

APPENDIX K Respiratory Protection Program Audit Form

Auditor's Name:	Date:
Supervisor's Name:	Building:
Department:	
Employees in Program (names):	

Checks in the left side of this form indicate that UW has satisfactorily shown compliance regarding the related topic. Comments should include people interviewed, location reviewed, etc., and deficiencies noted, if applicable. If the item does not apply, note "NA" in the comment section. This form can be found online under Respiratory Protection on the EHS website at: <http://www.uwyo.edu/ehs/programareas/occupationalhealthandsafety/index.html>.

General Information		
<input type="checkbox"/>	1. A written respiratory protection program is implemented and is specific to the workplace and addresses the following: <ul style="list-style-type: none"> a. Procedures for selecting respiratory protection equipment. b. Medical evaluations for personnel required to utilize respiratory protection equipment. c. Fit testing procedures. d. Routine use procedures and emergency use procedures. e. Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respiratory protection equipment. f. Procedures for ensuring adequate air quality for supplied-air respirators. g. Respiratory protection training. h. Program evaluation procedures. 	Comments:
<input type="checkbox"/>	2. Procedures for ensuring personnel who voluntarily utilize respiratory protection equipment (except dust masks) comply with the medical evaluation, cleaning, storing, and maintenance requirements of the Respiratory Protection Standard (29 CFR 1910.134).	Comments:
<input type="checkbox"/>	3. A designated, qualified Program Administrator.	Comments:
<input type="checkbox"/>	4. Update to the program records as necessary.	Comments:
<input type="checkbox"/>	5. Equipment, training, and medical evaluations are provided at no cost to UW personnel.	Comments:

<input type="checkbox"/>	<p>6. Respiratory hazards within the UW workplace have been identified and evaluated.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>7. Personnel exposures that have not been, or cannot be, evaluated are considered immediately dangerous to life and health (IDLH)</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>8. Respirators are certified by the National Institute for Occupational Safety and Health (NIOSH) and are used within the conditions of certification.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>9. Respiratory protection equipment is selected based on the evaluated workplace hazards and workplace/user factors affecting respirator performance and reliability.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>10. A sufficient number of respirator sizes and models are provided in order to find a sufficient fit for the user.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>11. For IDLH atmospheres:</p> <ul style="list-style-type: none"> a. Full-face, pressure demand SAR with auxiliary self-contained breathing apparatus (SCBA) with a minimum service life of 30 minutes is provided. b. Respiratory protection used for escape only are NIOSH certified for the atmosphere in which they will be used. c. All oxygen-deficient atmospheres are considered IDLH. 	<p>Comments:</p>
<input type="checkbox"/>	<p>12. For non-IDLH atmospheres:</p> <ul style="list-style-type: none"> a. Respiratory protection equipment selected is appropriate for the chemical state and physical form of the contaminant(s). b. Air-purifying respirators (APR) used for protection against gases and vapors are equipped with end-of-service life indicators (ESLI) or have an implemented change schedule. c. APRs used for protection against particulates are equipped with NIOSH certified HEPA filters or other filters certified by NIOSH for particulates (42 CFR Part 84). 	<p>Comments:</p>
Medical Evaluations		
<input type="checkbox"/>	<p>13. Personnel have been medically evaluated to determine their ability to use respiratory protection equipment prior to fit testing or using respiratory protection for the first time in the workplace.</p>	<p>Comments:</p>

<input type="checkbox"/>	14. The physician or other licensed health care professional (PLHCP) has been identified to perform the medical evaluations.	Comments:
<input type="checkbox"/>	15. The medical evaluations obtain the information from Appendix F of the UW Respiratory Protection Program [or the information requested from the annual medical update form (Appendix G)].	Comments:
<input type="checkbox"/>	16. Personnel are provided follow-up medical exams if their initial medical evaluation reveals that a follow up medical evaluation is necessary.	Comments:
<input type="checkbox"/>	17. Medical evaluations are administered confidentially during normal work hours and in a manner that is understandable to employees.	Comments:
<input type="checkbox"/>	18. Personnel are provided the opportunity to discuss their medical evaluation results with the PLHCP.	Comments:
<input type="checkbox"/>	19. Written recommendations are obtained from the PLHCP regarding each employee's ability to utilize respiratory protection equipment and a copy of the recommendations are available upon request.	Comments:
<input type="checkbox"/>	20. Personnel required to wear a powered-air purifying respirator (PAPR) for medical reasons will have an independent determination made.	Comments:
<input type="checkbox"/>	21. Personnel are provided additional medical evaluations when: <ul style="list-style-type: none"> a. The employee reports a change in symptoms related to his/her ability to use respiratory protection equipment. b. The PLHCP, Program Administrator, or Supervisor determines a medical evaluation is necessary. c. Information from the UW Respiratory Protection Program suggests a need for reevaluation. d. Workplace conditions have changed in a way that could potentially place an increased burden on the employee's health. 	Comments:
Fit Testing		
<input type="checkbox"/>	22. Personnel using tight-fitting respiratory protection equipment have passed an appropriate fit test prior to utilizing the respiratory protection equipment in the workplace.	Comments:
<input type="checkbox"/>	23. Fit testing is conducted with the same respirator make, model, and size that the employee will utilize in the workplace.	Comments:

<input type="checkbox"/>	24. Fit tests are completed at least annually (or sooner than annually if a different respiratory is to be used).	Comments:
<input type="checkbox"/>	25. Additional fit tests are provided should the employee incur physical changes that may affect respirator fit.	Comments:
<input type="checkbox"/>	26. Personnel are provided the opportunity to select a different respirator make, model, or size and are fit tested again if the initially chosen respirator fit is unacceptable.	Comments:
<input type="checkbox"/>	27. Fit tests are administered using OSHA-accepted quantitative fit test (QNFT) or qualitative fit test (QLFT) protocols.	Comments:
<input type="checkbox"/>	28. The QNFT protocol is used for situations where a negative pressure respirator is intended to protect personnel from contaminant concentrations greater than 10 times the permissible exposure limit (PEL).	Comments:
<input type="checkbox"/>	29. When the QNFT protocol is used for negative pressure respirators, a minimum fit factor of 10 is achieved for tight-fitting, half-face respirators and a minimum fit factor of 50 is achieved for full-face respirators.	Comments:
<input type="checkbox"/>	30. For tight-fitting, atmosphere-supplying respirators and PAPRs: <ul style="list-style-type: none"> a. Fit tests are conducted with the respirator converted to the negative pressure mode. b. QLFT are conducted by temporarily converting the face piece to the negative pressure mode with appropriate filters, or by using an identical negative pressure APR. c. QNFT are achieved by modifying the face piece to allow for sampling inside the face piece midway between the nose and mouth. The face piece is restored to its NIOSH-approved configuration before being used in the workplace. 	Comments:
Routine Use Respirators		
<input type="checkbox"/>	31. Personnel using tight-fitting respirators have no conditions, such as facial hair, that would interfere with the face to face piece seal or valve function.	Comments:
<input type="checkbox"/>	32. Personnel wearing corrective glasses, goggles, or other personal protective equipment do so in a manner that does not interfere with the face-to-face piece seal or valve function.	Comments:

<input type="checkbox"/>	<p>33. Prior to using a tight-fitting respirator, personnel complete a user seal check each time.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>34. Procedures are in place for conducting ongoing surveillance of the work area for conditions that affect respirator effectiveness, and when such conditions exist, steps are taken to address those situations.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>35. Personnel are permitted to leave their work area to conduct respirator maintenance, such as washing the face piece or to replace respirator parts.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>36. Personnel do not return to their work area if there is filter media breakthrough, face piece leaks, or they experience a change in breathing resistance.</p>	<p>Comments:</p>
Maintenance and Storage		
<input type="checkbox"/>	<p>37. Respiratory protection equipment is clean, sanitary, and in good working order.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>38. Respiratory protection equipment is cleaned and disinfected according to procedures outlined in the UW Respiratory Protection Program and/or manufacturer's instructions.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>39. Respiratory protection equipment is cleaned and disinfected:</p> <ul style="list-style-type: none"> a. As often as necessary when issued for the exclusive use of one employee. b. Before being worn by different individuals. c. After each use for emergency-use respiratory protection equipment. d. After each use for respirators used for fit testing and training. 	<p>Comments:</p>
<input type="checkbox"/>	<p>40. Respiratory protection equipment is properly stored to protect the equipment from damage or from becoming deformed.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>41. Emergency-use respiratory protection equipment is stored:</p> <ul style="list-style-type: none"> a. To be easily accessed in the work area. b. In compartments clearly marked as such. c. In accordance with the manufacturer's recommendations. 	<p>Comments:</p>
Inspections		

<input type="checkbox"/>	42. Routine-use respiratory protection equipment is inspected before each use and during cleaning.	Comments:
<input type="checkbox"/>	43. SCBA and emergency-use respiratory protection equipment are inspected monthly and checked for proper function before and after each use.	Comments:
<input type="checkbox"/>	44. Inspections include: <ul style="list-style-type: none"> a. Checks of respirator function. b. Tightness of connections. c. Condition of face piece, head straps, valves, and cartridges. d. Condition of elastomeric parts. 	Comments:
<input type="checkbox"/>	45. For SCBA equipment, inspections include verifying that cylinders are fully charged and that regulators and warning devices function properly.	Comments:
Repairs		
<input type="checkbox"/>	46. Respiratory protection equipment that has failed inspection are immediately removed from service.	Comments:
<input type="checkbox"/>	47. Only NIOSH approved repair parts are used.	Comments:
<input type="checkbox"/>	48. Repairs and adjustments of reducing/admission valves, regulators, and alarms are made by the equipment manufacturer only.	Comments:
Breathing Air Requirements		
<input type="checkbox"/>	49. Compressed breathing air meets the requirements for Grade D breathing air.	Comments:
<input type="checkbox"/>	50. Compressed oxygen is not used in respirators that have previously used compressed air.	Comments:
<input type="checkbox"/>	51. Oxygen concentrations greater than 23.5% are used only in equipment designed for oxygen service or distribution.	Comments:

<input type="checkbox"/>	<p>52. Breathing air couplings are incompatible with outlets for other gas systems.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>53. Breathing gas containers are marked with the appropriate NIOSH certification.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>54. Cylinders are tested and maintained according to Department of Transportation (DOT) requirements (49 CFR Parts 173 and 178).</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>55. Moisture content in the cylinder does not exceed a dew point of -50°F at 1 atmosphere pressure.</p>	<p>Comments:</p>
Training and Information		
<input type="checkbox"/>	<p>56. Personnel demonstrate proficient knowledge of:</p> <ul style="list-style-type: none"> a. Why the respiratory protection is necessary and the consequences of improper fit, use, or maintenance. b. Limitations and capabilities of the respiratory protection equipment. c. How to effectively use the respiratory protection equipment for emergency situations. d. How to inspect, don, perform user seal check, use and doff the respirator. e. Maintenance and storage procedures. f. The general requirements of 29 CFR 1910.134. 	<p>Comments:</p>
<input type="checkbox"/>	<p>57. Training is understandable to personnel.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>58. Training is provided prior to personnel respirator use.</p>	<p>Comments:</p>
<input type="checkbox"/>	<p>59. Retraining is provided:</p> <ul style="list-style-type: none"> a. Upon changes in workplace conditions that affect respiratory protection equipment use. b. Annually, or if respiratory hazards or respiratory protection equipment use changes or if an employee's actions indicate they have not retained sufficient knowledge, additional training or retraining will be completed. 	<p>Comments:</p>

<input type="checkbox"/>	60. Appendix D of the UW Respiratory Protection Program is provided to voluntary users.	Comments:
<input type="checkbox"/>	61. Workplace evaluations are completed, as necessary, to ensure the written respiratory protection program is effectively implemented.	Comments:
Recordkeeping		
<input type="checkbox"/>	62. Medical evaluations records are maintained.	Comments:
<input type="checkbox"/>	63. Fit testing records are maintained.	Comments:
<input type="checkbox"/>	64. The UW Respiratory Protection Program is developed, implemented, and maintained.	Comments:
<input type="checkbox"/>	65. Access to records is available to affected personnel.	Comments:

Auditor Name: _____ Date: _____

Auditor Signature: _____