




**City of Vernon, California  
Human Resources Policies and Procedures**

  
\_\_\_\_\_  
Director of Human Resources

  
\_\_\_\_\_  
City Administrator

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*Number: VI-1 Effective Date: October 3, 2017*

**SUBJECT:            RESPIRATORY PROTECTION PROGRAM**

**PURPOSE:**

The purpose of the Respiratory Protection Program is to protect City employees from occupational exposure to harmful dust, fogs, fumes, mists, gases, smokes, sprays, or vapors occurring in the workplace or remote sites. This respiratory protection program establishes the authority, responsibility, and procedures required to develop and maintain an effective respiratory protection program. This program applies to all affected non-sworn, non-safety City employees whose job classification may require wearing of a respirator during normal operations, and those who voluntarily chose to wear a respirator.

This program includes the following elements:

1. Where respiratory protection is required
2. Respirator Selection
3. Medical evaluations of employees required to use respirators
4. Fit testing procedures
5. Use, maintenance, and care of respirators
6. Training and Information
7. Voluntary Use of Respirators
8. Program Evaluation
9. Recordkeeping

Requiring the use of a respirator for City employees should be the last resort. Engineering controls such as enclosure or confinement of the operation, general and local ventilation, and substitution of less toxic materials, should always be considered before requiring the use of a respirator. Respirators are provided by the City to ensure employees breathe safely in identified potentially hazardous work environments.

**POLICY:**

This policy addresses the use of respirators in areas that have been identified as hazardous or that may be reasonably assumed to contain hazardous contaminants. City employees will not always be required to wear personal respiratory protection on the job, but may at times work in areas where conditions have been monitored or tested and identified as having air contaminants requiring the use of respirators, or where one can reasonably assume that air contaminants may be present or possible during the scheduled work.

The issuance of personal respiratory protective equipment will be based on the type of respiratory hazard and level of exposure to that hazard in the work environment. This assessment of the environment is designed to assure proper selection, fit, and protection factors are considered when matching the appropriate protective equipment to the hazards of the work environment.

The job classifications listed in Appendix A have been identified as those in which employees may be exposed to hazardous environments or where the environment may reasonably be assumed to contain hazardous contaminants. Employees who occupy positions in the classifications listed in Appendix A shall be issued a **National Institute for Occupational Safety and Health (NIOSH)** approved respirator and shall be required to wear their respirator in areas where hazardous contaminants exist.

Only properly trained sworn police and fire safety personnel are authorized to work with self-contained breathing apparatus or supplied air respirators and are the only City personnel authorized to work in areas requiring the use of such respirators. If there is reason to believe a condition may exist where there is a potential hazard impairing the ability to breathe safely while carrying out assigned duties, the employee shall immediately evacuate to a safe area, and contact the City Fire Department.

The City shall supply respirators for employees who want to voluntarily wear a respirator to increase their comfort level when working in areas where use of a respirator is not required. At no time shall a worker who has been approved for the voluntary use of respirator enter an area where respirators are required, unless they are specially trained for the environment. Prior to approval of voluntary use of a respirator, the City shall determine that the respirator use will not in itself create a hazard and shall provide the employee with the information contained in Appendix D of this policy, "Information for Employees Using Respirators When Not Required Under the Standard".

Employees whose only use of respirators involve the voluntary use of filtering facepiece-type respirators (dust masks) in areas where respiratory protection is not required, are not subject to this policy.

The City shall provide respirators, training, and medical evaluations at no cost to the employees.

Due to the varied duties and functions of City employee across departments, additional department specific procedures may be developed to address respiratory protection and other safety requirements to ensure the safety of City employees.

## **REFERENCES**

- California Code of Regulations, Title 8, Subchapter 7, Group 16, Article 107, Section 5144 "Respiratory Protection"

## **RESPONSIBILITIES**

### **Program Administrator Duties**

The City has designated the Director of Health and Environmental Control and the Director of Human Resources as having shared responsibility for administration and oversight of the City's Respiratory Protection Program. Duties of the program administrators include coordinating:

- Working with City supervisors to identify job classifications, work areas, processes or tasks that may require City workers to wear respirators
- Selection of respiratory protection options
- Monitoring respirator use to ensure that respirators are used in accordance with their certifications
- Arranging for and/or conducting training
- Ensuring proper storage and maintenance of respiratory protection equipment
- Conducting or arranging for fit testing
- Evaluating the program
- Updating the written program as needed

### **Additional Duties Designated to the Human Resources Department:**

- Administering the medical surveillance program
- Maintaining records required by the program
- Coordination of fit testing and medical evaluations required by the program

### **Supervisors Duties**

City supervisors are responsible to work with the City's Program Administrators to identify job classifications, worksites/workplaces, processes or tasks, under their responsibility, that may require City workers to wear respirators. City supervisors shall ensure the Respiratory Protection Program is implemented in their particular areas as required in this policy. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the program is understood and followed by the affected employees under their supervision. Duties of the supervisor include:



- Ensuring that affected employees under their supervision (including new hires) have received appropriate training, fit testing, and medical evaluation
- Ensuring the availability of appropriate respirators and accessories
- Being aware of tasks requiring the use of respiratory protection, both on City property and non-City worksites/workplaces
- Enforcing the proper use of respiratory protection when necessary
- Ensuring that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan
- Ensuring that respirators fit well and do not cause discomfort
- Continually monitoring work areas and operations to identify respiratory hazards
- Coordinating with the program administrator on how to address respiratory hazards or other concerns regarding the program

### **Employees Duties**

Each City employee whose job classification requires the use of a respirator shall be responsible to wear their assigned respirator when and where required, and in the manner in which they were trained. Employees must also:

- Care for and maintain their respirators as instructed and as outlined in this policy, and store them in a clean sanitary location
- Inform their supervisor if the respirator no longer fits well, and request a new one that fits properly
- Inform their supervisor or the Program Administrator of any respiratory hazards that they feel may not be adequately addressed in the workplace and of any other concerns that they have regarding the program

### **PROGRAM ELEMENTS**

#### **1. Where Respiratory Protection is Required**

The Program Administrators will ensure a hazard evaluation is conducted for each designated area, operation process, or work area where airborne contaminants may be present in routine operations.

The hazard evaluation shall include:

- A reasonable estimate of the employee exposures to respiratory hazard(s)
- Identification of the hazardous substances used in the workplace, the contaminant's chemical state and physical form
- Review of work processes to determine where potential exposures to these hazardous substances may occur; and
- Exposure monitoring to quantify potential hazardous exposures.

The results of the hazard evaluation are located in the Human Resources Department for employee review during normal working hours.

The Program Administrators shall conduct an annual review of the Respiratory Protection Program and shall revise and update hazard assessments as needed (i.e., any time a designated area or work process changes potentially affecting exposures).

Employees who occupy positions in the classifications listed in Appendix A may be exposed to hazardous environments or may work in areas where the environment may reasonably be assumed to contain hazardous contaminants as determined through hazard assessments. Worksite specific procedures shall be established, maintained, and followed that specify when and where the use of respirators is required.

For those work environments/worksites in which the City is restricted from conducting a hazard assessment and/or where it may be determined to be unreasonable to conduct an assessment, the procedures outlined in Appendix B shall be followed to determine when the use of a respirator may be required and the appropriate type of respirator to ensure employee safety.

## **2. Respirator Selection**

Respirators are selected depending on the identified hazards employees will, or may be exposed to while entering or working in a designated area. Only National Institute for Occupational Safety and Health (NIOSH) certified respirators, provided by the City, shall be used and their use shall be in compliance with the conditions of their certification.

The City shall select and provide specific respirators based on assessments of the hazardous substances within the workplace or work process, the respiratory hazard(s) to which the worker is exposed, and factors that affect respirator performance and reliability.

All City respirators shall be used in full compliance with the manufacturer's specifications and the conditions the respirator has been certificated to provide protection.

The City shall identify and evaluate the respiratory hazard(s) in the worksite/workplace. The 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.

The City shall provide an adequate number of respirators, and different models and sizes, allowing each affected employee to use an acceptable respirator.

### **3. Medical Evaluations of Employees Required to Use Respirators**

Affected City employees who wear respirators must be medically evaluated before being allowed to wear a respirator on the job. City employees shall not wear respirators until a physician has determined that they are medically able to do so. A medical evaluation will be required annually, as long as the employee occupies a classification in which they may potentially be required to use a respirator.

The City shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using a medical questionnaire or an initial medical examination that obtains the same information. Medical evaluation procedures are as follows:

- The Human Resources Department shall provide a medical questionnaire (attached hereto as Appendix C) to all employees requiring medical evaluations.
- Employees who are unable to read the questionnaire will be sent directly to a health care professional for assistance and medical evaluation.
- All affected employees will also be given a stamped and addressed envelope for mailing the questionnaire to the PLHCP.
- Employees will be permitted to fill out the questionnaire on City time, or they may turn in the questionnaire at time of appointment.
- Follow-up medical exams will be provided to City employees as required by the CalOSHA standard, and/or as deemed necessary by the PLHCP.
- All City employees will be allowed the opportunity to speak with the PLHCP about their medical evaluation if they so request.

The City Program Administrators shall provide the PLHCP with a copy of the City's program and a copy of CalOSHA's respiratory protection standard. For each affected City employee requiring an evaluation, the PLHCP will be provided with information regarding the employee's work area or job title, proposed respirator type and weight, length of time required to wear the respirator, expected physical work load (light, moderate, or heavy), potential temperature and humidity extremes, and any additional protective clothing required.

In determining an employee's ability to use a respirator, the City shall obtain a written recommendation regarding the employee's ability to wear the respirator

from the PLHCP. The written recommendation shall include only the following information:

Any limitations on respirator use related to a medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator; the need, if any, for follow-up medical appointments; and a statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation

After each affected City employee has received clearance to wear a respirator, additional medical evaluations will be provided under any of the following circumstances:

- 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 PLHCP or supervisor informs the Program Administrators that the employee needs to be reevaluated
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation, or
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

NOTE: All examinations and questionnaires are to remain confidential between the employee and the physician.

#### **4. Fit Testing Procedures**

The City Program Administrators shall ensure fit-tests are administered using a CalOSHA-accepted qualitative fit test (QLFT) or quantitative fit test (QNFT) protocol.

All affected City employees shall be fit tested with the same make, model, style, and size of respirator that they will be using and if employees are fit tested at the medical facility, the City will require that they take their respirator to their appointment. Fit-testing is required in the following instances:

- Before wearing any respirator with a tight-fitting facepiece and at least annually thereafter
- Whenever a different respirator facepiece (size, style, model, or make) is used
- Whenever visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight; and

- Upon employee notification that the fit of the respirator is unacceptable. The employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

The fit-testing shall be administered using OSHA standards and protocols as referenced in the CalOSHA regulations.

## **5. Use, Maintenance, and Care of Respirators**

Affected City employees shall use their assigned respirator(s) under conditions specified by this program, and in accordance with the training they receive on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or its manufacturer.

Employees who have facial hair or any condition that comes between the sealing surface of the facepiece and the face or that interferes with valve function are not permitted to wear tight-fitting respirators.

City employees using tight-fitting respirators shall conduct user seal checks before wearing their respirator. City employees shall use either the positive or negative pressure check (depending on which test works best for them). The City shall monitor work area conditions and degree of employee exposure, and as changes occur that may affect respirator effectiveness, the City shall reevaluate the continued effectiveness of the respirator.

All affected City employees shall leave the worksite/workplace, and move to a safe location, if they need to:

- Wash their face and respirators to prevent eye or skin irritation associated with respirator use,
- Clean their respirator,
- Change filters or cartridges,
- Replace parts, or
- If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece.

City employees should notify their supervisor if they are having problems with their respirator after moving to a safe location. Broken or damaged respirators shall be repaired or replaced before allowing an employee to return to a work area requiring respirator use.

Non-safety employees shall not work in areas with atmospheres considered to be immediately dangerous to life or health (IDLH) that pose an immediate threat to life or would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.



The City shall provide each affected employee with a respirator that is clean, sanitary, and in good working order. The City shall ensure respirators are cleaned and disinfected monthly, or as often as necessary to be maintained in a sanitary condition. Respirators are cleaned and disinfected using the procedures specified in the manufacturer's recommendations.

Respirators must be properly stored and protected from environmental conditions that may cause deterioration. Affected City employees shall store and protect City issued respirators from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. They shall be packed and stored in City issued storage bags when not in use, and in accordance with applicable manufacturer's instructions.

All respirators will be inspected after each use and at least monthly. If any defect is noted, the affected employee shall take the respirator to his/her supervisor who shall then notify a Program Administrator. Damaged respirators will be either repaired or replaced.

Respirators shall be inspected as follows:

All respirators used in routine situations shall be inspected before each use and during cleaning;

All respirators shall be inspected at least monthly and in accordance with manufacturer's recommendations, and shall be checked for proper function before and after each use; and

Respirator inspections shall include the following:

A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters; and check of elastomeric parts for pliability and signs of deterioration.

The following checklist will be used when inspecting respirators:

Facepiece:

- cracks, tears, or holes
- facemask distortion
- cracked or loose lenses/faceshield

Headstraps:

- breaks or tears
- broken buckles

Valves:

- residue or dirt
- cracks or tears in valve material

Filters/Cartridges:

- approval designation
- gaskets
- cracks or dents in housing
- proper cartridge for hazard

Use, Care, and maintenance of emergency self-contained breathing apparatus shall be governed under a separate policy applicable to sworn safety personnel.

The City shall ensure that all filters, cartridges, and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.

## **6. Training and Information**

The City Program Administrators are responsible for providing respirator training to affected City employees and supervisors on the contents of the Respiratory Protection Program, their responsibilities under the program, and on CalOSHA's Respiratory Protection Standards. Affected employees shall be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to using a respirator in the workplace or prior to supervision of employees that must wear respirators.

### **The training will cover the following topics:**

The City of Vernon Respiratory Protection Program;

The CalOSHA Respiratory Protection Standard;

Why respirators are necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

Limitations and capabilities of respirators;

Effective use of respirators in emergency situations including situations in which the respirator malfunctions;

How to inspect, put on, and remove, use, and check seals of the respirator; and,

How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

Affected City employees will be retrained annually or as needed (e.g., if they need to use a different respirator). Employees must show proficiency in the topics covered in

the training using a hands-on exercise and a written test. Respirator training will be coordinated by the Program Administrators or their designee and will include documentation regarding the type, model, and size of respirator for which each employee has been trained and fit tested.

## **7. Voluntary Use of Respirators**

City employees who wish to wear a respirator for voluntary use shall submit a request to the Department Director, with a copy sent to the Human Resources Director and the Director of Health and Environmental Control. The City will provide respirators to City employees for voluntary usage when requested and approved by the Department Director and the City's Program Administrators.

Employees choosing to wear respirators must comply with the procedures for medical evaluation, respirator use, and cleaning, maintenance and storage.

Employees who voluntarily use respirators shall be provided a copy of the information contained in Appendix A of this policy.

## **8. Program Evaluation**

The Program Administrator will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being effectively implemented. Identified problems will be noted and addressed by the Program Administrators. These findings will be reported to the City Administrator and the report will list plans to correct deficiencies in the respirator program and target dates for the implementations of those corrections.

Factors to be assessed in the evaluation include, but are not limited to respirator fit, appropriate respirator selection, proper use of respirators, and respirator maintenance.

## **9. Recordkeeping**

A written copy of this program and the CalOSHA standard is posted on the City of Vernon website and is available to all employees in printed format upon request during normal work hours.

Also maintained in the Program Administrators' office are copies of training and fit test records. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

Copies of the medical evaluation determinations shall be kept in Human Resources for all employees covered under the respirator program. The completed medical questionnaire and the physician's documented findings are confidential and will remain at the City's designated medical facility. The City will only retain the physician's written recommendation regarding each employee's ability to wear a respirator.

The City shall maintain a record of the fit tests administered to affected City employees including:

- The name or identification of the employee tested;
- Type of fit test performed;
- Specific make, model, style, and size of respirator tested;
- Date of test; and
- The pass/fail results



## Appendix A

### **City of Vernon Job Classification Covered by a Mandatory Respiratory Protection Program**

The following City of Vernon non-sworn, non-public safety job classifications have been identified as those in which employees may be exposed to hazardous environments or where the environment may reasonably be assumed to contain hazardous contaminants.

#### Health and Environmental Control Department

Environmental Specialist  
Senior Environmental Specialist  
Deputy Director of Health and Environmental Control

#### Public Works Department

TBD

#### Public Utilities

TBD

## Appendix B

For those work environments/worksites in which the City is restricted from conducting a hazard assessment and/or where it may be determined to be unreasonable to conduct an assessment, the following procedures shall be followed to determine when the use of a respirator may be required and the appropriate type of respirator to ensure employee safety. These procedures will typically apply to City employees conducting inspections and other functions at locations within the City of Vernon that are not owned and/or operated by the City.

### 1. Hazard Assessment.

The employee shall review the City's files and records for information regarding any identified or potential hazards located at the site/facility.

If the worksite at which the City employee is to be working has a written certification that a hazard assessment has been performed pursuant to 8 CCR § 3380 or 29 CFR § 1910.132(d), the City employee shall request a copy. If the hazard assessment itself is not in writing, the employee shall ask the person at the worksite who signed the certification to describe all potential workplace hazards and then the City employee shall select appropriate protective equipment. If there is no hazard assessment, the employee shall request information regarding the type of personal protective equipment required for employees working at the site and may also identify potential hazards from sources such as the OSHA 300 Log of injuries and illnesses and shall select personal protective equipment accordingly.

### 2. Respiratory Protection.

City employees must wear respirators when and where required, and must care for and maintain respirators in accordance with City policy, applicable State and Federal regulations and consistent with the training provided.

City employees should conduct a pre-inspection evaluation for potential exposure to chemicals. Prior to entering any hazardous areas, the employee should identify those work areas, processes, or tasks that require respiratory protection. The hazard assessment requirements in 8 CCR § 3380 and 29 CFR § 1910.132(d) do not apply to respirators; see 8 CCR § 5144 and this Respiratory Protection Program. Employees should review all pertinent information contained in the worksite files and appropriate reference sources to become knowledgeable about the industrial processes and potential respiratory hazards that may be encountered. The employee shall conduct an opening conference with the appropriate worksite representative during which a list of hazardous substances should be obtained or identified, along with any air monitoring results. Employees should determine if they have the appropriate respirator to protect against chemicals present at the worksite.

Employees must notify their supervisor or the respiratory protection program administrator:

- If a respirator no longer fits well (employees should request a replacement that fits properly);
- If employees encounter any respiratory hazards during inspections or on-site visits that they believe have not been previously or adequately addressed during the site visit; or
- If there are any other concerns regarding the program.

### 3. Safety and Health Rules and Practices.

City of Vernon employees shall comply with all safety and health rules and practices at the worksite and wear or use the safety clothing or protective equipment required by CalOSHA standards or by the worksite for the protection of employees.

### 4. Restrictions.

City employees will not enter any area where special entrance restrictions apply until the required precautions have been taken. It shall be the employee's responsibility to determine that an inspection may be conducted without exposing him/herself to hazardous situations and to procure whatever materials and equipment are needed for the safe conduct of the inspection.

## Appendix C

### Stacy Medical Center

4580 Pacific Blvd., Vernon, CA 90058; Ph 323-584-0779; Fax 323-581-8229

### Appendix C to Sec. 1910.134 OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Can you read?

Yes  No

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.

**Part A. Section 1. (Mandatory) 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. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male / Female
5. Your height: \_\_\_\_\_ feet \_\_\_\_\_ inches
6. Your weight: \_\_\_\_\_ pounds
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):  
\_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire?:  Yes  No
11. Check the type of respirator you will use (you can check more than one category)
  - a. \_\_\_\_\_ N, R or P, disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifier, supplied-air, self-contained breathing apparatus).
12. Have you ever worn a respirator?  Yes  No If yes, what type?: \_\_\_\_\_



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

**Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator.**

1. Do you currently smoke tobacco, or have you smoked in the last month?  Yes  No
  
2. Have you ever had any of the following conditions?
  - a. Seizures (fits):  Yes  No
  - b. Diabetes (sugar disease):  Yes  No
  - c. Allergic reactions that interfere with your breathing:  Yes  No
  - d. Claustrophobia (fear of closed-in places):  Yes  No
  - e. Trouble smelling odors:  Yes  No
  
3. Have you ever had any of the following pulmonary or lung problems?
  - a. Asbestosis  Yes  No
  - b. Asthma  Yes  No
  - c. Chronic bronchitis  Yes  No
  - d. Emphysema  Yes  No
  - e. Pneumonia  Yes  No
  - f. Tuberculosis  Yes  No
  - g. Silicosis  Yes  No
  - h. Pneumothorax (collapsed lung)  Yes  No
  - i. Lung cancer  Yes  No
  - j. Broken ribs  Yes  No
  - k. Any chest injuries or surgeries  Yes  No
  - l. Any other lung problem that you've been told about  Yes  No
  
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
  - a. Shortness of breath  Yes  No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline  Yes  No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground  Yes  No
  - d. Have to stop for breath when walking at your own pace on level ground  Yes  No
  - e. Shortness of breath when washing or dressing yourself  Yes  No
  - f. Shortness of breath that interferes with your job  Yes  No
  - g. Coughing that produces phlegm (thick sputum)  Yes  No
  - h. Coughing that wakes you early in the morning  Yes  No
  - i. Coughing that occurs mostly when you are lying down  Yes  No
  - j. Coughing up blood in the last month  Yes  No
  - k. Wheezing  Yes  No
  - l. Wheezing that interferes with your job  Yes  No
  - m. Chest pain when you breathe deeply  Yes  No
  - n. Any other symptoms that you think may be related to lung problems  Yes  No

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

5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack  Yes  No
  - b. Stroke  Yes  No
  - c. Chest pain  Yes  No
  - d. Heart failure  Yes  No
  - e. Swelling in your legs or feet (not caused by walking)  Yes  No
  - f. Heart arrhythmia (heart beating irregularly)  Yes  No
  - g. High blood pressure  Yes  No
  - h. Any other diagnosed cardiovascular or heart problem  Yes  No
6. Have you ever had any of the following symptoms of cardiovascular or heart problems?
- a. Frequent pain or tightness in your chest  Yes  No
  - b. Pain or tightness in your chest during physical activity  Yes  No
  - c. Pain or tightness in your chest that interferes with your job  Yes  No
  - d. In the past two years have you noticed your heart skipping or missing a beat  Yes  No
  - e. Heartburn or indigestion that is not related to eating  Yes  No
  - f. Any other symptoms that you think may be related to heart or circulation problems  Yes  No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems  Yes  No
  - b. Heart trouble  Yes  No
  - c. High or low blood pressure  Yes  No
  - d. Seizures (fits)  Yes  No
8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9).
- a. Eye irritation  Yes  No
  - b. Skin allergies or rashes  Yes  No
  - c. Anxiety  Yes  No
  - d. General weakness or fatigue  Yes  No
  - e. Any other problem that interferes with your use of a respirator  Yes  No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?  Yes  No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently)?  Yes  No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses  Yes  No
  - b. Wear glasses  Yes  No
  - c. Color blind  Yes  No
  - d. Any other eye or vision problem  Yes  No

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

12. Have you ever had an injury to your ears, including a ruptured ear drum?  Yes  No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing  Yes  No
  - b. Wear a hearing aid  Yes  No
  - c. Any other hearing or ear problem  Yes  No
14. Have you ever had a back injury?  Yes  No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet  Yes  No
  - b. Back pain  Yes  No
  - c. Difficulty fully moving your arms and legs  Yes  No
  - d. Pain or stiffness when you lean forward or backward at the waist  Yes  No
  - e. Difficulty fully moving your head side to side  Yes  No
  - f. Difficulty fully moving your head up or down  Yes  No
  - g. Difficulty bending at your knees  Yes  No
  - h. Difficulty squatting to the ground  Yes  No
  - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.  Yes  No
  - j. Any other muscle or skeletal problem that interferes with using a respirator  Yes  No

**Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen?  Yes  No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions?  Yes  No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g. gases, fumes, or dust), or have you come into skin contact with hazardous chemicals?  Yes  No

If "yes," name the chemicals if you know them:

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3. Have you ever worked with any of the materials, or under any of the conditions, listed below?
- a. Asbestos  Yes  No
  - b. Silica (e.g. in sandblasting)  Yes  No
  - c. Tungsten / cobalt (e.g. grinding or welding this material)  Yes  No
  - d. Beryllium  Yes  No
  - e. Aluminum  Yes  No
  - f. Coal (for example, mining)  Yes  No
  - g. Iron  Yes  No
  - h. Dusty environments  Yes  No
  - i. Any other hazardous exposures  Yes  No

If "yes," describe these exposures:

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

4. List any second jobs or side businesses you have.

- a. \_\_\_\_\_  
b. \_\_\_\_\_

5. List your previous occupations: \_\_\_\_\_

6. List your current and previous hobbies: \_\_\_\_\_

7. Have you been in the military services?  Yes  No

If "yes," were you exposed to biological or chemical agents (either in training or combat)?  
 Yes  No

8. Have you ever worked on a HAZMAT team?  Yes  No

9. Other than the medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reasons (including over-the-counter medications)  Yes  No

If "yes," name the medications if you know them \_\_\_\_\_

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA filters  Yes  No  
b. Canisters (for example, gas masks)  Yes  No  
c. Cartridges  Yes  No

11. How often are you expected to use the respirator(s) (check all those that apply)

- a. Escape only (no rescue)  Yes  No  
b. Emergency rescue only  Yes  No  
c. Less than 5 hours per week  Yes  No  
d. Less than 2 hours per day  Yes  No  
e. 2 to 4 hours per day  Yes  No  
f. More than 4 hours per day  Yes  No

12. During the period you are using the respirator(s), is your work effort. . .

- a. Light (less than 200 kcal per hour):  
Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs \_\_\_\_\_ mins

- b. Moderate (200 to 350 kcal per hour):  
Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs) on a level surface.

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs \_\_\_\_\_ mins



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

b. Heavy (above 350 kcal per hour):

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs \_\_\_\_\_ mins

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator?:  Yes  No

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperatures exceeding 77°F)?:  Yes  No  
15. Will you be working under humid conditions?:  Yes  No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_  
Estimated maximum exposure level per shift: \_\_\_\_\_  
Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

## Appendix D

### **Information for Employees Using Respirators when Not Required**

Respirators are an effective method of protection against designated hazards when properly selected and worn. A respirator can be worn by City employees for an additional level of comfort after they have been approved and properly trained. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Voluntary use of a respirator by City employees is only allowed when hazardous substances do not exceed the limits set by CalOSHA standards.

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 designed 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.

This policy does not apply to those employees whose only use of respirators involves the voluntary use of filtering facepiece-type respirators (dust masks).