**AISH 32-F**

**Annual Respiratory Program Self-Evaluation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Company Name:** | |  | **Location:** |  | |
| **Assessment by:** | |  | **Date:** |  | |
| **Respiratory Protection Program (RPP)** | | | | | |
| Respiratory Protection Program has been reviewed for compliance with state and or federal compliance. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| At least one individual is assigned responsibility by management to implement and maintain the respirator program: | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Selection of Respirators** | | | | | |
| Airborne contaminants (e.g. specific chemicals) are identified in each work area or department that requires the use of respiratory protection. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
|  | | | | | |
| Is respiratory hazard(s) identified in the workplace; this evaluation shall include a reasonable estimate of employee exposures to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be immediately dangerous to life and health (ILDH). | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| Respiratory protection provided to employees has NIOSH approval labels and information that is clearly legible. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| For IDLH work, either a self-contained breathing apparatus (SCBA) with a minimum service life of 30 minutes or a combination full facepiece supplied-air respirator (SAR) with auxiliary self-contained air supply is provided to the employee. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| The respirators provided and canisters/cartridges used have been selected to protect against the specific chemical hazards in the work environment. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| Respirator canister/cartridge change schedules are established based on objective information that ensures the canister/cartridge is changed before the end of its service life. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Medical Evaluations** | | | | | |
| Initial medical evaluations are provided to determine the employee’s ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| A Physician or other Licensed Health Care Professional (PLHCP) is performing medical evaluations using the mandatory medical questionnaire or an initial exam that obtains the same information. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| Follow-up medical exams are provided whenever the medical exam provider notifies the employer of the need for a follow up exam. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| The PLHCP provides the employer a written opinion on the employee’s ability to wear a respirator. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Fit Testing** | | | | | |
| Employees required to wear a respirator pass a “fit test” per OSHA requirements before being asked to wear the respirator in the work environment. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| Employees required to wear a respirator pass a “fit test” at least annually. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Use of Respirators – Face piece Seal Procedures** | | | | | |
| Employees assigned to wear tight-fitting face piece respirators are not permitted to have facial hair or have any other condition that interferes with the ability of the respirator to have a good seal or interfere with valve performance. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| The employer must ensure that if an employee wears corrective glasses or other PPE (e.g. safety glasses/goggles), it is worn in a manner that it does not interfere with the seal of the respirator face piece to the face of the user. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
|  | | | | | |
| Employees perform a “user seal check” each time they put on the respirator. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Maintenance and Care of Respirators** | | | | | |
| Proper supplies and facilities are available for cleaning, disinfecting and repairing respiratory protection equipment. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| When not in use, respirators are stored in a manner that protects them against damage, sunlight, chemical contamination and temperature extremes. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| Procedures exist to ensure that respirators are inspected before each use and during cleaning activities. In addition, respirators maintained for use in emergency situations (e.g. SCBA units) must be inspected monthly. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
|  | | | | | |
| Procedures exist and employees are trained to remove respirators that fail an inspection. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Employee Training** | | | | | |
| Employees who are provided respirators receive initial training on proper use, limitations, and care of respiratory protection and the airborne hazards in their work area. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| 1910.134 (k) (5) Employees are provided information and training on respirator use/care/limitations at least annually or more often if retraining appears necessary to ensure safe use. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| **Recordkeeping** | | | | | |
| Fit tests, written medical opinions from the PLHCP, and employee training records are readily available for review and maintained by the RPP Administrator. | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Yes** | **No** | **N/A** |  |  | |  |  |  | | **Comments:** | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Completed By and Date: | | | | | |
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