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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 RRP 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 used
  - 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**

![Half-Face Respirator](image1) | ![Full-Face Respirator](image2) | ![PAPR](image3)

**N95 Disposable Respirators**

![N95 Respirator](image4) | ![N95 Respirator](image5) | ![N95 Respirator](image6) | ![N95 Respirator](image7)
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
• 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 contaminates

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

<table>
<thead>
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<th>Type</th>
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<tr>
<td>White</td>
<td>Acid Gas</td>
</tr>
<tr>
<td>Black</td>
<td>Organic Vapors</td>
</tr>
<tr>
<td>Green</td>
<td>Ammonia Gas</td>
</tr>
<tr>
<td>Yellow</td>
<td>Acid Gas &amp; Organic Vapor</td>
</tr>
<tr>
<td>Olive</td>
<td>Multigas (protects against numerous gases and vapors)</td>
</tr>
<tr>
<td>Magenta</td>
<td>Particulate Filter Cartridge (HEPA) (Also called P100)</td>
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</table>

**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
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

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<th>Subject Matter</th>
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<tr>
<td>Safety Alert 21-01</td>
<td>VOLUNTARY USE OF N95 RESPIRATORS</td>
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<tr>
<td>Safety Alert 04-06</td>
<td>RESPIRATOR USE AND FIT TESTING</td>
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REGULATORY REFERENCES

Title 8 CCR §5144 – Respiratory Protection: www.dir.ca.gov/title8/5144.html
Title 8 CCR §5144 (b) – Definitions: www.dir.ca.gov/title8/5144.html
Title 3 CCR §6739: 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 or visit our website at https://achieve.lausd.net/oehs.
## APPENDIX A

### Job Classifications in The Respiratory Protection Program

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<th>SHEET METAL – APPRENTICE</th>
</tr>
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<td>ELECTRON MICROSCOPIST</td>
<td>HVAC TEST TECHNICIAN – SENIOR</td>
<td>SHEET METAL WORKER</td>
</tr>
<tr>
<td>AREA ELECTRICAL SUPERVISOR</td>
<td>ELECTRONICS TECHNICAL SUPERVR</td>
<td>INSULATOR/ASBESTOS ABATMNT WKR</td>
<td>SITE ASSESSMENT PROGRAM ADMIN</td>
</tr>
<tr>
<td>AREA HEATING&amp;AIR CONDITNG SPVR</td>
<td>ENVIRONMENTAL ASSESSMENT COORD</td>
<td>IT ELECTRONICS COMM TECHNICIAN SPVR</td>
<td>SPVG AUTOMOTIVE BODY MECHANIC</td>
</tr>
<tr>
<td>AREA PAINTING SUPERVISOR</td>
<td>ENVIRONMENTAL HEALTH SUPVSR</td>
<td>IT ELECTRONICS COMMUNICATN SPVRR</td>
<td>SPVG BLDG/CONSTR INSPECTOR</td>
</tr>
<tr>
<td>AREA PLUMBING SUPERVISOR</td>
<td>ENVIRONMENTAL HLTH MGR, ENVIR PGM</td>
<td>LOCKSMITH</td>
<td>SR ASBESTOS ABATEMENT WORKER</td>
</tr>
<tr>
<td>ASBESTOS ABATEMENT ASSIST</td>
<td>ENVIRONMENTAL HLTH MGR, SAFETY &amp; IND HYG</td>
<td>MAINTENANCE MANAGER</td>
<td>SR CARPENTER</td>
</tr>
<tr>
<td>ASBESTOS ABATEMENT SUPERVISOR</td>
<td>ENVIRONMENTAL LABORATORY ANALYST</td>
<td>MAINTENANCE WORKER</td>
<td>SR ELECTRICIAN</td>
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<tr>
<td>ASBESTOS SURVEYOR</td>
<td>ENVIRONMENTAL SAFETY OFFICER</td>
<td>MAINTENANCE WORKER – SUPERVISING</td>
<td>SR FLOOR COVERING INSTALLER</td>
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<tr>
<td>ASST GARAGE SUPERVISOR</td>
<td>ENVIRONMNTL HEALTH SPECIALIST</td>
<td>METAL WORK – AREA SUPERVISOR</td>
<td>SR GLAZIER</td>
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<tr>
<td>AUTOMOTIVE BODY MECHANIC</td>
<td>FIRE EQUIPMENT SERVICER</td>
<td>PAINTER</td>
<td>SR HEATING &amp; AIR COND FITTER</td>
</tr>
<tr>
<td>AUTOMOTIVE MECHANIC</td>
<td>FIRE EQUIPMENT SERVICER – SENIOR</td>
<td>PAINTER – APPRENTICE</td>
<td>SR IT ELECTRONICS COMMUN TECH</td>
</tr>
<tr>
<td>BLDG/CONSTRUC INSPECTOR</td>
<td>FLOOR COVERING INSTALLER</td>
<td>PAINTER INSPECTOR</td>
<td>SR LOCKSMITH</td>
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<tr>
<td>BLDG/CONSTRUC INSPECTOR (CLASS 1)</td>
<td>GARAGE SUPERVISOR</td>
<td>PAINTING INSPECTOR – SENIOR</td>
<td>SR METAL WORKER</td>
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<td>BUILDING ENGINEER</td>
<td>GLAZIER</td>
<td>PEST MANAGEMENT TECHNICIAN</td>
<td>SR PAINTER</td>
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<td>BUILDING ENGINEER – SENIOR</td>
<td>GLAZING SUPERVISOR</td>
<td>PLASTERER &amp; CONCRETE FINISHER</td>
<td>SR PEST MANAGEMENT TECHNICIAN</td>
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<tr>
<td>BUILDING MOVER</td>
<td>GRAPHIC ARTS MACHINIST</td>
<td>PLUMBER</td>
<td>SR PLUMBER</td>
</tr>
<tr>
<td>BUILDING MOVER – ASSISTANT</td>
<td>GRAPHIC ARTS MACHINIST – SUPERVISOR</td>
<td>PLUMBER – APPRENTICE</td>
<td>SR ROOFER</td>
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<tr>
<td>BUILDING MOVER – SENIOR</td>
<td>HARDWARE – ASST SUPERVISOR</td>
<td>PLUMBING INSPECTOR</td>
<td>SR. POWER EQUIPMENT MECHANIC</td>
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<tr>
<td>CARPENTER</td>
<td>HARDWARE INSPECTOR</td>
<td>PLUMBING TECHNICAL SUPERVISOR</td>
<td>STAGE RIGGER</td>
</tr>
<tr>
<td>CARPENTER – APPRENTICE</td>
<td>HARDWOOD FLOOR WORKER</td>
<td>POWER EQMT MECHANIC – SUPERVISING</td>
<td>STEEL INSPECTOR</td>
</tr>
<tr>
<td>CARPENTRY TECHNICAL SUPERVISOR</td>
<td>HEATING &amp; AIR COND INSPECTOR</td>
<td>POWER EQUIPMENT MECHANIC</td>
<td>TILE LAYER</td>
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<tr>
<td>CENTRAL SHOPS SUPERVISOR</td>
<td>HEATING &amp; AIR COND TECHNCL SPVR</td>
<td>REFRIGERATION FITTER</td>
<td>TILE LAYER HELPER</td>
</tr>
<tr>
<td>DIR, ENVIRON HEALTH &amp; SAFETY</td>
<td>HEATING &amp; AIR CONDITIONING FITTER</td>
<td>RELOCAT HOUSING MANUFAC INSPCTR</td>
<td>UPHOLSTERER</td>
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<tr>
<td>DPTY ENVIR HEALTH &amp; SAFETY DIRECTOR</td>
<td>HIGH PRESSURE ENGINEER</td>
<td>ROOFER</td>
<td>WELDER</td>
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<tr>
<td>ELECTRICAL INSPECTOR</td>
<td>HVAC FITTER – APPRENTICE</td>
<td>ROOFING INSPECTOR</td>
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<td>ELECTRICIAN</td>
<td>HVAC TECHNICAL SPVR – HIGH RISE</td>
<td>ROOFING SUPERVISOR</td>
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APPENDIX B
Medical Questionnaire

Pages 16 -18
Glendale Adventist Medical Center
Adventist Health

OSHA Respirator Medical Evaluation Questionnaire
Occupational Medicine Center

Name: __________________________  Last  First  Initial  Date: ___________

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?
☐ Yes  ☐ No  Seizures (fits)
☐ Yes  ☐ No  Diabetes (sugar disease)
☐ Yes  ☐ No  Allergic reactions that interfere with your breathing
☐ Yes  ☐ No  Claustrophobia (fear of closed - in places)
☐ Yes  ☐ No  Trouble smelling odors
3. Have you ever had any of the following pulmonary or lung problems?
☐ Yes  ☐ No  Asbestosis
☐ Yes  ☐ No  Asthma
☐ Yes  ☐ No  Chronic Bronchitis
☐ Yes  ☐ No  Emphysema
☐ Yes  ☐ No  Pneumonia
☐ Yes  ☐ No  Tuberculosis
☐ Yes  ☐ No  Silicosis
☐ Yes  ☐ No  Pneumothorax (collapsed lung)
☐ Yes  ☐ No  Lung Cancer
☐ Yes  ☐ No  Broken ribs
☐ Yes  ☐ No  Any chest injuries or surgeries
☐ Yes  ☐ 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?
☐ Yes  ☐ No  Shortness of breath
☐ Yes  ☐ No  Shortness of breath when walking fast on ground level or walking up a slight hill or incline
☐ Yes  ☐ No  Shortness of breath when walking with other people at an ordinary pace on level ground
☐ Yes  ☐ No  Have to stop for breath when walking at your own pace on level ground
☐ Yes  ☐ No  Shortness of breath when washing or dressing yourself
☐ Yes  ☐ No  Shortness of breath that interferes with your job
☐ Yes  ☐ No  Coughing that produces phlegm (thick sputum)
☐ Yes  ☐ No  Coughing that wakes you early in the morning
☐ Yes  ☐ No  Coughing that occurs when you are mostly lying down
☐ Yes  ☐ No  Coughing up blood in the last month
☐ Yes  ☐ No  Wheezing
☐ Yes  ☐ No  Wheezing that interferes with your job
☐ Yes  ☐ No  Chest pain when you breathe deeply
☐ Yes  ☐ 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?
☐ Yes  ☐ No  Heart attack
☐ Yes  ☐ No  Stroke
☐ Yes  ☐ No  Angina
☐ Yes  ☐ No  Heart failure
☐ Yes  ☐ No  Swelling in your legs or feet (not caused by walking)
☐ Yes  ☐ No  Heart arrhythmia (heart beating irregularly)
☐ Yes  ☐ No  High blood pressure
☐ Yes  ☐ 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?
☐ Yes  ☐ No  Frequent pain or tightness in your chest
☐ Yes  ☐ No  Pain or tightness in your chest during physical activity
☐ Yes  ☐ No  In the past two years, have you noticed your heart skipping or missing a beat
☐ Yes  ☐ No  Heartburn or indigestion that is not related to eating
☐ Yes  ☐ No  Any other symptoms that you think may be related to heart or circulation problems?
Please describe:
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: ____________________________________________

135.035 12-2009 Page 3 of 3
SAFETY ALERT

No. 04-06 RESPIRATOR USE AND FIT TESTING DEC. 2015

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.

DISTRIBUTION: Maintenance and Operations
Garages
School Police

Rev. 12/4/15
LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of Environmental Health and Safety
Respirator Training and Fit Testing Form

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMPLOYEE #</th>
<th>TITLE</th>
<th>AREA</th>
</tr>
</thead>
</table>

1. LATEST MEDICAL SCREENING

<table>
<thead>
<tr>
<th>Date</th>
<th>Cleared For PPE Use?</th>
<th>Pending Results</th>
</tr>
</thead>
</table>

* indicates a change in status from the previous medical screening

Medical Examiner’s Comments

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Respirator Type</th>
<th>Manufacturer</th>
<th>Size</th>
<th>Application</th>
<th>Limitations</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Respirator Type</th>
<th>Manufacturer</th>
<th>Size</th>
<th>Application</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Half-mask air-purifying</td>
<td>3M</td>
<td>Small</td>
<td>Asbestos/Lead (Magenta/Purple)</td>
<td>(Check all that apply)</td>
</tr>
<tr>
<td>Full-face air-purifying</td>
<td>A0</td>
<td>Med.</td>
<td>Painting/Organic Vapors (Black)</td>
<td>Medical Restrictions</td>
</tr>
<tr>
<td>SCBA</td>
<td>Willson</td>
<td>Large</td>
<td>Pesticides (Yellow)</td>
<td>Facial Hair</td>
</tr>
<tr>
<td>Air Line</td>
<td>Scott</td>
<td></td>
<td>Dust/Fumes/Mists (Magenta/Purple)</td>
<td>Denture</td>
</tr>
<tr>
<td>PAPR</td>
<td>North</td>
<td></td>
<td>Dry Chem/Fire Extinguish (Magenta/Purple)</td>
<td>Glasses</td>
</tr>
<tr>
<td>Disposable:</td>
<td>Sperian</td>
<td></td>
<td>Law Enforcement (Magenta/Olive Green)</td>
<td>Contact Lenses</td>
</tr>
<tr>
<td>Other:</td>
<td>Survivair</td>
<td></td>
<td></td>
<td>Other (e.g. scars, deformity):</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td>Can Fit Test (non-interfering facial hair)</td>
</tr>
</tbody>
</table>

Comments:

Are you satisfied with current respirator selection and program?  YES  NO

Comments:

I have read and understand the guidelines of Safety Alert No. 04-06, "Respirator Use and Fit Testing," on the reverse and confirm the details listed in Section 2 and Section 3 are correct.

Employee Signature  Date

FOR TEST OPERATOR

Positive/Negative Pressure Check:  [ ] Pass  [ ] Fail

Qualitative Fit Test:  [ ] Pass  [ ] Fail

Agent Used:  [ ] Bitrix  [ ] Isoamyl Acetate
[ ] Sweetener  [ ] Irritant Smoke

My signature confirms:  [ ] This fit test was completed  [ ] I was unable to fit test this employee

Name:  Signature  Date

This training is in accordance with CCOH, Title 8, General Industry Safety Orders, Section 5144, "Respiratory Protection Equipment"; Section 3529, "Asbestos"; and Section 1532.3, "Lead."  
Report generated 5/26/23  
Rev. 12/4/15
APPENDIX D
Respirator and Cartridge/Filter Codes

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

CARTRIDGES AND FILTERS FOR POWERED AIR-PURIFYING RESPIRATORS

<table>
<thead>
<tr>
<th>GAS AND VAPOR CARTRIDGES</th>
<th>Label Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defender™ Multi-Purpose Cartridge: Organic Vapor, Ammonia, Methylamine, Formaldehyde and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Sulfide, Hydrogen Fluoride, Chlorine Dioxide)</td>
<td>Olive</td>
</tr>
<tr>
<td>Organic Vapor Cartridge</td>
<td>Black</td>
</tr>
<tr>
<td>Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide) and Formaldehyde Cartridge</td>
<td>White</td>
</tr>
<tr>
<td>Organic Vapor and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide) Cartridge</td>
<td>Yellow</td>
</tr>
<tr>
<td>Ammonia and Methylamine Cartridge</td>
<td>Green</td>
</tr>
<tr>
<td>Mercury Vapor and Chlorine Cartridge with End-of-Service-Life-Indicator (ESLI) for Mercury Vapor</td>
<td>Olive</td>
</tr>
<tr>
<td>COMBINATION GAS AND VAPOR CARTRIDGES WITH P100 PARTICULATE FILTERS</td>
<td>Label Color</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>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</td>
<td>Olive and Magenta</td>
</tr>
<tr>
<td>Organic Vapor Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates</td>
<td>Black and Magenta</td>
</tr>
<tr>
<td>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</td>
<td>White and Magenta</td>
</tr>
<tr>
<td>Organic Vapor and Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide) Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates</td>
<td>Yellow and Magenta</td>
</tr>
<tr>
<td>Ammonia and Methylamine Cartridge with a P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates</td>
<td>Green and Magenta</td>
</tr>
<tr>
<td>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</td>
<td>Olive and Magenta</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARTICULATE FILTERS</th>
<th>Label Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates</td>
<td>Magenta</td>
</tr>
<tr>
<td>Pancake: Low Profile P100 Particulate Filter (99.97% minimum filter efficiency) for all particulates</td>
<td>Magenta</td>
</tr>
<tr>
<td>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)</td>
<td>Magenta</td>
</tr>
<tr>
<td>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</td>
<td>Magenta</td>
</tr>
<tr>
<td>N95 Non-Oil Particulate Filter (95% minimum filter efficiency) for non-oil based aerosol particulates</td>
<td>N95 Filter Assembly. Includes 1 pair each of 7506N95 filter, N750015 filter holder and N750027 filter cover</td>
</tr>
<tr>
<td>N99 Particulate Filter (99% minimum filter efficiency) for non-oil based aerosol particulates</td>
<td>N99 Filter Assembly. Includes 1 pair each 7506N95 filter, N750015 filter holder and N750027 filter cover</td>
</tr>
<tr>
<td>N99 Particulate Filter (99% minimum filter efficiency) Note: R class filters are limited to 8 hours of use in environments with oil based aerosol particulates</td>
<td>R95 Filter Assembly. Includes 1 pair each of 7506R95 filter, N750015 filter holder and N750027 filter cover</td>
</tr>
</tbody>
</table>
### CARTRIDGES AND FILTERS FOR POWERED AIR-PURIFYING RESPIRATORS

<table>
<thead>
<tr>
<th>GAS AND VAPOR CARTRIDGES</th>
<th>Label Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic Vapor Cartridge</td>
<td>Black</td>
</tr>
<tr>
<td>Organic Vapor, Acid Gas (Chlorine, Hydrogen Chloride, Sulfur Dioxide, Hydrogen Fluoride, Chlorine Dioxide, Hydrogen Sulfide) and Formaldehyde Cartridge</td>
<td>Yellow</td>
</tr>
<tr>
<td>Ammonia and Methylamine Cartridge</td>
<td>Green</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMBINATION GAS AND VAPOR CARTRIDGES WITH HEPA FILTERS</th>
<th>Label Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic Vapor Cartridge with HEPA (High Efficiency Particulate Air-purifying) filter, (99.97% minimum filter efficiency) for all particulates</td>
<td>Black and Magenta</td>
</tr>
<tr>
<td>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</td>
<td>Yellow and Magenta</td>
</tr>
<tr>
<td>Ammonia and Methylamine Cartridge with HEPA (High Efficiency Particulate Air-purifying) filter, (99.97% minimum filter efficiency) for all particulates</td>
<td>Green and Magenta</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEPA (HIGH EFFICIENCY PARTICULATE AIR-PURIFYING) FILTER</th>
<th>Label Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEPA (High Efficiency Particulate Air-purifying) filter, 99.97% minimum filter efficiency for all particulates</td>
<td>Magenta</td>
</tr>
</tbody>
</table>

As referenced from [North Cartridge and Filter Reference Chart](#).
APPENDIX E
Voluntary Use Posting

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: