**AISH 32-D Apollo Site Specific Respirator Program (Non-Voluntary)**

|  |  |
| --- | --- |
| Project Name: | Project Number: |
| Location: | Date: |
| Program Administrator: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Specific Tasks Being Performed** | **Routine?** | **Respiratory Hazards** (Check one) | **Type of Respirator**(Check one)Contact Safety Dept. for assistance | **Required Forms Completed and on Site for ALL employees involved** |
|  | Yes | No | \_\_\_ Oxygen Deficient (less than 19.5%)\_\_\_ Gas/Vapors\_\_\_ Particulate (aerosols, mists, dusts, fumes, fogs, smoke, and sprays)\_\_\_\_ Combination of those listed above |  | Half mask | Canister: | 1. AISH 32-A Medical Questionnaire
2. AISH 32-B Fit Test
3. AISH 32-C Training Checklist
 |
|  | Full Face piece | Canister: |
|  | Powered air-purifying Respirator (PAPR)  | Canister: |
|  | Supplied-air |
|  | Self-contained breathing apparatus (SCBA) |
|  | Disposable filtering face piece |
|  | Yes | No | \_\_\_ Oxygen Deficient (less than 19.5%)\_\_\_ Gas/Vapors\_\_\_ Particulate (aerosols, mists, dusts, fumes, fogs, smoke, and sprays)\_\_\_\_ Combination of those listed above |  | Half mask | Canister: |
|  | Full Face piece  | Canister: |
|  | Powered air-purifying Respirator (PAPR) | Canister: |
|  | Supplied-air |
|  | Self-contained breathing apparatus (SCBA) |
|  | Disposable filtering face piece |
|  | Yes | No | \_\_\_ Oxygen Deficient (less than 19.5%)\_\_\_ Gas/Vapors\_\_\_ Particulate (aerosols, mists, dusts, fumes, fogs, smoke, and sprays)\_\_\_\_ Combination of those listed above |  | Half mask | Canister: |
|  | Full Face piece  | Canister: |
|  | Powered air-purifying Respirator (PAPR) | Canister:  |
|  | Supplied-air |
|  | Self-contained breathing apparatus (SCBA) |
|  | Disposable filtering face piece |

**Change out Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Evaluations conducted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Valid for**: 1 year

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

**Fit Tests conducted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Valid for**: 1 year

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

**Training conducted by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_ Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Valid for**: 1 year

**Maintenance:** Refer to Apollo AISH 32 Respiratory Protection Program

**Cleaning:** To be cleaned with mild soap and water. Dust-mask good for one use. Respirators not to be shared between employees

**Storage:** in plastic zip lock bags, stored in**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Inspection:** Prior to each use. Refer to Apollo AISH 32 for specific methods

**Ensuring Safe Air quality**: Refer to Apollo AISH 32 Respiratory Protection. **No Apollo employee will work in IDLH environments unless approved by Corporate Safety Manager Mike Ellis or Jeff Grade.**

*\*Program Administrator shall conduct random inspections to ensure proper respirator selection and use.*