

# RESPIRATORY PROTECTION PROGRAM

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## SCOPE

According to the California Division of Occupational Safety and Health Administration (Cal/OSHA) regulations and the Los Angeles Unified School District (LAUSD) Policy, all LAUSD personnel who are required to use respiratory protection equipment, including filtering facepiece respirators (N95), shall be included in the LAUSD Respiratory Protection Program (RPP).

The primary objective of the RPP is to provide guidelines and procedures on the use of respirators for tasks where elimination/substitution, engineering or administrative controls are clearly impractical and in case of emergencies.

The RPP applies to LAUSD employees who are required to use respirators based on their job duties. Refer to [Appendix A](#) for the list of job classifications that are required to wear respirators. This policy does not apply to contractors, as they are responsible for providing their own respiratory protection program and protective equipment for their employees.

## RESPONSIBILITIES

### *Program Administrator*

The RPP Program Administrator is Jennifer Flores, Deputy Environmental Health and Safety Director, with the Office of Environmental Health and Safety (OEHS). The Program Administrator:

- Has the authority and responsibility to implement, review and update the RPP annually and as needed in accordance with Cal/OSHA regulations
- Oversees medical screening services
- Approves respirators for use
- Ensures respiratory protection training and fit testing is conducted annually
- Ensures medical, training and fit testing records are properly maintained
- Ensures new hires are medically screened and trained prior to issuance of a respirator or assigned tasks that require the use of a respirator.

### *Supervisors*

- Provide and replace respiratory protective equipment as needed
- Ensure employees wear respirators when required or needed
- Ensure employees are using the appropriate respirator for the task
- Ensure respirators are being properly cleaned, inspected, maintained, and stored according to the RPP requirements
- Ensure all employees who use a respirator are properly trained and fit tested
- Monitor and report to OEHS:
  - Changes in condition in the work areas where respiratory protection is use
  - Employee exposures
  - Previously unrecognized respiratory hazards

### *Employees*

- Follow District policy and manufacturer's instructions on respirator:
  - Use
  - Maintenance
  - Limitations
  - Medical Screening
  - Training
  - Fit Testing
- Notify the supervisor or OEHS of any condition or changes that may interfere with the use of a respirator
- Follow cartridge/filter change out schedule in accordance with this program

## **MEDICAL EVALUATION**

Employees are not permitted to wear respirators (except for the voluntary use of a filtering face piece or N95) until a physician or other licensed healthcare professional has determined that they are medically able to do so.

Medical evaluations and screening services are provided by the following contractor and overseen by their licensed Occupational Physician.

**Adventist Health Glendale**  
**600 S. Glendale Avenue**  
**Glendale, CA 90205**

Medical questionnaires ([Appendix B](#)) and examinations will be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee at no cost to the employee.



Employees will be:

- Provided a copy of their completed questionnaire
- Granted follow-up medical exams as required by the Occupational Physician
- Provided the opportunity to speak with the Occupational Physician about their medical evaluation.

After an employee receives clearance and begun to wear their respirator, additional medical evaluations will be provided if:

- The employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing
- The Occupational Physician or supervisor informs OEHS that the employee needs to be re-evaluated
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for re-evaluation
- A change in workplace conditions (e.g., physical work effort, protective clothing, and temperature) that may result in a substantial increase in the physiological burden placed on an employee
- If other CAL/OSHA regulations require annual or more frequent medical evaluation.

## TRAINING & FIT TESTING

Initial Respiratory Protection training and fit testing are provided prior to respirator use per District policy, Cal/OSHA regulations, and manufacturer's instructions. Annual training and fit testing will be conducted thereafter.

Qualitative Fit Testing will be performed:

- Following the manufacturer's instructions
- Using an approved testing agent such as saccharin, Bitrex® or smoke tube (for School Police)
- And documented on the OEHS Respirator Training and Fit Testing Form ([Appendix C](#))

## RESPIRATOR SELECTION

Air purifying respirators work by removing gases, vapors, aerosols (airborne droplets and solid particles), or a combination of contaminants from the air using filters, cartridges, or canisters. The appropriate respirator for a particular situation will depend on the environment and the contaminant(s).

LAUSD employees in the RPP are issued respirators that are certified by the National Institute for Occupational Safety & Health (NIOSH) and approved by OEHS.



Proper respirator(s) will be selected depending on:

- Type of Exposure
- Amount of Exposure
- Where and when the respirator must be used
- Manufacturer's instructions for chemical use (e.g. Pesticide labels)

The following types of Air Purifying Respirators (APR) are typically used in the District:

- Half-Face air purifying
- Full-Face air purifying
- N95
- Powered air purifying respirator (PAPR)

Employees must use the approved respirators selected for the specific operations. They may only use the brand, make, model, style, and size of respirator for which they were trained and fit tested.

To view a full list of respirator and cartridge/filter codes from a manufacturer widely used by the District (North), refer to [Appendix D](#). Similar tables from other manufacturers can be accessed online, by contacting the vendor or OEHS.

### Examples:

#### Half-Face Respirators



#### Full-Face Respirators



#### PAPR



#### N95 Disposable Respirators



3M



Byd



Makrite



Gerson



## APPLICATIONS

Respirators are used throughout LAUSD to protect employees from the following types of contaminants and hazards.

- Construction activities that may impact asbestos and lead containing building materials
- Chemical products that may contain volatile organic compounds (VOC)
- Pesticide applications
- Exposure to ash (fine particulates) from wildfires
- Events that generate nuisance dust
- Chemical spill response and clean up
- Welding and soldering
- Aerosol Transmissible Diseases (ATDs) such as
  - COVID-19
  - Avian Influenza
  - Influenza (H1N1)
  - Severe Acute Respiratory Syndrome (SARS)
  - Tuberculosis (TB)
  - Other listed in [Title 8, CCR, Section 5199 – Appendix A](#)

## LIMITATIONS

Air-purifying respirators (APRs) must be used in accordance with the manufacturer's instructions, District policy, NIOSH, and CAL/OSHA regulations.

Respirators are only effective in protecting employees when used appropriately and properly fitted. Employees should only wear respirators that they have been fit tested with. Employees must never share their respirators.

Any interference of the seal of the respirator against the skin can render a respirator useless. Be sure that facial hair or any other conditions do not interfere with the sealing surface of the face piece and the face of the user. Intake and exhaust valves also need to function properly with no interference. If corrective glasses, goggles, or other personal protective equipment (PPE) are worn with a respirator, the employee must ensure that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

DO NOT:

- Remove respirators in hazardous environments



**LAUSD**  
**UNIFIED**

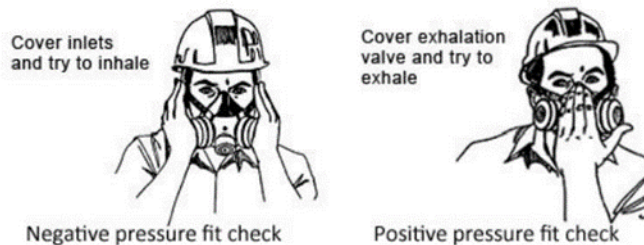
- Use in interior structural firefighting situations
- Alter, abuse, or misuse respirators
- Use in Immediately Dangerous to Life or Health (IDLH) atmospheres (i.e., oxygen enriched/deficient environments) which can:
  - Pose an immediate threat to life
  - Cause irreversible adverse health affects
  - Impair an individual's ability to escape from a dangerous atmosphere
- Use for protection against unknown contaminants

## RESPIRATOR USE

Each time a respirator is used, the user must inspect the respirator prior to use in accordance with the manufacturer's instructions to ensure it is in good condition and check for missing or damaged valves. DO NOT USE the respirator, if any deficiencies are found. The user must also perform a seal check to ensure the respirator fits properly and does not leak.

### *Perform a User Seal Check*

#### Full-Face/Half-Mask Air Purifying Respirator Seal Check







## N95 Respirator – User Seal Check



- Do **NOT** use the respirator, if you are unable to achieve a good seal.
- Clean and sanitize the respirator before and after each use
- Inspect their respirator after each use
- Store in a protected, convenient, clean, and sanitary location away from direct sunlight and extreme temperature.
  - Full-face/half-mask – Should be stored in a sealed plastic bag and container to avoid crushing or tearing
  - N95 – Store in a clean and dry paper bag
- In case of an emergency, including respirator malfunction, immediately leave the area and replace it with a new respirator

## CARTRIDGE CHANGE OUT SCHEDULE

All respirator manufacturers produce their own cartridges for various contaminants. The cartridges must be made by the same company that makes your respirator. You cannot interchange them among different manufacturers.

Different types of cartridges are used for different contaminants. Most cartridges are color-coded to allow for easier identification and selection. And each cartridge has specific change-out schedules for when they need to be replaced.



## Examples of Typical Filtered Cartridge Color Codes Regardless of Manufacturer

Color	Type
White	Acid Gas
Black	Organic Vapors
Green	Ammonia Gas
Yellow	Acid Gas & Organic Vapor
Olive	Multigas (protects against numerous gases and vapors)
Magenta	Particulate Filter Cartridge (HEPA) (Also called P100)

### P100 Cartridges

Filter particulates and aerosols (e.g. dust, mists, fumes, smoke, mold, bacteria, etc.).

- Replace:
  - when the user has trouble breathing
  - when cartridges become damaged or wet
  - after every 8-hour shift when used for asbestos, lead, heavy metals, and fumes
  - every 6-months or when having trouble breathing when used only for nuisance dust
  - when recommended by the manufacturer label or instructions for chemical and pesticide applications



### Gas and Organic Vapor Cartridges

There are different types of filters for specific types of gases/vapors such as mercury vapor or anhydrous ammonia. (Refer to manufacturer's instructions for more information.)

- Replace when:
  - user has trouble breathing
  - user can smell the chemical vapor
  - cartridges are damaged or wet
  - recommended by the manufacturer label or instructions for chemical and pesticide applications
  - End-of-service-life indicator (ESLI) is visible





ESLI is located in the midsection of the filter will turn dark to indicate the filter needs to be discarded and replaced.

### *Combination Stack P100/Organic Vapor Cartridges*

Filters particles, gases, and vapors. Different combination particulate/cartridge filters are used depending on the gas or vapor present in the air.

- Replace:
  - when user has trouble breathing
  - when user can smell the Organic Vapor
  - cartridges are damaged or wet
  - after every 8-hour shift when used for asbestos, lead, heavy metals, and fumes
  - every 6-months or when having trouble breathing when used only for nuisance dust
  - when recommended by the manufacturer label or instructions for chemical and pesticide applications



### *N95 Respirator*

N95 respirator is a type of disposable respirator that removes particles from the air that are breathed through it. These respirators filter out at least 95% of very small (0.3-micron) particles.

- N95 respirators can filter out particles, including bacteria, viruses, and dust.
- Replace:
  - after every 8-hour shift
  - when damaged, deteriorated or wet
  - trouble breathing
  - according to manufacturer's instructions





## VOLUNTARY USE

Voluntary use of air purifying respirators may be permitted under certain circumstances. The following requirements must be implemented.

### *HALF MASK AND FULL MASK RESPIRATORS*

OEHS must review and approve all employee requests for voluntary use of respirators.

- If voluntary use is approved, the supervisor must provide the employee with the Voluntary Use Posting ([Appendix E](#)).
- The Voluntary Use Posting must be posted in a conspicuous location at all facilities where voluntary use of respirators is permitted including each Maintenance and Operations area.

### *N95, KN95, KF94 RESPIRATORS*

Voluntary use of N95 or similar respirators may only be used to control exposure to nuisance levels of dust particulates and/or COVID-19. Evaluation and approval to wear these types of respirators do not require OEHS approval.

- If a N95 mask is used voluntarily, the following information must be provided to the employee:
  - [Safety Alert 21-01, Voluntary Use of N95 Respirators by Employees](#)
  - Appendix D from Title 8 CCR, Section 5144, (Mandatory) - Information for Employees Using Respirators When Not Required Under the Standard ([Appendix E](#))
  - Manufacturer's instructions

## PROGRAM EVALUATIONS

The Respiratory Protection Program is evaluated by OEHS on a periodic and/or as needed basis. Employees required to use respirators are consulted when evaluating program effectiveness during their annual training and fit testing. This is reflected on the Fit Test Form (Appendix C). Issues identified are corrected in a timely manner.



## RECORDKEEPING

The following records are maintained in accordance with LAUSD's recordkeeping policies for at least five (5) years.

- Respirators approved for use
- Medical evaluations
- Exposure assessments
- Voluntary respirator use (if any)

The following records are maintained for at least one (1) year:

- Respirator training and qualitative fit test forms

## LAUSD SAFETY ALERTS

OEHS Safety Alerts	Subject Matter
<a href="#">Safety Alert 22-01</a>	EMPLOYEE USE OF N95, KN95, AND KF94 RESPIRATORS & SURGICAL MASKS FOR COVID-19
<a href="#">Safety Alert 21-01</a>	VOLUNTARY USE OF N95 RESPIRATORS
<a href="#">Safety Alert 04-06</a>	RESPIRATOR USE AND FIT TESTING

## REGULATORY REFERENCES

Title 8 CCR §5144 – Respiratory Protection: [www.dir.ca.gov/title8/5144.html](http://www.dir.ca.gov/title8/5144.html)

Title 8 CCR §5144 (b) – Definitions: [www.dir.ca.gov/title8/5144.html](http://www.dir.ca.gov/title8/5144.html)

Title 3 CCR §6739: [www.cdpr.ca.gov/docs/legbills/calcode/030302.htm#a6739](http://www.cdpr.ca.gov/docs/legbills/calcode/030302.htm#a6739)

***For questions or inquiries regarding the LAUSD Respiratory Protection Program, please contact OEHS at (213) 241-3199, [OEHSQuestions@lausd.net](mailto:OEHSQuestions@lausd.net) or visit our website at <https://achieve.lausd.net/oehs>.***

## APPENDIX A

### Job Classifications in The Respiratory Protection Program

AIR FILTER TECHNICIAN 2	ELECTRICIAN - APPRENTICE	HVAC TEST TECHNICIAN	SHEET METAL - APPRENTICE
AREA CARPENTRY SUPERVISOR	ELECTRON MICROSCOPIST	HVAC TEST TECHNICIAN - SENIOR	SHEET METAL WORKER
AREA ELECTRICAL SUPERVISOR	ELECTRONICS TECHNICAL SUPERVR	INSULATOR/ASBESTOS ABATMNT WKR	SITE ASSESSMENT PROGRAM ADMIN
AREA HEATING&AIR CONDITNG SPVR	ENVIRONMENTAL ASSESSMENT COORD	IT ELECTRONICS COMM TECHNICIAN	SPVG AUTOMOTIVE BODY MECHANIC
AREA PAINTING SUPERVISOR	ENVIRONMENTAL HEALTH SUPVSR	IT ELECTRONICS COMMUNICATN SPVR	SPVG BLDG/CONSTR INSPECTOR
AREA PLUMBING SUPERVISOR	ENVIRONMENTAL HLTH MGR, ENVIR PGM	LOCKSMITH	SR ASBESTOS ABATEMENT WORKER
ASBESTOS ABATEMENT ASSIST	ENVIRONMENTAL HLTH MGR, SAFETY & IND HYG	MAINTENANCE MANAGER	SR CARPENTER
ASBESTOS ABATEMENT SUPERVISOR	ENVIRONMENTAL LABORATORY ANALYST	MAINTENANCE WORKER	SR ELECTRICIAN
ASBESTOS SURVEYOR	ENVIRONMENTAL SAFETY OFFICER	MAINTENANCE WORKER - SUPERVISING	SR FLOOR COVERING INSTALLER
ASST GARAGE SUPERVISOR	ENVIRONMNTL HEALTH SPECIALIST	METAL WORK - AREA SUPERVISOR	SR GLAZIER
AUTOMOTIVE BODY MECHANIC	FIRE EQUIPMENT SERVICER	PAINTER	SR HEATING & AIR COND FITTER
AUTOMOTIVE MECHANIC	FIRE EQUIPMENT SERVICER - SENIOR	PAINTER - APPRENTICE	SR IT ELECTRONICS COMMUN TECH
BLDG/CONSTRUC INSPECTOR	FLOOR COVERING INSTALLER	PAINTER INSPECTOR	SR LOCKSMITH
BLDG/CONSTRUC INSPECTOR (CLASS I)	GARAGE SUPERVISOR	PAINTING INSPECTOR - SENIOR	SR METAL WORKER
BUILDING ENGINEER	GLAZIER	PEST MANAGEMENT TECHNICIAN	SR PAINTER
BUILDING ENGINEER - SENIOR	GLAZING SUPERVISOR	PLASTERER & CONCRETE FINISHER	SR PEST MANAGEMENT TECHNICIAN
BUILDING MOVER	GRAPHIC ARTS MACHINIST	PLUMBER	SR PLUMBER
BUILDING MOVER - ASSISTANT	GRAPHIC ARTS MACHINIST - SUPERVISOR	PLUMBER - APPRENTICE	SR ROOFER
BUILDING MOVER - SENIOR	HARDWARE - ASST SUPERVISOR	PLUMBING INSPECTOR	SR. POWER EQUIPMENT MECHANIC
CARPENTER	HARDWARE INSPECTOR	PLUMBING TECHNICAL SUPERVISOR	STAGE RIGGER
CARPENTER - APPRENTICE	HARDWOOD FLOOR WORKER	POWER EQMT MECHANIC - SUPERVISING	STEEL INSPECTOR
CARPENTRY TECHNICAL SUPERVISOR	HEATING & AIR COND INSPECTOR	POWER EQUIPMENT MECHANIC	TILE LAYER
CENTRAL SHOPS SUPERVISOR	HEATING & AIR COND TECHNCL SPVR	REFRIGERATION FITTER	TILE LAYER HELPER
DIR, ENVIRON HEALTH & SAFETY	HEATING & AIR CONDITIONING FITTER	RELOCAT HOUSNG MANUFAC INSPCTR	UPHOLSTERER
DPTY ENVR HEALTH & SAFETY DIRECTOR	HIGH PRESSURE ENGINEER	ROOFER	WELDER
ELECTRICAL INSPECTOR	HVAC FITTER - APPRENTICE	ROOFING INSPECTOR	
ELECTRICIAN	HVAC TECHNICAL SPVR - HIGH RISE	ROOFING SUPERVISOR	



## APPENDIX B

### Medical Questionnaire

Pages 16 -18

## OSHA Respirator Medical Evaluation Questionnaire Occupational Medicine Center

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Initial

Job title: \_\_\_\_\_ Employee#: \_\_\_\_\_

### To the Employee:

Can you read English?

☐ Yes

☐ No If "No" who helped you to understand and complete this questionnaire?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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. The following information must be provided by every employee who has been selected to use any type of respirator ( please print)

1. Today's date: \_\_\_\_\_
2. Sex ☐ Male ☐ Female
3. Your height : \_\_\_\_\_ Feet \_\_\_\_\_ Inches
4. Your weight: \_\_\_\_\_ lbs.
5. Birth date: \_\_\_\_\_
6. Your age: (to nearest year) \_\_\_\_\_
7. A phone number where you can be reached by the healthcare professional who will review this questionnaire (include the area code) \_\_\_\_\_
8. The best time to phone you at this number: \_\_\_\_\_
9. Has your employer told you how to contact the healthcare professional who will review this questionnaire? ☐ Yes ☐ No
10. Check the type of respirator you will use (you can check more than one category)  
☐ N,R, or P disposable (filter-mask, non-cartridge type only)  
☐ Other type (for example, half or full-face piece type, powered air purifying, supplied-air SCBA)
11. Have you worn a respirator? ☐ Yes ☐ No If "Yes", what type(s): \_\_\_\_\_

### Section 2. Please answer each question by checking "Yes" or "No"

1.

☐ Yes ☐ No Do you currently smoke tobacco, or have you smoked tobacco in the past month?

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

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seizures (fits)                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Diabetes (sugar disease)                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Allergic reactions that interfere with your breathing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Claustrophobia (fear of closed – in places)           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trouble smelling odors                                |



Name: \_\_\_\_\_

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

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asbestosis  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Asthma  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chronic Bronchitis  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Emphysema   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pneumonia   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Tuberculosis  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Silicosis   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pneumothorax (collapsed lung)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lung Cancer   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Broken ribs   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any chest injuries or surgeries                                       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other lung problem that you've been told about (please describe ) |
- 

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

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortness of breath  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortness of breath when walking fast on ground level or walking up a slight hill or incline |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortness of breath when walking with other people at an ordinary pace on level ground       |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have to stop for breath when walking at your own pace on level ground                        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortness of breath when washing or dressing yourself  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Shortness of breath that interferes with your job  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coughing that produces phlegm (thick sputum)   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coughing that wakes you early in the morning   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coughing that occurs when you are mostly lying down  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Coughing up blood in the last month  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wheezing   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Wheezing that interferes with your job   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chest pain when you breathe deeply   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other symptoms that you think may be related to lung problems                            |
- Please describe: \_\_\_\_\_
- 

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

- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart attack  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stroke  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Angina  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart failure   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Swelling in your legs or feet (not caused by walking)                 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heart arrhythmia (hear beating irregularly)                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | High blood pressure   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other heart problem that you've been told about (please describe) |
- 

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

- |                              |                             |  |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Frequent pain or tightness in your chest   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Pain or tightness in your chest during physical activity                           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | In the past two years, have you noticed your heart skipping or missing a beat      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Heartburn or indigestion that is not related to eating                             |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any other symptoms that you think may be related to heart or circulation problems? |
- Please describe: \_\_\_\_\_
-

Name: \_\_\_\_\_

**7. Do you currently take medication for any of the following problems?**

- ☐ Yes ☐ No Breathing or lung problems  
☐ Yes ☐ No Heart trouble  
☐ Yes ☐ No Blood pressure  
☐ Yes ☐ No Seizures (fits)

☐ Yes ☐ No **8. Have you used a respirator before?**

If "No", please skip to question # 9, If "Yes", have you ever had any of the following problems?

- ☐ Yes ☐ No Eye irritation  
☐ Yes ☐ No Skin allergies or rashes  
☐ Yes ☐ No Anxiety  
☐ Yes ☐ No General weakness or fatigue  
☐ Yes ☐ No Any other problem that interferes with your use of a respirator  
Please describe: \_\_\_\_\_

☐ Yes ☐ No **9. Would you like to talk to the health care professional who will receive this questionnaire?**

☐ Yes ☐ No **10. Have you ever lost your vision in either eye (temporarily or permanently)**

**11. Do you currently have any of the following vision problems?**

- ☐ Yes ☐ No Wear contact lenses  
☐ Yes ☐ No Wear glasses  
☐ Yes ☐ No Color blind  
☐ Yes ☐ No Any other heart problem that you've been told about (please describe)

☐ Yes ☐ No **12. Have you ever had an injury to your ears, including a broken ear drum?**

**13. Do you currently have any of the following hearing problems?**

- ☐ Yes ☐ No Difficulty hearing  
☐ Yes ☐ No Wear a hearing aid  
☐ Yes ☐ No Any other hearing or ear problem (please describe)

☐ Yes ☐ No **14. Have you ever had a back injury?**

**15. Do you currently have any of the following musculoskeletal problems?**

- ☐ Yes ☐ No Weakness in any of your arms, hands, legs or feet  
☐ Yes ☐ No Back pain  
☐ Yes ☐ No Difficulty fully moving your arms and legs  
☐ Yes ☐ No Pain and stiffness when you lean forward or backward at the waist  
☐ Yes ☐ No Difficulty fully moving your head up and down  
☐ Yes ☐ No Difficulty fully moving your head from side to side  
☐ Yes ☐ No Difficulty bending your knees  
☐ Yes ☐ No Difficulty squatting to the ground  
☐ Yes ☐ No Difficulty climbing a flight of stairs or a ladder carrying more than 25lbs.  
☐ Yes ☐ No Any other muscle or skeletal problem that interferes with using a respirator  
Please describe: \_\_\_\_\_



## APPENDIX C

Respirator Training and Fit Test Form

Pages 20-21



Office of Environmental Health and Safety  
333 S. Beaudry Ave., 21<sup>st</sup> Floor  
Los Angeles, CA 90017  
(213) 241-3199



## ***SAFETY ALERT***

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No. 04-06

RESPIRATOR USE AND FIT TESTING

DEC. 2015

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This is to clarify the District's policy regarding respirator use. All District employees required to wear respiratory protective equipment must:

- Pass a medical evaluation by a District approved physician to determine their ability to wear a respirator.
- Receive instruction and training by the Office of Environmental Health and Safety regarding:
  - Need, selection, & use
  - Inspection & maintenance
  - Cleaning & sanitizing
  - Disposal
  - Limitations
  - Storage
  - Proper donning & fit-checking techniques
- Undergo a "fit test" to ensure proper function of a District-issued respirator.
- Maintain a good "respirator-to-face seal". Most facial hair – including stubble, mustaches, sideburns, beards, low hairlines, and bangs – will obstruct the sealing surface of the respirator and prevent a good seal.

The Occupational Safety and Health Act (OSHA) prohibits respirator "fit testing" if there is any hair between the employee's face and the sealing surface of the respirator, or if facial hair (mustache, beard) interferes with respirator valves. Supervisors are required to make sure respirator sealing surface areas are free of hair on a daily basis and that a good respirator-to-face seal can be obtained for every employee using a respirator.

The failure to pass a medical examination, fit test, or respirator training program will preclude an employee from performing any job that requires use of respiratory protection.

If you have any questions on respirator use or need to schedule respirator training, please contact the Office of Environmental Health and Safety at (213) 241-3199.

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DISTRIBUTION:      Maintenance and Operations  
                             Garages  
                             School Police

Rev. 12/4/15

## Respirator Training and Fit Testing Form

NAME	EMPLOYEE #	TITLE	AREA

## 1. LATEST MEDICAL SCREENING

Date	Cleared For PPE Use?	Pending Results
	* indicates a change in status from the previous medical screening	
<b>Medical Examiner's Comments</b>		

**2. LAST FIT TEST** -- If any details are missing or incorrect, mark the appropriate updates in Section 3.

Date	Respirator Type	Manufacturer	Size	Application	Limitations

**\*\*Initial here if there are NO updates/changes to be made for this section**

**3. UPDATES -- Only make marks if updates or corrections need to be made for Section 2.**

Respirator Type	Manufacturer	Size	Application	Limitations
<input type="checkbox"/> Half-mask air-purifying	<input type="checkbox"/> 3M	<input type="checkbox"/> Small	<input type="checkbox"/> Asbestos/Lead (Magenta/Purple)	(Check all that apply)
<input type="checkbox"/> Full-face air-purifying	<input type="checkbox"/> AO	<input type="checkbox"/> Med.	<input type="checkbox"/> Painting/Organic Vapors (Black)	<input type="checkbox"/> Medical Restrictions
<input type="checkbox"/> SCBA	<input type="checkbox"/> Willson	<input type="checkbox"/> Large	<input type="checkbox"/> Pesticides (Yellow)	<input type="checkbox"/> Facial Hair
<input type="checkbox"/> Air Line	<input type="checkbox"/> Scott		<input type="checkbox"/> Dust/Fumes/Mists (Magenta/Purple)	<input type="checkbox"/> Denture
<input type="checkbox"/> PAPR	<input type="checkbox"/> North		<input type="checkbox"/> Dry Chem/Fire Ext Discharge (Magenta/Purple)	<input type="checkbox"/> Glasses
<input type="checkbox"/> Disposable:	<input type="checkbox"/> Sperian		<input type="checkbox"/> Law Enforcement (Magenta/Olive Green)	<input type="checkbox"/> Contact Lenses
<input type="checkbox"/> Other:	<input type="checkbox"/> Survivair			<input type="checkbox"/> Other (e.g. scars, deformity):
	<input type="checkbox"/> Other:			<input type="checkbox"/> Can Fit Test (non-interfering facial hair)
				<input type="checkbox"/> Can't Fit Test (until facial hair is removed)
<b>Comments:</b>				

Are you satisfied with current respirator selection and program?      YES      NO	
Comments:	
I have read and understand the guidelines of <i>Safety Alert No. 04-06, "Respirator Use and Fit Testing,"</i> on the reverse and confirm the details listed in Section 2 and Section 3 are correct.	
<b>Employee Signature</b>	<b>Date</b>

FOR TEST OPERATOR		
Positive/Negative Pressure Check: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Qualitative Fit Test: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	Agent Used: <input type="checkbox"/> Bitrix	<input type="checkbox"/> Isoamyl Acetate
	<input type="checkbox"/> Sweetener	<input type="checkbox"/> Irritant Smoke
My signature confirms: <input type="checkbox"/> This fit test was completed <input type="checkbox"/> I was unable to fit test this employee		
<b>Name:</b>	<b>Signature</b>	<b>Date</b>









## APPENDIX D

















### Respirator and Cartridge/Filter Codes

Respirator Code	Respirator Type
( F )	Full Facepiece (with appropriate cartridges and filters)
AG	Acid Gas Respirator
AM	Ammonia/Methylamine Respirator
FORM	Formaldehyde Respirator
HF	Hydrogen Fluoride Respirator
Hg	Mercury Vapor Respirator
MG	Multi-gas/Vapor Respirator
N100	N100 Particulate Respirator
N95	N95 Particulate Respirator
OV	Organic Vapor Respirator
OZ	Ozone Respirator
P100	P100 Particulate Respirator
P95	P95 Particulate Respirator
R95	R95 Particulate Respirator
SA	Supplied Air Respirator
SA ( F )	Supplied Air Respirator with full facepiece, helmet, hood or loose fitting facepiece

#### CARTRIDGES AND FILTERS FOR POWERED AIR-PURIFYING RESPIRATORS

GAS AND VAPOR CARTRIDGES		Label Color
	Defender™ Multi-Purpose Cartridge: Organic Vapor, Ammonia, Methylamine, Formaldehyde and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Sulfide, Hydrogen Fluoride, Chlorine Dioxide)	Olive
	Organic Vapor Cartridge	Black
	Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide) and Formaldehyde Cartridge	White
	Organic Vapor and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Hydrogen Sulfide, Chlorine Dioxide) Cartridge	Yellow
	Ammonia and Methylamine Cartridge	Green
	Mercury Vapor and Chlorine Cartridge with End-of-Service-Life-Indicator (ESLI) for Mercury Vapor	Olive










COMBINATION GAS AND VAPOR CARTRIDGES WITH P100 PARTICULATE FILTERS		Label Color
	Defender™ Multi-Purpose Cartridge and P100 Particulate Filter: Organic Vapor, Ammonia, Methylamine, Formaldehyde and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Sulfide, Hydrogen Fluoride, Chlorine Dioxide) with a P100 particulate filter (99.97% minimum filter efficiency) for all particulates	Olive and Magenta
	Organic Vapor Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	Black and Magenta
	Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide) and Formaldehyde Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	White and Magenta
	Organic Vapor and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Hydrogen Sulfide, Chlorine Dioxide) Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	Yellow and Magenta
	Ammonia and Methylamine Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	Green and Magenta
	Mercury Vapor and Chlorine Cartridge with End-of-Service-Life-Indicator (ESLI) for Mercury Vapor, with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	Olive and Magenta
PARTICULATE FILTERS		Label Color
	P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	Magenta
	Pancake: Low Profile P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates	Magenta
	Pancake Filter Assembly. Low Profile P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates. Filter Assembly includes 5 pair 75FFP100 and 1 pair N750035 adapters for use with air-purifying gas and vapor cartridges (except Defender)	Magenta
	Pancake with odor relief: Low Profile P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates; with odor relief from nuisance levels of organic vapors, acid gases and ozone	Magenta
	N95 Non-Oil Particulate Filter (95% minimum filter efficiency) for non-oil based aerosol particulates	
	N95 Filter Assembly. Includes 1 pair each of 7506N95 filter, N750015 filter holder and N750027 filter cover	
	N99 Particulate Filter (99% minimum filter efficiency) for non-oil based aerosol particulates	
	N99 Filter Assembly. Includes 1 pair each 7506N95 filter, N750015 filter holder and N750027 filter cover	
	R95 Particulate Filter (95% minimum filter efficiency) Note: R class filters are limited to 8 hours of use in environments with oil based aerosol particulates	
	R95 Filter Assembly. Includes 1 pair each of 7506R95 filter, N750015 filter holder and N750027 filter cover	





**CARTRIDGES AND FILTERS FOR POWERED AIR-PURIFYING RESPIRATORS**

<b>GAS AND VAPOR CARTRIDGES</b>		<b>Label Color</b>
	Organic Vapor Cartridge	<b>Black</b>
	Organic Vapor, Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide, Hydrogen Sulfide) and Formaldehyde Cartridge	<b>Yellow</b>
	Ammonia and Methylamine Cartridge	<b>Green</b>
<b>COMBINATION GAS AND VAPOR CARTRIDGES WITH HEPA FILTERS</b>		<b>Label Color</b>
	Organic Vapor Cartridge with HEPA (High Efficiency Particulate Air-purifying) filter, (99.97% minimum filter efficiency) for all particulates	<b>Black and Magenta</b>
	Organic Vapor, Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide, Hydrogen Sulfide) and Formaldehyde Cartridge with HEPA (High Efficiency Particulate Air-purifying) filter, (99.97% minimum filter efficiency) for all particulates	<b>Yellow and Magenta</b>
	Ammonia and Methylamine Cartridge with HEPA (High Efficiency Particulate Air-purifying) filter, (99.97% minimum filter efficiency) for all particulates	<b>Green and Magenta</b>
<b>HEPA (HIGH EFFICIENCY PARTICULATE AIR-PURIFYING) FILTER</b>		<b>Label Color</b>
	HEPA (High Efficiency Particulate Air-purifying) filter, 99.97% minimum filter efficiency for all particulates	<b>Magenta</b>

As referenced from [North Cartridge and Filter Reference Chart](#).





## APPENDIX E

### Voluntary Use Posting



Attachment #1 for COVID-19

#### **Appendix D to Section 5144: (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard**

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 heed 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.

Additional information may be found in Cal/OSHA's *Respiratory Protection in the Workplace – A Guide for Employers* which may be accessed at:

[https://www.dir.ca.gov/DOSH/DOSH\\_Publications/respiratory-protection-employer-guide.pdf](https://www.dir.ca.gov/DOSH/DOSH_Publications/respiratory-protection-employer-guide.pdf)