

Generic Guidelines for Development of a Respiratory Protection Program in Accordance with Department of Pesticide Regulation Requirements

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California Environmental Protection Agency
Department of Pesticide Regulation
Worker Health and Safety Branch
1001 I Street
Sacramento, CA 95814

The California Department of Pesticide Regulation (DPR) has created this document for use in developing a written respiratory protection program. The written program must have work-site specific procedures for respirator selection, medical clearance, fit testing, maintenance, and use. Your organization should fill in the blanks on this form with appropriate information and customize the document to your specific needs. This document must be used with the Pesticide Safety Information Series A-5 or N-5, which can be downloaded at <https://www.cdpr.ca.gov/docs/whs/psisenglish.htm>.

Some of the suggested procedures in this document may exceed the minimum requirements of the respiratory protection regulations found in Title 3 of the California Code of Regulations Section 6739. Your organization's written program, based on this document, may benefit from review by DPR, your County Agricultural Commissioner, or your insurance company's loss prevention agent.

NOTE:

It is a requirement that your organization customize this document to reflect your actual respiratory protection program. Your organization will be held responsible for all elements of this written program. DPR is not responsible for any portion of your organization's respiratory protection program.

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Respiratory Protection Program

Organization Name: _____

Address: _____

Date Implemented: _____

Review Dates:

| | |
|-------|-------|
| _____ | _____ |
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Date Program Retired: _____

NOTE: A copy of this document must be retained for at least 3 years after the program has been retired, as required in 3 CCR 6739 (q).

Insert additional pages as necessary.

INTRODUCTION

This respiratory protection program is designed to conform to the requirements in Title 3 of the California Code of Regulations, Section 6739 (3 CCR Section 6739). General employee information on respiratory protection is available in the Pesticide Safety Information Series (PSIS) A-5 and N-5, which is available to employees.

Location of PSIS: _____
Insert the location of your PSIS documents.

PURPOSE (3 CCR 6739 (a))

The purpose of this program is to protect employees from respiratory hazards associated with the use of pesticides and to comply with current regulations and label requirements. This program includes the following components:

- Respirator Selection
- Medical evaluation
- Fit testing
- Routine and emergency use
- Cleaning, maintenance, and care
- Breathing air quality
- Training in respiratory hazards
- Training in wearing a respirator and respirator limitations
- Program evaluation

ADMINISTRATION (3 CCR 6739 (a))

The Respirator Program Administrator (RPA) of this program is responsible for ensuring the effectiveness of this respiratory protection program and its compliance with the respiratory protection regulation. (See the definitions section for qualifications of an RPA.)

The RPA for this program is:

| |
|----------------------------|
| RPA Name and Title: |
| |

The RPA keeps records on: (3 CCR 6739 (p))

- Training
- Fit Testing
- Equipment Inspection
- Medical Recommendations
- Copies of previous written programs
- Employee consultations
- Program evaluations

DEFINITIONS (many of these are found in 3 CCR 6000)

Air-Purifying Respirator: A respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants passing ambient air through the air-purifying element.

Atmosphere-Supplying Respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere. This includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.

Canister/Cartridge: A container with a filter, sorbent, or catalyst, or combination of these, that removes specific contaminants from the air passed through the container.

Change-Out Schedule: Information provided to the respirator user to ensure the canister, cartridge, or filter is changed before the end of its service-life.

Confidential Reader: A person chosen by an employee required to wear a respirator to read to them the Medical Evaluation Questionnaire required under 3 CCR Section 6739(q) in a language primarily understood by the employee. This includes, but is not limited to, a coworker, family member, friend, or an independent translator provided by the employer. The employer or the employer's direct agent, such as a supervisor, manager, foreman, or secretary, are not included and are prohibited from being confidential readers.

Filtering Facepiece: A National Institute for Occupational Safety and Health (NIOSH) approved negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

Full Face Respirator: A NIOSH approved reusable respirator made of rubber or silicone that forms a tight seal against the user's face and must be fit tested prior to use and on an annual basis. Full-face respirators have a clear plastic lens covering the face and provides eye protection.

Half Face Respirator: A NIOSH approved reusable or disposable respirator with cartridges or filters. These devices are made of rubber or silicone that form a tight seal against the user's face and must be fit tested prior to use and on an annual basis.

High Efficiency Particulate Air (HEPA) Filter: A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers (microns) in diameter. These are N-100, R-100, and P-100 filters.

Immediately Dangerous to Life or Health (IDLH): An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere. All fumigant-confining structures shall be considered IDLH until concentrations reach label-required levels as measured with appropriate monitoring equipment. Oxygen-deficient atmospheres (less than 19.5% oxygen) are considered IDLH.

Negative Pressure Respirator: A tight fitting respirator in which the air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator. Air-purifying respirators and filtering facepieces are examples of negative pressure respirators.

Particulate Filter: A filter designed to capture particles such as dusts, mists, and fumes, and includes filtering facepieces. The three styles are N (Not Oil Resistant), R (Oil Resistant), and P (Oil Proof). They have a capture efficiency of 95%, 99%, or 99.97% at the most penetrating particle size of 0.3 micrometers (microns).

Physician or Other Licensed Health Care Professional (PLHCP): An individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by these regulations. This can include; Physicians, (including Occupational Medicine Physicians), Doctors of Osteopathy, Physician Assistants, Registered Nurses, Nurse Practitioners, and Occupational Health Nurses.

Positive Pressure Respirator: A respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator. Supplied Air Respirators and Self-Contained Breathing Apparatus (SCBA) are examples of these.

Powered Air-Purifying Respirator (PAPR): An air-purifying respirator that uses a battery-powered blower to force the ambient air through the filters or cartridges into the respirator inlet. These may have a tight fitting half or full facepiece that requires fit testing prior to use and on an annual basis. They also may be loose fitting (such as with a hood or helmet), which would not require fit testing.

Qualitative Fit Test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative Fit Test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respirator: A device designed to protect the wearer from inhalation of hazardous airborne substances.

Respirator Program Administrator (RPA): A person who is qualified by appropriate training or experience that is commensurate with the complexity of the respiratory protection program, and demonstrates knowledge necessary to administer a respiratory protection program. Such training or experience includes, but is not limited to; reading and understanding either the American National Standard for Respiratory Protection Publication (ANSI Z88.2), the U.S. Department of Labor's "Small Entity Compliance Guide for the Revised Respiratory Protection Standard", taken specific course work on developing a respiratory protection program from a college or a respirator manufacturer's authorized representative, or is an American Board of Industrial Hygiene, Certified Industrial Hygienist, (CIH).

Respiratory Inlet Covering: The portion of the respirator that forms the barrier between the user's respiratory tract and the air purifying device or breathing air. It may be a facepiece, helmet, hood, or suit.

Self-Contained Breathing Apparatus (SCBA): A respirator for which the breathing air source is designed to be carried by the user and is independent of the ambient atmosphere.

Supplied Air Respirator (SAR): An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user. Also called an airline respirator. May be used in combination with an escape bottle of breathing air that can be used if the air supply becomes interrupted.

User Seal Check: An action conducted by the respirator user to determine if the respirator is properly seated to the face.

RESPIRATOR SELECTION (3 CCR 6739 (c))

Only respiratory protective equipment approved by the NIOSH will be used. Pesticide product labels will be consulted to determine the correct respirator for protection against the specific hazard. Regulatory requirements or permit conditions will also be referenced to determine the appropriate respiratory protection (see “Supplemental Sources” section below).

Selection of respiratory protective equipment will be based on label directions or other regulatory guidance. If there is no label direction or regulatory guidance, the selection will be made according to guidance from the DPR’s WHS Branch, Cal/OSHA, the safety equipment manufacturer/provider, or other appropriate sources.

Supplementary Sources for Respirator Selection: _____

****The respirator assignment roster is in Appendix 1.**

Example Assignment Roster:

The following is an EXAMPLE ONLY and does not necessarily reflect the appropriate type of respirator for the specific activity or hazard listed. Respirator brand names and model numbers are examples created for illustrative purposes only.

| Employee Name | Respirator <i>Brand name and model number</i> | Respirator Type | Size | Cartridge Type | Activity | Hazard |
|----------------------|---|------------------------|-------------|-----------------------|-------------------|---------------------|
| Quinn F. | AirMaster II | Full-face | Large | Organic Vapor | Airblast spraying | azinphos-methyl |
| Tycho F. | AirMaster II | Half-face | Large | Organic Vapor/N95 | Soil injection | 1,3-dichloropropene |
| Theo F. | Breathex 56 | Filtering facepiece | Medium | N95 | Mix/load | captan |
| Linda O. | Breathex 42 | Half-face | Medium | Organic Vapor | Mix/load | azinphos-methyl |

NIOSH Respirator Designations (3 CCR 6739 (l))

Some pesticide labels list the NIOSH respirator designations when describing the type of respirator required by the product. This designation begins with “TC” (Testing and Certification) and may include the following numbers and letters indicating the specific designation:

- **TC-13F:** Self-contained breathing apparatus (SCBA).
- **TC-19C:** Supplied air respirator (SAR).
- **TC-14G:** Gas mask with canister.
- **TC-23C:** Air-purifying respirator (APR) with chemical cartridge or powered air purifying respirator (PAPR) with chemical cartridge and particulate filter.
- **TC-21C:** Powered air-purifying respirator (PAPR) with a particulate filter only.
- **TC-84A:** Respirator with a particulate filter or combination chemical cartridge with particulate filter. This designation also includes filtering facepieces.

MEDICAL EVALUATION (3 CCR 6739 (d))

The medical evaluation (or medical evaluation that obtains the same information as the questionnaire) will be completed during normal work hours and at no cost to the employee. Each employee who is required to wear a respirator must complete the medical evaluation questionnaire (*Appendix 5*) of this document, or equivalent form that obtains the same information), which will be reviewed by a physician or other licensed health care professional (PLHCP) to determine their ability to wear a respirator. The questionnaire will be completed confidentially by the employee and submitted to the PLHCP. Management will not read the completed questionnaire or assist the employee in filling out the questionnaire. If the employee cannot read the questionnaire, the employee may ask for a confidential reader (see definitions) for assistance, or the employer may obtain an independent translator for the worker, if the worker so desires.

PLHCP NAME: _____

PLHCP ADDRESS: _____

The PLHCP will receive the following information to assist in evaluating the questionnaire:

- Type of respirator (filtering facepiece, half-face, full-face, SCBA, etc.)
- Weight of respirator
- Duration/Frequency of use
- Expected physical effort (medium to heavy)
- Additional protective clothing and equipment worn
- Temperature/Humidity extremes
- Copy of this Respiratory Protection Program
- Copy of 3 CCR, Section 6739 (from CDPR website)

After the PLHCP has reviewed the questionnaire or completed the physical examination, they will send the results of the medical evaluation to the RPA and the employee. The PLHCP may use the Medical Recommendation Form (*Appendix 6*) or similar documentation for the results. The recommendation will be retained by the RPA.

When a new or different PLHCP is used, the RPA shall ensure that the new PLHCP obtains the necessary information by having the documents transferred from the former PLHCP to the new PLHCP.

This organization shall provide subsequent/additional medical evaluations if any of the following occur:

- The worker reports medical signs or symptoms related to their inability to use a respirator.
- PLHCP, supervisor, or RPA informs management that a worker needs to be re-evaluated.
- Information from the RPA, including observations made during fit testing and program evaluation, indicates a need.
- Changes in workplace conditions that may substantially increase the physiological burden on a worker.

RESPIRATOR FIT TESTING (3 CCR 6739 (e))

In all cases, the respirator wearer should select a respirator that feels comfortable. If there are any doubts about the condition or integrity of the selected respirator, the respirator will be rejected. As required by 3 CCR Section 6739(e)(4), all fit testing will be done in accordance with the requirements found in the California Occupational Safety and Health Administration (Cal/OSHA) regulations, Title 8 CCR Section 5144.

Qualitative Fit Testing: The following protocols found in Cal/OSHA regulations Title 8 CCR Section 5144 Appendix A, cited in DPR regulation Title 3 CCR Section 6739(e)(4), are approved to **qualitatively** fit test respirators:

- For testing against chemical cartridges: Iso-amyl acetate test (“Banana oil”)
- For testing against particulate filters: Saccharin test; Bitrex® test; Irritant smoke test

If performing qualitative fit testing, our organization will use the following protocol:

Quantitative Fit Testing: The following protocols found in Cal/OSHA regulations Title 8 CCR Section 5144 Appendix A, cited in DPR regulation Title 3 CCR Section 6739(e)(4), are approved to **quantitatively** fit test respirators: Generated Aerosol (corn oil, salt, DEHP); Condensation Nuclei Counter (Porta-Count); Controlled Negative Pressure (CNP)

If performing quantitative fit testing, our organization will use the following protocol:

Reason for Fit Test Selection (*state how the selection above was made*):

*****An example of a Fit Test Record is in Appendix 2.***

RESPIRATOR GENERAL USE REQUIREMENTS (3 CCR 6739 (f))

Facial Hair: No employee who wears a respirator will be allowed to wear the respirator if they have facial hair that comes between the sealing surface of the facepiece and the face. Facial hair must also not interfere with the normal functioning of the valves of the respirator.

Corrective Glasses: Corrective glasses or sunglasses with temple bars cannot be worn with a full-face respirator since they interfere with the respirator’s sealing ability. If an employee wears corrective glasses and uses a full-face respirator, a “spectacles kit” will be provided at no cost to the employee. Contact lenses may be worn in lieu of glasses unless prohibited by label.

Emergency Use: (3 CCR 6739 (i))

In the event of an emergency, employees must do the following:

User Seal-Check: A user seal-check must be performed **EVERY TIME** the person puts on (dons) a respirator to ensure a proper seal before entering an area where a respirator is required, as described in Title 8 of the California Code of Regulations section 5144 Appendix B-1:

Positive Pressure User Seal-Check: Cover the exhalation valve and exhale gently into the facepiece. The fit is considered satisfactory if a slight positive pressure can be built up inside the facepiece without any evidence of outward leakage of air.

Negative Pressure User Seal-Check: Cover the inlet opening of the canister or cartridge(s) with the palm of the hand(s) and inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the respirator is considered satisfactory.

NOTE: The design of the inlet opening of some cartridges cannot be effectively covered with the palm of the hand. The test can be performed by covering the inlet opening of the cartridge with a thin latex or nitrile glove.

Caution!

The user seal-checks are **not** considered “fit-testing.” A qualitative or quantitative fit test must be performed before a respirator can be assigned to a worker. Persons with facial hair that interferes with the sealing surfaces of the respirator will be considered automatic failure of user seal check without further testing.



Positive-pressure check



Negative-pressure check

Image credit: <https://osha.oregon.gov/OSHAPubs/3330.pdf>

CLEANING, MAINTENANCE, AND CARE

Cleaning and Storing Respirators: (3 CCR 6739 (h), (i))

Employees will be issued respirators that are clean, sanitary, and in good working order. Employees who are assigned respirators will ensure their respirator is cleaned as often as necessary to ensure proper function and fit. Respirators must be cleaned and sanitized before being re-issued to another employee.

Individual responsible for cleaning and sanitizing respirators before re-issue (check one):

- Supervisor RPA NA (*check if single-use respirators or if none will be re-issued*)
- Other (*if checked, list their title*): _____

After cleaning (and sanitizing if required), respirators will be stored in a resealable plastic bag or other sealable container that protects the respirator. Respirators will be stored so they are protected from sunlight, dust, chemical contamination, moisture, temperature extremes, or any other potentially damaging effect.

Our organization will store respirators in the following containers and locations:

Maintenance, Inspection, and Repair: (3 CCR 6739 (j))

Employees will be responsible for inspecting their respirator prior to use. If there is any damage or defect to the respirator, the RPA must be immediately notified and the respirator not be used.

Routine inspections must include the following:

- General condition of mask, straps, valves, and air hoses (no cracks, tears, holes, deformations, or loss of elasticity)
- Filter elements (proper filter or cartridge), air tanks (full to required capacity), regulators, low-pressure warning device
- Hose clamps, gaskets (in place and properly seated)
- Mask cleanliness (nothing on sealing surfaces or the rest of the mask)
- Other inspection items: _____

The RPA or their designate may repair air purifying type respirators if they have been trained or are otherwise proficient in the proper procedure. Factory-certified personnel must do all repairs to supplied-air respirators.

Other requirements for respirator maintenance, inspection and repair:

Change-Out Schedule: (3 CCR 6739 (o))

Cartridges, canisters, filters, and filtering facepieces must be “changed-out” using the following hierarchy:

1. At the first indication of odor, taste, or irritation while in use, the respirator wearer leaves the contaminated area, adjusts the mask for fit and on returning still encounters odor, taste, or irritation. (This criterion item supersedes any of the criteria listed in numbers 2–6).
2. When any End-of-Service-Life-Indicator indicates the respirator has reached its end of service.
3. All disposable filtering facepiece respirators shall be discarded at the end of the workday.
4. According to pesticide-specific label directions/recommendations.
5. According to pesticide-specific directions from the respirator manufacturer.
6. Absent any pesticide-specific directions/recommendations, at the end of the day’s work period.

INSTRUCTION AND TRAINING (3 CCR 6739 (m))

Employees who are required to use respirators must be trained such that they can demonstrate knowledge of at least:

- When and why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect.
- Limitations and capabilities of the respirator, including if the respirator malfunctions.
- Effective use in emergency situations.
- How to inspect, put on, remove, use, and check the seals.
- Proper maintenance and storage.
- Recognition of medical signs and symptoms that may limit or prevent effective use.

Training will be conducted annually. Training records will be kept by the RPA.

*****An example of a training record is in Appendix 3.***

IDLH and SCBA Requirements (3 CCR 6739 (j), (k))

For entry into unknown atmospheres, oxygen-deficient environments (oxygen concentration < 19.5%), or atmospheres at or above the IDLH concentration, only SCBA or supplied-air respirators equipped with an escape bottle shall be used.

Check either **YES** or **NO** below:

1. Employees may be required to work in IDLH environments.

YES **NO**

2. Employees may be required to wear SCBA or use Supplied Air Respirators with escape bottle.

YES **NO**

3. If SCBAs will be used, list the name, address, and phone number of the tank refilling company:

Name: _____

Address: _____

Phone #: _____

SCBA tanks shall be filled with Grade D air or better. A Certificate of Analysis shall be obtained from the tank refilling company and kept by RPA. Hydrostatic testing of SCBA tanks will be performed according to manufacturer's or tank filling company recommendations.

All SCBA's must have a minimum inspection period of one month. SCBA's shall also be checked for proper function each time it is deployed to a worksite requiring the presence of an emergency-use SCBA. Inspections will cover the following items:

- SCBA examined for contamination, damage, or wear.
- Cylinder is at least 80% full for routine use, or 100% for emergency use.
- Low pressure alarm functions properly.
- Regulators functioning properly.
- Bypass valve functioning properly.
- Cylinder within hydrostatic testing date.
- Face mask functioning properly and meets the requirements above for general condition of mask, straps, valves, and air hoses (no cracks, tears, holes, deformations, or loss of elasticity).
- Other inspection items: _____

VOLUNTARY USE OF RESPIRATORS (3 CCR 6739 (b))

When not required by label, permit conditions or regulations, employees may request to wear respirators on a voluntary basis. If this **organization requires** the use of respirators when not required on label directions, permit conditions, or regulations, then the full respiratory protection program **must** be in place.

If voluntary use of respirators is allowed, the Voluntary Use Posting (3 CCR 6739(r)) must be displayed next to the Pesticide Safety Information Series A-8 or N-8. Other requirements may apply, depending on the selections below. See bold arrows (→) for requirements.

****The Voluntary Use Posting is in Appendix 7.**

Check YES or NO below:

1. Voluntary use of filtering facepieces is allowed

YES NO

2. The employer will provide filtering facepieces for voluntary use at the employee's request

YES NO

→ If YES: Post the "Voluntary Use Posting" found in Appendix 7 and provide respirators at no cost to the employee

3. Voluntary use of full face or half face respirators is allowed

YES NO

4. The employer will provide full face or half face respirators at the employee's request

YES NO

→ If YES: Post the "Voluntary Use Posting" found in Appendix 7, provide respirators, medical evaluations, training on proper cleaning, storage and maintenance at no cost to the employee. The employee must be medically able to use the respirator so that it does not present a hazard.

5. Employees may bring their own respirators for voluntary use (including filtering facepieces and elastomeric [rubber] facepiece respirators)

YES NO

→ If YES: Post the "Voluntary Use Posting" found in Appendix 7

EVALUATION AND EMPLOYEE CONSULTATION (3 CCR 6739 (n))

The respiratory protection program, as defined by this written program, shall be evaluated annually to ensure that it reflects conditions found in the workplace. If conditions change such that this written program becomes inadequate or otherwise deficient, the RPA shall take immediate steps to reestablish effective implementation.

Workers required to wear respiratory protection will be consulted, at least annually, on their experience with respirators and the written program in general. Workers will be asked about respirator fit, maintenance, appropriateness to the pesticides handled, and any other information deemed necessary to ensure worker feedback concerning their use of respirators.

All evaluations and consultations will be documented, including declarations of no change. Documentation shall include date, persons in attendance, topics discussed and any corrections or modifications of any individuals' respiratory protection equipment or assignment. Any modifications to the written program will be implemented within 30 days.

**** *An example of an Evaluation Form is found in Appendix 4.***

ADDITIONAL SOURCES OF INFORMATION ON RESPIRATORY PROTECTION:

- *Occupational safety and health consultants.*
- *Department of Pesticide Regulation, Worker Health and Safety Branch, 1001 I Street, Sacramento, California 95814.*
- *Cal/OSHA Consultation Service - see listing under State Government Offices, Industrial Relations Department, in local telephone directory.*
- *County Agricultural Commissioner.*
- *County Health Department.*
- *Insurance carriers.*
- *Department of Labor, Federal OSHA: Small Entity Compliance Guide.*
(<https://www.osha.gov/Publications/3384small-entity-for-respiratory-protection-standard-rev.pdf>)

Appendix 2
Respirator Fit Test Record

Organization Name: _____

Employee Name: _____

Employee ID Number: _____

Respirator Brand: _____ Respirator Size: _____

Respirator Type (check one):

- Half Face Full Face Filtering Face-piece SCBA PAPR

Fit Test Used: _____

Pass or Fail (check one):

- Pass Fail

Notes: _____

Test Operator Name: _____

Test Operator Signature: _____

(The "Test Operator" is the person administering the fit test to the employee.)

Employee Signature: _____

Test Date: _____

(NOTE: This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)

Appendix 3
Training Record

Training Date: _____

Name of Trainer(s): _____

| Employee Name | Employee Signature |
|----------------------|---------------------------|
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Insert additional pages as necessary. Training must be completed at least annually.

Appendix 5
Medical Evaluation Questionnaire
From 3 CCR 6739 (q)

The completion of this form, or a form that obtains the same information as the medical questionnaire by each respirator-wearing employee and the review of the completed form by a physician or licensed health care provider is mandatory for all employees whose work activities require the wearing of respiratory protection.

The medical evaluation questionnaire shall be administered in a manner that ensures the employee understands and documents its content. The person administering the questionnaire shall offer to read or explain any part of the questionnaire to the employee in a language and manner the employee understands. After giving the employee the questionnaire, the person administering the questionnaire shall ask the following question of the employee: "Can you read and complete this questionnaire?" If the answer is affirmative, the employee shall be allowed to confidentially complete the questionnaire. If the answer is negative, the employer must provide either a copy of the questionnaire in a language understood by the employee or a confidential reader, in the primarily understood language of the employee.

To the employee:

Can you read (check one): Yes No *(This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of the employee.)*

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. (Mandatory, no variance in this format allowed) Every employee who has been selected to use any type of respirator must provide the following information (please print):

1. Today's date: ____/____/____

2. Your name: _____

3. Your age: _____

4. Sex (check one): Male Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. How can you be reached by the health care professional who reviews this questionnaire?

9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:
(include the area code): _____ - _____ - _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire
(check one): Yes No

11. Check the type of respirator you will use (you can check more than one category):

- N, R, or P disposable respirator (filter-mask, noncartridge type only).
- Half-face respirator (particulate or vapor filtering or both)
- Full-face respirator (particulate or vapor filtering or both)
- Powered air purifying respirator (PAPR)
- Self-contained breathing apparatus (SCBA)
- Supplied air respirator (SAR)
- Other: _____

12. Have you worn a respirator (check one): Yes No

If "yes," what type(s):

- N, R, or P disposable respirator (filter-mask, noncartridge type only).
- Half-face respirator (particulate or vapor filtering or both)
- Full-face respirator (particulate or vapor filtering or both)
- Powered air purifying respirator (PAPR)
- Self-contained breathing apparatus (SCBA)
- Supplied air respirator (SAR)
- Other: _____

Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (please check "yes" or "no").

1. Do you currently smoke tobacco or have you smoked tobacco in the last month: Yes No

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

- a. Seizures (fits): Yes No
- b. Allergic reactions that interfere with your breathing: Yes No
- c. Claustrophobia (fear of closed-in places): Yes No
- d. Trouble smelling odors: Yes No Do not know
- e. Diabetes (sugar disease): Yes No Do not know

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 have 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 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

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

- a. Heart attack: Yes No
- b. Stroke: Yes No
- c. Angina (pain in chest): Yes No
- d. Heart failure: Yes No
- e. Swelling in your legs or feet (not caused by walking): Yes No
- f. Irregular heart beat (an arrhythmia): Yes No Do not know
- g. High blood pressure: Yes No Do not know
- h. Any other heart problem that you have been told about: Yes No

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

- 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. Blood pressure: Yes No
- d. Seizures (fits): Yes No

8. If you have used a respirator, have you ever had any of the following problems?

(If you have 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. Breathing difficulty: Yes No
- f. 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 10-15 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 this question 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

12. Have you ever had an injury to your ears, including a broken eardrum: 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 and stiffness when you lean forward or backward at the waist: Yes No
- e. Difficulty fully moving your head up or down: Yes No
- f. Difficulty fully moving your head side to side: Yes No

- g. Difficulty bending at your knees: Yes No
- h. Difficulty squatting to the ground: Yes No
- i. Difficulty 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

At the discretion of the PLHCP, if further information is required to ascertain the employee's health status and suitability for wearing respiratory protection, the PLHCP may include and require the questionnaire found in Title 8, California Code of Regulations, section 5144, Appendix C, Part B, Questions 1-19.

Appendix 6
Medical Recommendation Form

On _____, I evaluated _____.
Date *Patient's name*

At this time there (**are**)/(**are not**) medical contraindications to the employee named above wearing a respirator while working in potential pesticide exposure environments. The patient (**does**)/(**does not**) require further medical evaluation at this time. Any restrictions to wearing a respirator or to the type of respiratory protection are given below.

I have provided the above-named patient with a copy of this form.

Physician Signature

Date

Appendix 7
Voluntary Respirator Use Posting
From 3 CCR 6739 (r)

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 follow 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.
5. Air filtering respirators **DO NOT SUPPLY OXYGEN**. Do not use in situations where the oxygen levels are questionable or unknown.