirator is clean with no other known defects
- The appropriate cartridge, canister, or combination is being used, which depends on the potential contaminants in the work area

Cleaning Respirators

The owner of the respirator should clean respirators after each use. For situations where there may be shared respirator use, the respirator must be cleaned after each use. The cleaning process is as follows:

- Remove any cartridges from the respirator body
- Wash the face piece in a mild detergent/water solution, do not use organic solvents for cleaning
- Rinse completely in clean warm water
- Wipe the mask surfaces with sanitizing wipes, available from EH&S
- Air dry the mask in a clean area-hang by the straps to allow enough air flow to the face piece
- Reassemble the respirator and components, then place in a clean, dry bag or container
- Contact your supervisor or EH&S if cleaning supplies are needed

Change Schedule for Cartridges, Canisters, or Filters

Respirator cartridges, filters or canisters should be changed if any of the following occur:

- Organic vapor or acid gas are noted while those cartridges are being worn
- Difficulty breathing because of air resistance due to clogged cartridges or filters
- The recommended “end-of-service” life has been reached per the manufacturer
- Any other specifications per the manufacturer

Storage of Respirators

Respirators must be stored in a clean, dry area, and in accordance with the specific manufacturer’s recommendations. Respirators issued to specific individuals should have the name of that individual

marked on the outside of the respirator container or bag. Respirator cartridges and filters shall be stored in a clean and dry environment as well.

Storing components in a sealed plastic bag or other device when not being used is common method of storage. Respirators and their components must never be stored in an open environment.

9.0 Voluntary Respirator Use

Faculty, students, and staff are allowed to use respirators but not part of the formal RRP so a medical evaluation is not required. But prior to use, the individual must complete the Voluntary Respiratory Use Form.

10.0 References

Cal/OSHA CCR Title 8, Section 5144. Respiratory Protection

<https://www.dir.ca.gov/title8/5144.html>

11.0 Attachments

11.1 Cal/OSHA Respirator Medical Evaluation Questionnaire

11.2 Respirator Face Piece Fit Testing Procedures

11.3 Fit Test Record Form

11.4 Voluntary Respirator Use Form

12.0 Plan Review & Updates (minimum every three years or when operations change, whichever is sooner)

Date	Revision	Notes	Initials
9/22/2022	Rev. 9/2022	Contact information and university name updated. Section on N95 mask usage updated based on communicable disease restrictions.	TKN
5/27/2026	Rev. 5/2025	Updated the attachments and contact information.	TKN

Attachment

10.1 Cal/OSHA Respirator Medical Evaluation Questionnaire

HSU EH&S Respiratory Protection Form

Name and HSU Employee ID #:

SECTION C – Confidential Medical Questionnaire

Cal/OSHA requires that the following information be provided by every employee who has been selected to use any type of respirator. Your supervisor 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 in this section. ***Please take your completed questionnaire (Section C – total of 4 pages) in a sealed envelope labeled with your name AND HSU Employee ID # to Mad River Occupational Health for review by a licensed medical health professional.*** Questions regarding the questionnaire or your health and respirator use - call EH&S at Ext 5711.

* Can you read? ☐ YES ☐ NO

Height: _____ ft. _____ in.	Weight: _____ lbs.	Gender: ☐ Male ☐ Female	Birthdate: _____
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- Has your employer told you how to contact the health care professional who will review this questionnaire?
☐ YES ☐ NO
- Have you worn a respirator?
☐ YES ☐ NO If “yes,” what type(s):
- If you’ve used a respirator, have you ever had any of the following problems? Check all that apply:
☐ None ☐ Eye irritation ☐ Skin allergies or rashes ☐ Anxiety
☐ General weakness or fatigue ☐ Any other problem that interferes with your use of a respirator
- Do you currently smoke tobacco, or have you smoked tobacco in the last month?
☐ YES ☐ NO
- Have you ever had any of the following conditions? Check all that apply: ☐ None
☐ Seizures (fits) ☐ Diabetes (sugar disease) ☐ Allergic reactions that interfere with your breathing
☐ Trouble smelling odors
☐ Claustrophobia (fear of closed-in places)
- Have you ever had any of the following pulmonary or lung problems? Check all that apply: ☐ None
☐ Asbestosis ☐ Asthma ☐ Chronic bronchitis
☐ Emphysema ☐ Pneumonia ☐ Tuberculosis
☐ Silicosis ☐ Pneumothorax (collapsed lung)
☐ Lung cancer ☐ Broken ribs ☐ Any chest injuries or surgeries
☐ Any other lung problem that you’ve been told about

HSU EH&S Respiratory Protection Form

Name and HSU Employee ID #:

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

Check all that apply:

- ☐ None ☐ Shortness of breath
☐ Shortness of breath when walking fast on level ground or walking up a slight hill or incline
☐ Shortness of breath when walking with other people at an ordinary pace on level ground
☐ Have to stop for breath when walking at your own pace on level ground
☐ Shortness of breath when washing or dressing yourself
☐ Shortness of breath that interferes with your job
☐ Coughing that produces phlegm (thick sputum)
☐ Coughing that wakes you early in the morning
☐ Coughing that occurs mostly when you are lying down
☐ Coughing up blood in the last month ☐ Wheezing
☐ Wheezing that interferes with your job ☐ Chest pain when you breathe deeply
☐ Any other symptoms that you think may be related to lung problems

8. Have you ever had any of the following cardiovascular or heart problems? Check all that apply:

- ☐ None ☐ Heart attack ☐ Stroke ☐ Angina ☐ Heart failure
☐ Swelling in your legs or feet (not caused by walking)
☐ Heart arrhythmia (heart beating irregularly) ☐ High blood pressure
☐ Any other heart problem that you've been told about

9. Have you ever had any of the following cardiovascular or heart symptoms? Check all that apply:

- ☐ None ☐ Frequent pain or tightness in your chest
☐ Pain or tightness in your chest during physical activity
☐ Pain or tightness in your chest that interferes with your job
☐ In the past two years, have you noticed your heart skipping or missing a beat
☐ Heartburn or indigestion that is not related to eating
☐ Any other symptoms that you think may be related to heart or circulation problems

10. Do you currently take medication for any of the following problems? Check all that apply:

- ☐ None ☐ Breathing or lung problems ☐ Heart trouble ☐ Blood pressure
☐ Seizures (fits)

11. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?

☐ YES ☐ NO

12. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)?

☐ YES ☐ NO

If "yes" name the medication(s) if you know them:

13. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?

☐ YES ☐ NO

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?

☐ YES ☐ NO

HSU EH&S Respiratory Protection Form

Name and HSU Employee ID #:

14. How often are you expected to use the respirator(s)? (check all that apply)

- | | |
|---|--|
| ☐ Escape only (no rescue) | ☐ 2 to 4 hours per day |
| ☐ Less than 5 hours per week | ☐ Over 4 hours per day |
| ☐ Less than 2 hours per day | ☐ Emergency rescue only |

15. During the period you are using the respirator(s), is your work effort:

- ☐ Light (less than 200 kcal per hour): Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

☐ YES ☐ NO

If "yes," how long does this period last during the average shift: _____ hours _____ minutes

- ☐ Moderate (200 to 350 kcal per hour): Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

☐ YES ☐ NO

If "yes," how long does this period last during the average shift: _____ hours _____ minutes

- ☐ Heavy (above 350 kcal per hours): Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load about 50 lbs.)

☐ YES ☐ NO

If "yes," how long does this period last during the average shift: _____ hours _____ minutes

16. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?

☐ YES ☐ NO

If "yes," describe this protective clothing and/or equipment:

17. Will you be working under hot conditions (temperature exceeding 77°F)?

☐ YES ☐ NO

18. Will you be working under humid conditions?

☐ YES ☐ NO

19. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases)?

20. At work or at home, have you ever worked around the following? Please check all hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or hazardous chemicals that you have come into any contact with:

- | | | |
|--|---|---|
| ☐ Solvents | ☐ Gases | ☐ Farming, animal dusts, agr. products |
| ☐ Mining | ☐ Grinding | ☐ Welding |
| ☐ Asbestos | ☐ Beryllium | ☐ Arsenic |
| ☐ Aluminum | ☐ Coal dust | ☐ Mushroom farms |
| ☐ Flour of any grain | ☐ Refinish furniture | ☐ Refurbish automobiles |
| ☐ Chromium | ☐ Nickel | ☐ Tars, tar products |
| ☐ Lead shot or leaded glass | ☐ Silica, glass, ceramics, pottery | ☐ Chemical or biological agents |

HSU EH&S Respiratory Protection Form

Name and HSU Employee ID #:

Questions 21 to 26 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

21. Have you ever lost vision in either eye (temporarily or permanently)?
☐ YES ☐ NO
22. Do you currently have any of the following vision problems?
☐ YES ☐ NO If "yes," check all that apply.
☐ Wear contact lenses ☐ Wear glasses
☐ Color blind ☐ Any other eye or vision problem
23. Have you ever had an injury to your ears including a broken eardrum?
☐ YES ☐ NO
24. Do you currently have any of the following hearing problems? Check all that apply.
☐ None ☐ Difficulty hearing ☐ Wear a hearing aid
☐ Any other hearing or ear problem
25. Have you ever had a back injury?
☐ YES ☐ NO
26. Do you currently have any of the following musculoskeletal problems? Check all that apply.
☐ None ☐ Weakness in any of your arms, hands, legs, or feet ☐ Back pain
☐ Difficulty fully moving your arms and legs
☐ Pain or stiffness when you lean forward or backward at the waist
☐ Difficulty fully moving your head up or down
☐ Difficulty fully moving your head side to side
☐ Difficulty bending at your knees ☐ Difficulty squatting to the ground
☐ Difficulty climbing a flight of stairs or ladder while carrying more than 25 lbs
☐ Any other muscle or skeletal problem that interferes with using a respirator

By my signature below I affirm that the information listed above is true and accurate to the best of my knowledge.

Employee Signature

Today's Date

PLEASE MAKE SURE TO PUT YOUR NAME AND HSU EMPLOYEE ID # ON ALL PAGES AND ON THE SEALED ENVELOPE MARKED "CONFIDENTIAL" CONTAINING THE COMPLETED MEDICAL QUESTIONNAIRE, SECTION C

Attachment

10.2 Respirator Face Piece Fit Testing Procedures

RESPIRATOR FACE PIECE FIT TESTING

Test Exercise Purpose

Respirator Face Piece Fit Testing requires the subject to simulate on-the-job movements while wearing the respirator. Exercises resemble normal movements at work, especially those associated with face piece leakage

Procedure

Before test exercise begins, the subject should have selected a respirator as outlined in SOP: "Selection of a Respirator for Comfort." The subject should be ready for fit testing, with the respirator on. Exercises that are to be performed are listed below. Each exercise should be performed for at least 30 seconds. A copy of the list of exercises can be hung inside the fit test chamber. The instructor should be certain that that test subject performs each exercise correctly.

Test Exercises

1. Direct the test subject to breath normally.
2. Direct the subject to breath deeply, with full, regular breaths.
3. Direct the subject to turn her/his head from side to side, with full range of motion and one turn about every second.
4. Advise the subject to avoid bumping the respirator on shoulders.
5. Have the test subject inhale when the head is turned to either side.
6. Direct the subject to nod the head up and down, with full range of motion and one nod about every second.
7. Advise the subject to avoid bumping the respirator on the chest.
8. Direct the subject to talk. For example, ask him/her to read the following "Rainbow Passage," aloud and slowly.

Rainbow Passage

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. A rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch with its path high above and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond his reach his friends say he is looking for the pot of gold at the end of the rainbow.

9. Other exercises (such as running in place, bending over, moving the head while reaching, etc.), may be added to enhance the adequacy of this test as a simulation of on-the-job movement.



Risk Management & Safety Services

707 826-3305 | PHONE

707 826-3312 | FAX

risk-management@humboldt.edu | EMAIL

707 826-3302 | ALT

Attachment

10.3 Fit Test Record Form

Respirator Fit Test Record

This summary must be maintained by the Department owner for at least 3 years.

Qualitative Fit Test Results Summary				
☐ Irritant Smoke		☐ Saccharin		☐ Portacount ☐ Bitrex
Name of Employee:		Date:		Name of Instructor:
Department:		Position:		Supervisor:
Manufacturer:	Model:	Size: ☐ Sm. ☐ Med. ☐ Lg.	Unique I. D.:	

Check the boxes for each item as they are completed.

Fit Testing:

- ☐ The test subject has been exposed to the sensitizing solution, or a weak concentration of the irritant smoke, to familiarize the subject with the characteristic odor. *If the subject cannot detect the test solution, then another qualitative testing solution, or the quantitative fit testing protocol is to be performed.*
- ☐ The test subject has received instruction, and has demonstrated the ability to properly don the respirator selected, and wear it for at least 10 minutes prior to starting the fit test.
- ☐ The test instructor has reviewed this protocol with the test subject before testing.
- ☐ The test subject shall perform the conventional positive pressure, and negative pressure, fit test checks (see ANSI Z88.2-1980). Failure of either check will constitute the need for an alternative respirator.
- ☐ If irritant smoke is used, advise the test subject that the smoke can be irritating to the eyes, and instruct the subject to keep the eyes closed while the test is performed.
- ☐ Test subject performs the exercises described as "Fit Test Exercises."
- ☐ Unsatisfactory test if the solution or smoke has been detected by the test subject.

Fit Test Results:

- ☐ Satisfactory
- ☐ Unsatisfactory

The above named individual is hereby certified to use only the respiratory protection equipment listed above.

Instructor Signature _____ Test Subject Signature _____

Comments:



Risk Management & Safety Services

707 826-3305 | PHONE

707 826-3312 | FAX

risk-management@humboldt.edu | EMAIL

707 826-3302 | ALT

Attachment

10.4 Voluntary Respirator Use Form



Voluntary Respirator Use Form

Name: _____

Department: _____

Date: _____

When half face respirator is used for performing duties at Cal Poly Humboldt voluntarily, the employee must be provided a copy of this form for Employees Using Respirators When Not Required Under the Standard.

Prior to allowing the half face respirator to be used, the employee must complete the [medical questionnaire](#) and submit to Mad River Occupational Health for review to ensure the use of the respirator itself will not create a hazard. The respirator should be stored, maintained, and cleaned in accordance with manufacturer's recommendations.

Please contact EH&S for additional questions or concerns regarding respirators at risk-management@humboldt.edu

Review Below: Appendix D, CCR, Title 8, Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

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 heed all instructions provided by the manufacturer (and EH&S) 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.

Employee Signature

Date