|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Safety Meeting Record Form** | | | | | | | |
| Company Name |  | | | Meeting Number | | |  |
| Regulation Ref # | 1910.134 | | | Topic | | | Respirator |
| **Respiratory Protection – Respirator Requirements** | | | | | | | |
| * Employees who use respirators must be screened by a medical professional. * Employees must be familiar with the company respiratory protection standard. * Employees must be trained on the respiratory hazards of the workplace, and the proper selection, use, and maintenance of respirators. * The company will provide respirators and associated equipment at no cost. Employees must be fit tested on the exact type and size of respirator they will use in the workplace. These fit tests must be repeated at least yearly, when a different size or type of respirator is used, when there are changes in the employee’s physical condition that affect fit, and when atmospheric hazards change. * Employees who wear respirators must leave the work area to:   1. Wash their face and change respirators as necessary.   2. If they detect vapor or gas breakthrough, changes in breathing resistance, or face piece leakage.   3. To replace cartridges or filters. * Respirator seal checks must be done each time a respirator is worn. | | | | | | | |
| **Additional Notes** | | | **Meeting Documentation** | | | | |
| *List any special requirements for this work group or any additional topics discussed.* | | | Meeting Date / Time | |  | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Meeting Leader | |  | | |
| Work Area | |  | | |
| Attendees | | | | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| **Additional Information** | | | | | | | |
| SDS Reviewed | |  | Accident Report Reviewed | | |  | |
| Procedure Reviewed | |  | Policy Reviewed | | |  | |