

CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS

Facility Name

Person Contacted

Address

Title

City State Zip Code

Date of Interview

Phone Number

A written respiratory protection program that is specific to the workplace and covers the following:

Yes No *Specifications on who (employees of what department or units under what situations) are covered by the respiratory protection program*

Yes No *Designation of a program administrator qualified to administer the program*

Written Program

Implemented

- | | | |
|--|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Procedures for selecting NIOSH certified respirators based on the hazards and workplace activities. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Medical evaluations of employees required to wear respirators reviewed by physician or licensed health care professional using approved questionnaire or clinical exam. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Fit testing procedures are performed using the same make, model and size that the employee will be expected to use.
<i>There are a sufficient number of sizes and models to provide acceptable and correct fit for various staff</i>
<i>Fit testing is performed annually</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Procedures for routine and emergency respirator use. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Procedures and schedules for cleaning (if not disposable), disinfecting (if not disposable), storing, inspecting, repairing (if not disposable), discarding, and maintaining respirators. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Training in respiratory hazards and why it is necessary to wear. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Training in proper use to inspect, put on and remove and use the respirator. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Program evaluation procedures. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering face pieces) comply with the medical evaluation, and cleaning storing and maintenance requirements of the standard. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Procedures for monitoring employees for compliance with the program. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Ensure proper records of medical evaluations and fit testing are maintained. |

Print

E-mail to Facility

E-Mail to DOH

CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS cont.

Facility Name

Number of Beds

Number of Staff

Number of staff who will/may require N-95 respirators

Yes No Request for training of staff.

Yes No Request for train the trainer program.

Yes No Request for fit testing.

Yes No Request for medical evaluation.

Yes No Request for review of their written program.

Yes No Provide template for written program.

Yes No Request for other assistance. Please describe:

Auditor Name

Report Date

Phone Number

Electronic Signature

Print

E-mail to Facility

E-Mail to DOH