**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: | | | | |
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|  | 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.*