

# Generic Guidelines for Development of a Respiratory Protection Program in Accordance with Department of Pesticide Regulation Requirements

by

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California Environmental Protection Agency  
Department of Pesticide Regulation  
Worker Health and Safety Branch  
1001 I Street  
Sacramento, CA 95814

This outline serves as a guide for companies (“**ORGANIZATION**”) to develop a written respiratory protection program (“**WRITTEN PROGRAM**”) with work-site specific procedures for respirator selection, medical clearance, fit-testing, maintenance and use. Companies are directed to insert the appropriate name(s) in the (**BOLDFACE**) sections and to customize this document to their specific **WRITTEN PROGRAM**. Suggestions and explanations are given in (*italic bold*). It is to be used in conjunction with the Pesticide Safety Information Series A-5 (HS-632). This is a guideline. Some of the suggested procedures may exceed the minimum requirements of the regulations. Other sections of this document require you to develop procedures specific to your company. Your company’s **WRITTEN PROGRAM**, based on this document, may benefit from review by the Department of Industrial Relations’ Division of Occupational Safety and Health (Cal/OSHA), the Department of Pesticide Regulation, Worker Health and Safety Branch (DPR/WH&S), or your insurance company’s loss prevention agent.

**Once again, it is required that you customize this document to reflect your actual program. There are portions that require you to develop procedures specific to your company and its WRITTEN PROGRAM. You will be held responsible for all elements of your WRITTEN PROGRAM. Make sure it reflects what you are actually doing.**

\* This document has been modified to conform with the amended respiratory protection regulations that will take affect January 1, 2008. Major changes in the regulations required extensive changes in this guideline to properly assist program administrators in developing a program in compliance with the new regulations.

# **“ORGANIZATION”**

Respiratory Protection Program

[Date Implemented]

# **ORGANIZATION**

## **Respiratory Protection Program**

### **INTRODUCTION**

**ORGANIZATION'S** respiratory protection program is designed to conform to the requirements in Title 3 of the California Code of Regulations, Section 6739 (3 CCR Section 6739). General employee information on respiratory protection is available in the Pesticide Safety Information Series A-5 (HS-632, Department of Pesticide Regulation).

### **PURPOSE**

The purpose of this program is to protect the employees of **ORGANIZATION** from respiratory hazards associated with the use of pesticides and to comply with current regulations and label requirements. This program will include the following elements:

- Selection
- Medical evaluation
- Fit testing
- Proper use for routine and emergency
- Maintenance, cleaning and care
- Ensure breathing air quality
- Training in respiratory hazards (IDLH if applicable)
- Training in donning, doffing, limitations
- Program evaluation

### **ADMINISTRATION**

An individual will be designated as the Respirator Program Administrator (RPA) of this program. This person is responsible for ensuring the effectiveness of the respiratory protection program in compliance with the respiratory protection regulation. **PERSONS NAME** is the administrator of the program and is responsible for implementing the elements of this WRITTEN PROGRAM for all uses of respirators by **ORGANIZATION**.

The RPA keeps records on:

1. Training
2. Fit Testing
3. Equipment Inspection
4. Medical Recommendations
5. Copies of previous WRITTEN PROGRAMS
6. Employee consultations
7. Program evaluations

## **DEFINITIONS**

**Respirator:** A device designed to protect the wearer from inhalation of hazardous atmospheres.

**Air purifying respirator:** A respirator that removes contaminants from the inhaled air stream. There are two major sub-categories of air purifying respirator systems: Mechanical filter type, used to remove particulates (dusts, mists, fogs, smokes and fumes) and chemical cartridge type (absorption or adsorption or modification of gasses or vapors). Some respirators combine both types of systems.

**IDLH:** Immediately Dangerous to Life or Health. Conditions that can pose an immediate threat to life or health OR conditions that pose an immediate threat of severe exposure to contaminants such as carcinogens or neurotoxins which are likely to have adverse cumulative or delayed effects on health. All fumigant-confining structures shall be considered IDLH until proven safe by appropriate monitoring equipment.

**Atmosphere-supplying respirator:** A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere. This includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.

**Confidential reader:** A person chosen by an employee required to wear a respirator to read to him/her the Medical Evaluation Questionnaire required under 3 CCR Section 6739 in a language primarily understood by the employee. This includes, but is not limited to, a coworker, family member, friend, or an independent translator provided by the employer. The employer or the employer's

direct agent, such as a supervisor, manager, foreman, or secretary, are not included and are prohibited from being confidential readers.

**Filter or air purifying element:** A component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering facepiece (dust mask):** A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

**Physician or other licensed health care professional (PLHCP):** An individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by these regulations. This can include Physicians, (including Occupational Medicine Physicians), Doctors of Osteopathy, Physician Assistants, Registered Nurses, Nurse Practitioners and Occupational Health Nurses.

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

**Respirator program administrator:** A person who is qualified by appropriate training or experience that is commensurate with the complexity of the respiratory protection program, and demonstrates knowledge necessary to administer a respiratory protection program. Such training or experience includes, but is not limited to, reading and understanding either the American National Standard for Respiratory Protection Publication (ANSI Z88.2), or the U.S. Department of Labor's "Small Entity Compliance Guide for the Revised Respiratory Protection Standard"; or taken specific course work on developing a respiratory protection program from a college or a respirator manufacturer's authorized representative; or is an American Board of Industrial Hygiene Certified Industrial Hygienist.

## **RESPIRATOR SELECTION**

Only respiratory protective equipment approved by NIOSH (National Institute for Occupational Safety and Health) will be used. The equipment must be approved

for the specific hazard. Pesticide product labels must be consulted first to determine the correct respirator for protection against the specific hazard. Regulatory requirements or permit conditions may also specify the appropriate respiratory protection. Absent label directions, or other regulatory guidance, selection of respiratory protective equipment should be made according to guidance from the Department of Pesticide Regulation (Worker Health and Safety Branch), the Department of Industrial Relations (Cal/OSHA), the safety equipment manufacturer/provider, or other appropriate sources.

The respirators assigned to employees' of **ORGANIZATION** are the following: *(An assignment list of employees and their respirators should have the following general format and shall be worksite specific)*

### Employee Respirator Assignment Roster for **ORGANIZATION**

Employee	Respirator/Size	Type	Activity	Hazard
George B.	AirMaster II /L	OV	Airblast spraying	azinphos-methyl
Bill C.	AirMaster II /L	OV/N95	Soil injection	1,3-dichloropropene
David H.	Breathex /M	N95	Mix/load	captan
David H.	Breathex /M	OV	Mix/load	azinphos-methyl

For entry into unknown atmospheres or atmospheres at or above the IDLH concentration, only SCBA type or supplied air type equipped with escape bottle shall be used.

### INSTRUCTION AND TRAINING

Training will be given to all employees who may be required to wear respiratory protective equipment. Written records will be kept of the names of the persons trained and the dates the training occurred. These records will be maintained by the RPA and available for inspection by authorized personnel.

Employees who are required to use respirators must be trained such that they can demonstrate knowledge of at least:

- Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect
- Limitations and capabilities of the respirator

- Effective use in emergency situations
- How to inspect, put on and remove, use and check the seals
- Maintenance and storage
- Recognition of medical signs and symptoms that may limit or prevent effective use

Practice demonstrations will include:

1. Inspecting, donning, wearing and removing the respirator.
2. Adjusting the respirator to minimize discomfort to the wearer.
3. Wearing during training for an adequate period time to ensure that the wearer is familiar with the operational characteristics of the respirator.

Each respirator user will be retrained at least annually. Record of training will be kept by the RPA. *(An example of a training record is shown at the end of this document as Appendix One)*

## **CLEANING, SANITIZING AND STORAGE**

*(Policy on cleaning, sanitizing and storage of respirators can be either or both of the following)*

Individual respirator users are responsible for cleaning their own respirators. Respirators will be cleaned when appropriate. Cleaning will be done following manufacturer's recommendations as described in Attachment #\_\_\_\_\_. Single-use respirators will be properly disposed according to company policy as describe in Attachment #\_\_\_\_\_

*(And/Or)*

After using a respirator, the individual employee is responsible for returning the respirator to central supply for cleaning. Cleaning will be done following manufacturer's recommendations as described in Attachment #\_\_\_\_\_. Single-use respirators will be properly disposed according to company policy as describe in Attachment #\_\_\_\_\_. Respirators that may be re-issued to different employees shall also be sanitized with the appropriate sanitizing agent. Information on proper sanitizers is available from the respirator manufacturer, respirator distributor or DPR.

After cleaning (and, if required, sanitizing), respirators will be stored in disposable, resealable plastic bags. Respirators and their filters/cartridges will be stored so that they are protected from sunlight, dust, chemical contamination, moisture, and temperature extremes.

## **MAINTENANCE, INSPECTION AND REPAIR**

*(Policy on maintenance, inspection and repair of respirators can be either or both of the following)*

Individual respirator users are directed to perform routine maintenance and inspection of respirators issued to them. The respirator user is directed to identify and deliver to the RPA any respirator in need of repair/replacement. Damaged or defective respirators will be properly disposed according to company policy as described in Attachment # \_\_\_\_\_ *(or inserted here)*. The RPA will also make **(DAILY OR WEEKLY OR MONTHLY OR OTHER SPECIFIC PERIOD)** inspections of the respirators. For SCBA type, there will be a minimum inspection period of one month. Respirator inspections will cover the following items:

*(And/Or)*

Central supply is responsible for the routine maintenance and inspection of respirators. Damaged or defective respirators will be properly disposed according to company policy as described in Attachment # \_\_\_\_\_ *(or inserted here)*. The program administrator will make **(DAILY OR WEEKLY OR MONTHLY OR OTHER SPECIFIC PERIOD)** inspections of the respirators and service procedures to ensure that equipment is properly maintained. For SCBA type, there will be a minimum inspection period of one month. Respirator inspections will cover the following items:

1. General condition of mask, straps, valves, air hoses (no cracks, tears, holes, deformations, loss of elasticity).
2. Filter elements (proper filter or cartridge), air tanks (full tanks), regulators, low-pressure warning device.
3. Hose clamps, gaskets (in place and properly seated)
4. Mask cleanliness (no debris, especially on sealing surfaces)

**5. Any other items deemed necessary by ORGANIZATION.**

The RPA or their designate may repair air purifying type respirators if they have been trained or are otherwise proficient in the proper procedure. Factory-certified personnel must do all repairs to supplied-air respirators. SCBA tanks shall be refilled with Grade D air or better by **NAME OF TANK REFILLING COMPANY**. A Certificate of Analysis shall be annually obtained from this company and held in file. Hydrostatic testing of SCBA air tanks will be performed according to manufacturers' or **NAME OF TANK REFILLING COMPANY** recommendations.

**MEDICAL EVALUATION**

Each employee of **ORGANIZATION** who may be required to routinely wear respiratory protective equipment will be required to either complete a Medical Evaluation Questionnaire, found in Appendix 2 of the WRITTEN PROGRAM (*also found in 3 CCR Section 6739(q)*) or undergo a medical examination by a physician or other licensed health care professional (PLHCP). The medical examination will obtain the same information as the Medical Evaluation Questionnaire. The questionnaire will be completed confidentially by the employee and mailed to the PLHCP. Management may not read the completed questionnaire or assist the employee in filling out the questionnaire. If the employee cannot read the questionnaire, the employee may ask a family member or non-management coworker for assistance, or the RPA may contract an independent translator for the worker.

The PLHCP contracted by **ORGANIZATION** is **PLHCP NAME/ADDRESS**.

The employer will provide the PLHCP with the following information to assist in evaluating the questionnaire:

Type of respirator (Filtering facepiece, half-face, full-face, SCBA, etc.)

Weight of respirator

Duration/Frequency of use

Expect physical effort (medium to heavy)

Temperature/Humidity extremes

Copy of this Respiratory Protection Program

Copy of 3 CCR, Section 6739 (from CDPR internet site)

On evaluation of the employee's completed Medical Evaluation Questionnaire, the PLHCP shall send the employer a copy of the Medical Recommendation Form (Appendix Three) or similar information. A copy of the recommendation will also be provided to the employee. The RPA will retain the recommendation of the PLHCP for any employee that receives a medical evaluation.

If **ORGANIZATION** changes its PLHCP, the RPA shall ensure that the new PLHCP obtains the necessary information by having the documents transferred from the former PLHCP to the new PLHCP.

Subsequent medical evaluations will be performed if any of the following trigger indicators are met:

- Worker reports medical signs or symptoms related to the ability to use a respirator.
- PLHCP, supervisor, or RPA informs the employer that a worker needs to be reevaluated.
- Information from the respirator program, including observations made during fit testing and program evaluation, indicates a need.
- Change occurs in workplace conditions that may substantially increase the physiological burden on a worker.

## **USE LIMITATIONS**

Respirators shall not be worn when conditions prevent a good gas-tight fit.

Prescription lenses, if needed for a full-face respirator, will be mounted within the face mask using manufacturer authorized mounting equipment.

Employees with facial hair (heavy stubble, drooping mustache, long sideburns, beards) that prevent a gas-tight seal shall not wear respiratory protective equipment that requires a tight face to face-piece seal for proper operation. Other types of non-face-sealing respirators, if adequate for mitigating the hazard, may be chosen.

Cartridges, filters and filtering face-pieces will be discarded daily, absent other information on the end-of-service-life indication from the respiratory protection equipment manufacturer or specific end-of-service-life information on the pesticide label.

Air-purifying respirators shall not be worn when an oxygen-deficient atmosphere (less than 19.5% oxygen) is known or suspected, or in environments where high concentrations of air contaminant may be present. Company sites that may develop oxygen-deficiency or high concentrations of hazardous air contaminant include: *(list all worksites that may have these conditions)*.

### **RESPIRATOR FIT TESTING AND USER SEAL-CHECK PROCEDURES FOR RESPIRATORS REQUIRING A FACE TO FACE-PIECE SEAL**

- 1) Qualitative Fit Testing**
- 2) Quantitative Fit Testing**
- 3) Positive/Negative Pressure User Seal-Check**

In all cases, the respirator wearer should select a respirator that feels comfortable. If there are any doubts about the condition or integrity of the respirator or filters, the respirator should be rejected.

As required by 3 CCR Section 6739(e)(4), all fit testing is done in accordance with the requirements found in Department of Industrial Relations Title 8 CCR Section 5144, Appendix A.

**Qualitative Fit Testing:** The following protocols are cited in regulation 3 CCR Section 6739(e)(4) as authorized to fit test respirators:

For testing against organic vapors cartridges:  
Iso-amyl acetate test (“Banana oil”)

For testing against particulate filters:  
Saccharin test  
Bitrex® test  
Irritant smoke test

**ORGANIZATION** uses the **xxx** protocol(s) when conducting qualitative fit-tests.

**Quantitative Fit Testing:** The following protocols are cited in regulation 3 CCR, Section 6739(e)(4) as authorized to fit test respirators:

Generated Aerosol (corn oil, salt, DEHP)  
Condensation Nuclei Counter (PortaCount)  
Controlled Negative Pressure (Dynatech FitTester 3000)

**ORGANIZATION** uses the **xxx** protocol(s) when conducting quantitative fit-tests.

**Positive Pressure User Seal-Check:** This test will be conducted by blocking the exhalation valve with the palm of the hand to prevent air escaping from the mask. Do not press so hard on the exhalation valve that the mask is moved from its proper face-fit position. A slight positive pressure is then created in the mask by gently exhaling until the facepiece starts to pull away from the face. If the mask does not “balloon” up or otherwise pull away, there may be a leak in the mask or in the face seal. However, if there is neither loss of pressure nor outward leakage of air, the wearer and the respirator have passed the positive pressure fit-check.

**Negative Pressure User Seal-Check:** This test will be conducted by blocking the air purifying element(s) with either the palm of each hand or covering it with a plastic wrap. A negative pressure will be created inside the facepiece by gently inhaling and holding the breath for several seconds. The mask should collapse against the face and remain in that position during the test. If the mask does not collapse or otherwise tighten against the face, there may be a leak in the mask or in the face seal. If there is no loss of vacuum or inward movement of air, the wearer and the respirator have passed the negative pressure fit-check.

**Caution!**

The positive/negative pressure user seal-checks are **not** considered “fit-testing”. A qualitative or quantitative fit test must be performed before a respirator can be assigned to a worker. Persons with facial hair that interferes with the sealing surfaces of the respirator will be recorded as unsatisfactory for respirator use without further testing.

## **VOLUNTARY USE OF RESPIRATORY PROTECTION**

[Note: Include this section ONLY if you allow voluntary use of respiratory protection.]

**ORGANIZATION** allows the voluntary use of filtering face-piece respiratory protection when none is required by label directions, permit conditions, or regulatory requirement. In accordance with 3 CCR Section 6739 (b)(2), the required subsection (r) posting, found in Appendix Four, will be displayed alongside the Pesticide Safety Information Series leaflet A-8/N-8.

## **EVALUATION AND EMPLOYEE CONSULTATION**

The respiratory protection program, as defined by this WRITTEN PROGRAM, shall be evaluated annually to ensure that it reflects conditions found in the workplace. If conditions change such that this WRITTEN PROGRAM becomes inadequate or otherwise deficient, the RPA shall take immediate steps to reestablish effective implementation.

Workers required to wear respiratory protection will be consulted, at least annually, on the worker's experience with the respirators and the WRITTEN PROGRAM in general. Workers will be asked about respirator fit, maintenance, appropriateness to the pesticides sprayed and any other information deemed necessary to ensure worker feedback concerning their use of respirators.

All evaluations and consultations will be documented, including declarations of no change. Any modifications to the WRITTEN PROGRAM will be implemented within 30 days.

### *Additional Sources of Information on Respiratory Protection*

*Occupational safety and health consultants.*

*Department of Pesticide Regulation, Worker Health and Safety Branch, 1001 I Street, Sacramento, California 95814*

*Cal/OSHA Consultation Service - see listing under State Government Offices, Industrial Relations Department, in local telephone directory.*

*County Agricultural Commissioner*

*County Health Department.*

*Insurance carriers.*

*Department of Labor, Federal OSHA: Small Entity Compliance Guide  
([http://www.osha.gov/Publications/SECG\\_RPS/secgrev-current.pdf](http://www.osha.gov/Publications/SECG_RPS/secgrev-current.pdf))*

## Appendix One

### Respirator Fit Test Record for ORGANIZATION

ID Number: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Employee First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Trainer: \_\_\_\_\_

Respirator Name: \_\_\_\_\_ Size/Type: \_\_\_\_\_

Tests Used: 

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*(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)*

## Appendix Two

### Medical Evaluation Questionnaire

The completion of this form, or a form substantially equivalent and acceptable to the DEPARTMENT OF PESTICIDE REGULATION, by each respirator wearing employee; and the review of the completed form by a physician or licensed health care provider, is mandatory for all employees whose work activities require the wearing of respiratory protection.

The medical evaluation questionnaire shall be administered in a manner that ensures that the employee understands and documents its content. The person administering the questionnaire shall offer to read or explain any part of the questionnaire to the employee in a language and manner the employee understands. After giving the employee the questionnaire, the person administering the questionnaire shall ask the following question of the employee: "Can you read and complete this questionnaire?" If the answer is affirmative, the employee shall be allowed to confidentially complete the questionnaire. If the answer is negative, the employer must provide either a copy of the questionnaire in a language understood by the employee or a confidential reader, in the primarily understood language of the employee.

To the employee:

Can you read (circle): Yes/No *(This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of the employee.)*

**Your employer 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, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.**

*Section 1. (Mandatory, no variance in this format allowed) Every employee who has been selected to use any type of respirator must provide the following information (please print):*

1. Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Your name: \_\_\_\_\_

3. Your age: \_\_\_\_\_

4. Sex (circle one): Male/Female

5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

6. Your weight: \_\_\_\_\_ lbs.

7. Your job title: \_\_\_\_\_

8. How can you be reached by the health care professional who reviews this questionnaire?  
\_\_\_\_\_

9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:  
(include the area code): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

*Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (please circle "yes" or "no").*

1. Do you currently smoke tobacco or have you smoked tobacco in the last month: Yes/No

**2. Have you ever had any of the following conditions?**

- a. Seizures (fits): Yes/No
- b. Allergic reactions that interfere with your breathing: Yes/No
- c. Claustrophobia (fear of closed-in places): Yes/No
- d. Trouble smelling odors: Yes/No/Do not know
- e. Diabetes (sugar disease): Yes/No/Do not know

**3. Have you ever had any of the following pulmonary or lung problems?**

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you have been told about: Yes/No

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

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

**5. Have you ever had any of the following cardiovascular or heart problems?**

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina (pain in chest): Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Irregular heart beat (an arrhythmia): Yes/No/Do not know.
- g. High blood pressure: Yes/No/Do not know
- h. Any other heart problem that you have been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?
  - a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
  - a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures (fits): Yes/No
8. If you have used a respirator, have you ever had any of the following problems?  
*(If you have never used a respirator, check the following space and go to question 9:)*
  - a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Breathing difficulty: Yes/No
  - f. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10-15 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering this question is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No
11. Do you currently have any of the following vision problems?
  - a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No
13. Do you currently have any of the following hearing problems?
  - a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty fully moving your arms and legs: Yes/No
  - d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulty fully moving your head up or down: Yes/No
  - f. Difficulty fully moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

At the discretion of the PLHCP, if further information is required to ascertain the employee's health status and suitability for wearing respiratory protection, the PLHPC may include and require the questionnaire found in Title 8, California Code of Regulations, section 5144, Appendix C, Part B, Questions 1-19.

# Appendix Three

## Medical Recommendation Form

On \_\_\_\_\_, I evaluated \_\_\_\_\_.  
Date Patient's name

At this time there (are)/(are not) medical contraindications to the employee named above wearing a respirator while working in potential pesticide exposure environments. The patient (does)/(does not) require further medical evaluation at this time. Any restrictions to wearing a respirator or to the type of respiratory protection are given below.

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I have provided the above-named patient with a copy of this form.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Date

## **Appendix Four**

### **Voluntary Respirator Use Posting [Subsection (r) posting]**

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 follow all instructions provided by the manufacturer 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.
5. Air filtering respirators **DO NOT SUPPLY OXYGEN**. Do not use in situations where the oxygen levels are questionable or unknown.