BY ORDER OF THE COMMANDER,
15TH AIRLIFT WING

15TH AIRLIFT WING INSTRUCTION 48-101

28 APRIL 2004

Aerospace Medicine

RESPIRATORY PROTECTION PROGRAM

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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OPR: 15 ADS/SGGB (Major Kurt R. Lee) Certified by: 15 MDG/CC (Colonel Scott Wardell)
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This instruction implements AFPD 48-1, Aerospace Medical Program, 29 CFR 1910.134, Occupational Safety and Health Administration (OSHA) Respiratory Protection Standard, 29 Code of Federal Regulation (CFR) Series, OSHA Specific Standards, AFI 48-101, Aerospace Medical Operations, AFOSH Standard 48-137, Respiratory Protection Program (RPP), and AFOSH Standard 48-8, Controlling Exposure to Hazardous Materials. This instruction applies to all government personnel assigned, attached, or associated with the 15th Airlift Wing Occupational Health Program that have been authorized to wear respirators for protection against inhalation of harmful contaminants or for emergency escape or rescue. This instruction is not applicable to war fighting operations using the M17 or MCU-2/P gas masks. Respiratory protection is considered the least desirable method of controlling workers' exposures to hazardous materials. It will only be used when: airborne concentrations are/could be above the Occupational Exposure Limits (OEL), when engineering controls or administrative controls are not feasible, as interim controls, and/or during emergencies. This instruction is required to be maintained by all organizations in which personnel wear respirators for protection against inhalation of harmful airborne contaminants, emergency escape, or rescue. It applies to Air National Guard, US Air Force Reserve units, and other Department of Defense components assigned to Hickam AFB or Geographically Separated Units identified in support agreements as being covered by the 15 AW Occupational Health Program.

This instruction requires collecting and maintaining information protected by the Privacy Act of 1974 IAW DoD 5400.11 R, Health Insurance Portability and Accountability Act (HIPAA), Public Law 104-191, and DoD Directive 6025.18.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

Implements new Respiratory Protection Medical Evaluation Questionnaire per 29 CFR 1910.134 and procedures for sending medical evaluation results through the 15 MDG.

Chapter 1

REFERENCES

1.1. AFI 48-101, Aerospace Medical Operations

1.2. AFOSH Std 48-137, Respiratory Protection Program (RPP)

1.3. AFOSH Std 48-8, Controlling Exposure to Hazardous Material

1.4. AF Technical Order 42B-1-22, Quality Control of Compressed and Liquid Breathing Air

1.5. 29 Code of Federal Regulation (CFR) 1910.134, Respiratory Protection

1.6. 29 CFR 1910.1001, Asbestos

1.7. 29 CFR 1910.1XXX Series, OSHA Specific Standards

1.8. 29 CFR 1926.62, Lead

Chapter 2

RESPONSIBILITIES

2.1. Bioenvironmental Engineering Flight Commander (15 ADS/SGGB) will:

2.1.1. Administer or appoint an individual to administer the base respiratory protection program.

2.1.2. Ensure processes and operations which may generate airborne hazards are evaluated by Bioenvironmental Engineering Flight for adequate control.

2.1.3. Be the base authority for determining if respiratory protection use is required or recommended.

2.2. Respiratory Protection Program Administrator (15 ADS/SGGB) will:

2.2.1. Provide guidance and oversight of respiratory protection used by government personnel covered by this instruction.

2.2.2. Maintain this instruction in compliance with provisions of AFOSH Std 48-137 and AFOSH Std 48-8.

2.2.3. Ensure respirator selection and physical work effort information is properly identified and maintained in Bioenvironmental Engineering and Public Health documentation.

2.2.4. Ensure medical evaluation, qualification, and fit test records are entered into the current AF occupational health database.

2.2.5. Provide Safety, Flight Medicine, Public Health, 15 LRD Customer Service and HAZMAT Pharmacy, and Medical Logistics with a listing of shops currently on the Respiratory Protection Program and respirators the shops are authorized to use.

2.2.6. Schedule and coordinate respiratory protection fit testing and training.

2.2.7. Perform an annual self-inspection of the 15 AW respiratory protection program and present findings in writing to the Aeromedical-Dental Council and 15 AW Occupational Safety and Health Council.

2.3. Flight/Missile Medicine and **Medical Services Flight Commanders** (15 ADS/SGGF, 15 MDOS/SGOMF) will:

2.3.1. Arrange for and conduct initial and routine medical surveillance of respirator users.

2.3.2. Ensure a physician or other licensed health care professional (PLHCP) makes a written determination that a worker is physically able to wear respirator on the Medical Evaluation Questionnaire (15 AW Form 48).

2.3.3. Notify individual's supervisor, Bioenvironmental Engineering, and civilian personnel office (for civilian workers) of medical qualification and/or disqualification for respirator use.

2.4. Material Management Section (15 LRD/LGRDM) and **Medical Logistics** (15 MDSS/SGSL) will:

2.4.1. Ensure respiratory protection supply items are identified with an issue exception code (IEX) "Y" in the standard base supply system.

2.4.2. Allow only purchase of respirators and parts which are identified by Bioenvironmental Engineering as approved for the section ordering the part.

2.4.3. Ensure all personnel involved in the ordering and issue of equipment/material are trained on respiratory protection requirements.

2.5. Public Health Flight Commander (15 ADS/SGGM) will:

2.5.1. Ensure all respirator users have been correctly coded in the Aeromedical Service Information Management System (ASIMS) database to receive medical evaluations.

2.5.2. Ensure AF Form 2766, **Clinical Occupational Health Examination Requirements,** identifies respiratory protection exam requirements and work effort information.

2.6. Chief of Ground Safety (15 AW/SEG) will refer any suspected problems on respirator usage discovered during their inspections to Bioenvironmental Engineering.

2.7. The Fire Chief (15 CES/CEF) will:

2.7.1. Provide training for all 15 AW Respiratory Protection Program self-contained breathing apparatus (SCBA) users on the proper use and maintenance of SCBAs.

2.7.2. Ensure required maintenance for regulating or admission valves, regulators, and alarms for SCBAs is performed by the respirator manufacturer or appointed individual(s) trained and certified by the manufacturer to conduct such maintenance.

2.8. Commanders will:

2.8.1. Ensure unit personnel comply with this instruction.

2.8.2. Reassign workers identified as not qualified to wear respirators (for inadequate fit test or other medical reason) to duties that do not require the use of respirators.

2.9. Workplace Supervisors will:

2.9.1. Maintain a copy of AFOSH Standard 48-137, *Respiratory Protection*, and this instruction.

2.9.2. Develop and coordinate a unit respiratory protection operating instruction with Bioenvironmental Engineering.

2.9.3. Ensure workers are medically qualified to wear a respirator, have completed fit testing and training for each respirator they use within 12 months, and only use respirators approved for the task by Bioenvironmental Engineering.

2.9.4. Maintain employee respiratory protection training records.

2.9.5. Enforce proper respirator use, care , and maintenance of respirators.

2.9.6. Ensure respirators are used only by the individual to whom they are issued (unless a common use area/respirator is specifically designated by Bioenvironmental Engineering).

2.9.7. Appoint an individual to maintain, inspect, and take care of common use/emergency escape respirators and provide training to the unit respirator maintainer.

2.9.8. Provide quality control of respirator breathing air (where required) according to T.O.42B-1-22, *Quality Control of Compressed and Liquid Breathing Air*, and provide sampling results to Bioenvironmental Engineering every 90 days.

2.10. Respirator Wearers will:

2.10.1. Use respiratory protection according to the instructions and training they have received.

2.10.2. Inspect, clean, and maintain respirator issued to them.

2.10.3. Maintain the integrity of the National Institute for Occupational Safety and Health (NIOSH) certification by not mixing parts from different manufacturers.

2.10.4. Immediately report to their supervisor any change in medical status which may impact their ability to safely wear a respirator.

Chapter 3

RESPIRATOR IDENTIFICATION AND SELECTION

3.1. During routine occupational health surveillance visits to workplaces, Bioenvironmental Engineering will identify workplaces and processes that require (or where Bioenvironmental Engineering recommends) respiratory protection.

3.1.1. BEE will determine the type of respirator required following AFOSH Std 48-137 and communicate the requirement to the shop supervisor through a "Personal Protective Equipment Listing" certified by a Bioenvironmental Engineering officer.

3.1.2. For each exposure group, BEE will provide anticipated physical work effort associated with the workplace respirators to Public Health at the Occupational Health Working Group.

3.1.3. Public health will document the anticipated work effort on the AF Form 2766, *Clinical Occupational Health Examination Requirements*, for physicians or licensed health care providers to use in evaluating individual's medical qualification.

3.2. With BEE assistance, supervisors will select a manufacturer, model, and cartridge combination that will meet the requirements of the Bioenvironmental Engineering certified personal protective equipment list and provide respirators for employees.

3.2.1. Wherever possible, the supervisor will limit the number of different manufacturer types, models, and cartridge combinations to avoid accidental misuse. If employees have difficulty fitting or wearing the respirator model used by the shop, the supervisor will work with BEE to determine if another respirator model is appropriate.

3.2.2. Supervisors will document their workplace respiratory protection in a shop operating instruction (using the template at **Attachment 1** or an equivalent format) and coordinate approval of the instruction from the Respiratory Protection Program Administrator.

3.3. Bioenvironmental Engineering will only select filtering face piece devices (FFPD) as respiratory protection for infectious diseases, such as Tuberculosis.

3.4. In workplaces where BEE has not selected FFPD as respirators, supervisors may allow employees to wear FFPDs for comfort as long as the workplace safety and health program training ensures workers understand the FFPD limitations.

3.4.1. Prior to use of FFPDs, supervisors will ensure that BE has evaluated the shop processes to confirm there is no inhalation hazard where FFPDs will be used.

3.4.2. Supervisors will ensure the shop has a written FFPD training program using the template at **Attachment 2**.

3.4.3. Supervisors will ensure FFPD training is accomplished annually and documented on each worker's AF Form 55, *Employee Safety and Health Record*.

3.5. Supervisors will provide the Respiratory Protection Program Administrator a roster of employees who will perform duties that require respiratory protection and advise the Respiratory Protection Program Administrator whenever there are changes to the roster.

Chapter 4

MEDICAL EVALUATION AND QUALIFICATION

4.1. Supervisors will ensure individuals contact their 15 MDG primary care management team for a respiratory protection medical evaluation and qualification before conducting any duties that require respiratory protection, annually during their Preventive Health Assessments (PHA), and whenever a worker has difficulty wearing a respirator or develops a medical condition that might affect their ability to safely use a respirator.

4.2. For new workers, 15 MDG primary care management teams will provide individuals with a 15 AW Form 48, **Respiratory Protection Medical Questionnaire**. For workers with an existing respiratory protection medical questionnaire in their medical record, 15 MDG primary care management teams will provide individuals with a copy of their previous questionnaire for review and have the individual note any changes.

4.3. A physician or licensed health care professional (PLHCP) will review the respiratory protection medical questionnaire, review the expected physical workload information in the AF Form 2766, **Clinical Occupational Health Examination Requirements**, and determine if the individual has medical conditions that would place the worker at increased health risk from the use of the respirator or interfere with the use or wear of a respirator (including the need for corrective lenses while performing work). The PLHCP will document the medical qualification status each time the respiratory protection medical questionnaire and worker qualification status is reviewed.

4.3.1. If the PLHCP determines the worker can wear a respirator without restrictions, they will document the decision in a written qualification (**Attachment 3**). The 15 MDG primary care team will file a copy of the qualification in the individual's medical record, send a copy to BE, and provide a copy to the individual.

4.3.2. If the PLHCP determines the individual's respirator use needs restrictions, they will document the decision in a written qualification (**Attachment 3**). The 15 MDG primary care team will file a copy of the qualification in the individual's medical record, send a copy to BE, provide a copy to the individual, send a copy to the worker's supervisor, and send a copy to the civilian personnel office if the worker is a civilian.

4.3.2.1. If the restriction involves the need for corrective lenses, the 15 MDG primary care team will direct the individual to make an appointment with 15 MDG optometry clinic if a new prescription is required.

4.3.2.2. The optometry clinic will provide visual acuity testing and provide the individual with a current prescription.

4.3.2.3. The workplace supervisor will obtain the appropriate corrective lens inserts from the respirator manufacturer (and through local purchase to a civilian optometry lab service, when needed to install lenses into manufacturer frames). NOTE: Wartime MCU-2P (or similar) gas mask inserts will not be used in lieu of appropriate manufacturer provided inserts.

4.3.3. If the PLHCP determines the worker can not safely use a respirator use, they will document the decision in a written qualification (**Attachment 3**).

4.3.3.1. The 15 MDG primary care team will file a copy of the disqualification in the individual's medical record, send a copy to BE, provide a copy to the individual, send a copy to the worker's supervisor, and send a copy to the civilian personnel office if the worker is a civilian.

4.3.3.2. For temporary illness, where employees would otherwise be qualified for respirator use, the PLHCP will qualify the individual for respirator use, but will use the AF Form 422, **Physical Profile Serial Report**, to place the individual on a temporary medical profile restricting activities that require respiratory protection.

4.3.4. If a worker subsequently recovers from the medical condition that required restrictions or disqualification, the 15 MDG primary care team will file a copy of the updated qualification in the individual's medical record and provide copies of the updated qualification to the individual, the supervisor, BE, and civilian personnel office if the worker is a civilian.

Chapter 5

RESPIRATOR WEARER FIT TESTING AND TRAINING

5.1. Workplace supervisors will ensure their workers do not perform duties requiring respiratory protection without a current (within 12 months) AF Form 2772, **Certificate of Respirator Fit Test**, (or computer generated equivalent).

5.2. The Respiratory Protection Program Administrator will develop a schedule to provide fit testing and training for each workplace and will inform the workplace supervisor to schedule all workers for a fit test at Bioenvironmental Engineering during that period (typically calendar month). The Respiratory Protection Program Administrator will attempt to schedule this fit test and training during a period when the majority of the workers will be due, however, program workload and balance may occasionally dictate a frequency greater than 12 months.

5.3. Workplace supervisors will provide the Respiratory Protection Program Administrator with a list of personnel who will need fit testing and ensure they have a current medical qualification.

5.4. For newly assigned workers, or workers who were otherwise unable to be fit test during the scheduled timeframe, the workplace supervisor will coordinate with the Respiratory Protection Program Administrator to conduct out-of-cycle fit testing and training.

5.5. Supervisors will ensure workers are clean shaven and do not smoke/chew gum before their fit test appointment at Bioenvironmental Engineering. Supervisors will also ensure workers that need corrective lenses bring the proper respirator inserts.

5.6. During the respirator fit-testing and training, BE will ask the worker if they have experienced any difficulty wearing a respirator and will refer them for re-evaluation by their 15 MDG primary care management team when needed.

5.7. Bioenvironmental Engineering will issue individuals successfully passing fit test and training an AF Form 2772, *Certificate of Respirator Fit Test*, (or computer generated equivalent) certifying their qualification to use the respirator for 12 months.

5.8. Supervisors will document worker fit test and training on each individual's AF Form 55, **Employee Safety and Health Record**, and attach a copy of their AF Form 2772, **Certificate of Respirator Fit Test.**

Chapter 6

SUPERVISOR, MAINTAINER, AND SUPPLY TRAINING

6.1. The Respiratory Protection Program Administrator will provide initial training to supervisors of workplaces that supply or use respirators. The Respiratory Protection Program Administrator will ensure this training is documented on the supervisor's AF Form 55, **Employee Safety and Health Record**, as well as an AF Form 2767, **Occupational Health Training and Protective Equipment Fit Testing**, maintained by the Respiratory Protection Program Administrator.

6.1.1. For workplaces that use respirators, the Respiratory Protection Program Administrator will provide training to the supervisor on the basic elements of the respiratory protection program and the critical workplace supervisor responsibilities following AFOSH Std 48-137, Section 7.1.

6.1.2. Where workplaces issue respirators (supply/bench stock functions), the Respiratory Protection Program Administrator will provide respiratory protection supply training to the supervisor on basic respiratory protection process and how supply functions ensure only appropriate respiratory protection is ordered and issued.

6.1.3. Where workplaces have respiratory protection/components collectively used or maintained (typically supplied air or SCBA systems), the Respiratory Protection Program Administrator will provide training on the additional collective use/maintenance requirements.

6.2. Supervisors will provide initial and annual training to workplace supply and/or maintenance personnel using the training outline provided by the Respiratory Protection Program Administrator and will document the training on each employee's AF Form 55, **Employee Safety and Health Record.**

6.3. Supervisors will notify the Respiratory Protection Program Administrator when they are assigned to another position, to ensure their replacement is scheduled for initial supervisor training.

Chapter 7

RESPIRATOR USE

7.1. Supervisors and respirator wearers will ensure all personnel use respiratory protection as outlined in the unit operating instruction and approved by Bioenvironmental Engineering. Supervisors and respirator wearers will:

7.1.1. Ensure respirator wearers have a current medical qualification, fit test, and training.

7.1.2. Ensure employees do not use respirators for tasks that are not listed on the certified Personal Protective Equipment listing from Bioenvironmental Engineering.

7.1.3. Ensure respirator wearers do not interchange respirator parts (including airlines, cartridges, corrective lens inserts) and that the unit supply function does not provide "suitable substitutes" that invalidate the respirator's NIOSH certification.

7.1.4. Not allow privately owned respirators to be worn or stored in the workplace.

7.1.5. Not allow respirator use with facial hair in the sealing area of the respirator, with the absence of one or both denture, with chewing tobacco/snuff/gum, or with skull caps/coverlets under the respirator strap.

7.1.6. Not allow respirator use with protective glasses, goggles or face shields which interfere with the respirator seal.

7.1.7. Ensure only manufacturer approved corrective lens inserts provided by the unit are used. (Employees are authorized to substitute gas permeable and soft contact lenses for employer provided corrective lens inserts, however employees must purchase their own contact lenses. The MCU-2P gas mask spectacle inserts will not be worn with any industrial use respirator.)

7.2. Supervisors will advises all respirator wearers that they may leave the area any time for relief from respirator use in event of equipment malfunction, physical or psychological distress, procedural or communication failure, significant deterioration and operating conditions or any other conditions that might require relief.

7.3. Respirator wearers will notify their supervisor and Bioenvironmental Engineering if problems arise where contaminants cause eye irritation to determine if full-face respirators are required or if they experience any signs/symptoms that indicate the respirator is not providing adequate protection.

7.4. Respirator wearers will contact their PCM team whenever they experience significant medical problems, such as upper respiratory or heart conditions, for re-evaluation of medical qualification and/or temporary medical profile.

Chapter 8

RESPIRATORY PROTECTION INSPECTION, CARE AND MAINTENANCE

8.1. Respirator wearers will inspect their respirator immediately before use to ensure it is in proper working condition.

8.2. Respirator wearers will clean, sanitize, and inspect their respirator (to determine if it needs repairs, replacement of parts, or should be discarded) after each use.

8.3. Supervisors will ensure that each SCBA, airline, or emergency use respirator is inspected at least monthly and the inspection documented on an AF Form 1071, **Inspection/Maintenance Record**, maintained with the respirator.

8.3.1. Airline respirator systems that use multiple respirator face-pieces and SCBA compressor systems will have separate inspection and documentation for the airline/compressor system and the individual respirator face pieces used with the system.

8.3.2. Manufacturer or technical order specific inspection criteria for airline and SCBA systems will be detailed in the unit operating instruction and documented using the AF Form 1071, **Inspection/ Maintenance Record**, for the system.

8.4. Supervisors of units that own compressed air systems (SCBA and airline respirators with a potential operating pressure above 100 psi), will:

8.4.1. Arrange for breathing air quality testing whenever the system is repaired/modified and every 90 days in accordance with T.O. 42B-1-22, *Quality Control of Compressed and Liquid Breathing Air*, will maintain records of breathing air test results, and will send Bioenvironmental Engineering copies of the results no later than 1 week after receipt.

8.4.2. Will ensure that technicians who maintain or repair the system have the appropriate training required by the system manufacturer.

8.5. Workplace supervisors will ensure spare parts for respirator repair are installed according to the manufacturer's instructions so as not to invalidate National Institute for Occupational Safety and Health (NIOSH) certification. (The manufacturer of the given respirator and spare parts shall be the same. Using a different manufacturer's part invalidates NIOSH certification).

8.6. Forms Prescribed: 15AW Form 48, Respiratory Protection Medical Questionnaire

8.7. AF Forms Used:

8.7.1. AF Form 55

8.7.2. AF Form 422

8.7.3. AF Form 1071

8.7.4. AF Form 2766

8.7.5. AF Form 2767

8.7.6. AF Form 2772

RAYMOND G. TORRES, Colonel, USAF
Commander, 15th Airlift Wing

Attachment 1

RESPIRATORY PROTECTION UNIT OPERATING INSTRUCTION TEMPLATE

[*This operating instruction template is designed for air purifying respirators used by most unit respiratory protection programs at Hickam AFB. Instructions for supplied air, centrally maintained, and/or emergency use respirators will need individual development with the Respiratory Protection Program Administrator*.]

[*UNIT NAME*] RESPIRATORY PROTECTION OPERATING INSTRUCTION

Date: Squadron:

Shop Name: Workplace ID:

Office Symbol:

Shop Supervisor: Duty Phone:

This operating instruction contains information and guidance for proper respirator use, care, and maintenance. Reference directives include AFOSH Std 48-137, Respiratory Protection Program, and applicable Technical Orders (TO).

1. [*Unit Name*] Respiratory Protection

1.1. The processes identified by Bioenvironmental Engineering (15 ADS/SGGB) as requiring respiratory protection and the approved respirators for each process are listed in the table at attachment .

1.2. **Attachment 2** is the list of personnel who are required to perform duties using respiratory protection. The [*Unit Name*] shop supervisor will provide an updated list to Bioenvironmental Engineering whenever there are changes.

2. Medical Qualification

2.1. Each individual listed on **Attachment 2** is required to have medical qualification before conducting any of the processes in **Attachment 1** that require respiratory protection.

2.2. Individuals will contact their 15 MDG primary care manager [*Insert current 15 MDG appointment line phone number*] to schedule a medical qualification appointment.

2.3. If at any time, individuals or supervisors believe a person may have a medical condition that would affect their ability to safely use a respirator, they will stop performing the tasks that require a respirator and contact their 15 MDG primary care manager for a re-evaluation.

3. Fit Testing and Training

3.1. Each individual listed on **Attachment 2** is required to have a current (within the last 12 months) AF Form 2772, Certificate of Respirator Fit Test, (or computer generated equivalent) before conducting any of the processes in **Attachment 1**.

3.2. The [*Unit Name*] shop supervisor will coordinate initial and annual fit testing/training with Bioenvironmental Engineering [*Insert current 15 ADS/SGGB phone number*].

3.3. The [*Unit Name*] shop supervisor will attend initial Bioenvironmental Engineering supervisor respiratory protection training on assignment to the [*Unit Name*].

3.4. All [*Unit Name*] respiratory protection training will be documented on each individual's AF Form 55, *Employee Safety and Health Record*, with the individual's current AF Form 2772, *Certificate of Respirator Fit Test* attached.

4. Respirator Use

4.1. Before each use of an approved respirator, the wearer shall perform the following inspection procedures:

4.1.1. Check all parts of the respirator for wear and defects – replace any damaged parts.

4.1.2. Verify the part number and NIOSH approval "TC" number on the filters, canister, or cartridge match the requirements in **Attachment 1**. Numbers are manufacturer specific – do not interchange parts!

4.1.3. Verify the change-out frequency using **Attachment 1** and change filters, canister, or cartridges as required. If it is not clear when the filters, canister, or cartridge needs to be changed, contact your supervisors.

4.1.4. Positive Pressure Test: Close the exhaust valve and exhale gently into the face piece. The respirator and fit are considered satisfactory if a slight positive pressure builds up inside the face piece without any

evidence of outward leakage of air at the seals. For some respirators this method will require removal of the exhaust valve cover.

4.1.5. Negative Pressure Test: Use hands to cover the inlet openings of the filter, canister, or cartridge. Be careful not to apply too much pressure as to make a false fit; you want to identify if the mask fits during normal use of the respirator. Inhale gently so that the face piece collapses slightly and hold breath for 10 seconds. If the face piece remains in a slightly collapsed condition and no inward leakage of air is detected, the respirator and fit are considered satisfactory.

4.2. During respirator use, respirator wearers will stop the task they are conducting and take the following safety precautions as necessary:

4.2.1. If the respirator wearer detects extra resistance in breathing through a filter or cartridge, they will stop and change the filter/cartridge in a safe area.

4.2.2. If the respirator wearer detects an unusual odor/smell or can taste the chemical being used, they will stop and contact their supervisor to confirm exposure levels with Bioenvironmental Engineering.

4.2.3. If the respirator wearer feels signs or symptoms of overexposure to the chemicals involved they will stop and contact their supervisor to confirm exposure levels with Bioenvironmental Engineering.

5. Cleaning, Maintenance, and Storage

5.1. Respirator wearers will clean and disinfect their respirator at the end of the work day (or after each use if shared with other persons) to eliminate buildup of skin oil and grime, and to maintain a sanitary condition. [*State location in shop where cleaning is accomplished. i.e. "Cleaning will be done in the Water Lab sink and air dried on the counter tops"*]

5.2. Respirator Cleaning and Disinfecting Solutions: [*identify the respirator cleaning and disinfecting solutions that will be used by the shop and detail any manufacturer specific preparation instructions*]

5.3. Cleaning Procedures [*modify this section based on the soiling anticipated for respirators in the shop – see AFOSH Std 48-137, Attachment 12 for specific recommended procedures. Add any additional steps recommended by the respirator manufacturer*]:

5.3.1. Remove filters, cartridges, or canisters.

5.3.2. Wash face piece in the cleaner solution.

5.3.3. Dip the facepiece in the disinfecting solution for 2 minutes.

5.3.4. Rinse in clean warm water.

5.3.5. Air dry in a clean area.

5.4. After cleaning inspect the respirator for wear/defects and replace any damaged parts.

5.5. Place their respirator in a plastic bag or other clean tightly sealed container.

5.6. After cleaning and disinfecting, respirator wearers will store their respirators [*identify the approved storage location(s)*].

5.6.1. Do not store respirators and parts in or near dusty areas, exposed to direct sunlight, near temperature extremes, in a high humidity area, or near toxic chemicals.

5.6.2. Store respirators in such an area and manner as to prevent the face piece from being deformed. Position it so that masks, hoses and head straps are not creased or stretched out of shape.

Table A1.1. Example Attachment 1 (to Respiratory Protection Unit Operating Instruction Template) [Unit Name] Respiratory Protection

Process ID	Process Name	Respirator Type	Manufacturer	Model	Cartridge/ filter(s)	NIOSH Approval	Change Out Frequency
010-A	Brake Repair	Full Face Air Purifying	3M	7300S	3M Filter No. 7255 (P-100)	TC-21C-265	Change filter when breathing resistance noted.
010-B	Spray Painting	Full Face Air Purifying	3M	7300S	Combination: 3M Cartridge No. 7253 (Organic Vapor) 3M Filter No. 7255 (P-100)	TC-23C-446 TC-21C-265	Change organic vapor cartridge after 8 hours use and at the start of the workday. Change filter when breathing resistance noted.
010-C	Solvent Cleaning	Half Face Air Purifying	North	770030	North Cartridge N75003 (Organic Vapor)	TC-23C-1234	Change cartridge after 8 hours of use

Attachment 2

FILTERING FACE-PIECE DEVICE TRAINING PROGRAM

Organization/Office Symbol **{Date}**

A2.1. Objective. To ensure personnel know the limitations of the filtering face piece devices (FFPD) and why they can only be used as a dust mask for comfort.

A2.2. References.

AFOSH Standard 48-137, *Respiratory Protection Program*

29 CFR 1910.134, *Respiratory Protection*

15 AWI 48-101, *Respiratory Protection Program*

A2.3. Method of Training: Classroom.

A2.4. Approved Uses of the FFPD: [*Describe the unit tasks or operations where FFPDs are approved for use*]

A2.5. Limitations.

A2.5.1. FFPDs can only be used for **personal comfort** and will not protect against chemical or dust overexposure.

A2.5.2. FFPDs will **NOT** adequately protect you from gases, vapors (such as cleaning with toluene or solvents during paint spray operations), asbestos, etc.

A2.5.3. Do **NOT** use the FFPD if you believe concentrations of contaminants are immediately dangerous to life or health or may require a respirator.

A2.5.4. If you feel signs and symptoms of overexposures to a health hazard while using a FFPD, stop what you are doing and ask your supervisor to contact Bioenvironmental Engineering to ensure a health hazard requiring respiratory protection is not present.

(Shop Supervisor Signature Block)

Approved/Disapproved
(Respiratory Protection Program Administrator Signature Block

Attachment 3

RESPIRATORY PROTECTION MEDICAL QUALIFICATION

DEPARTMENT OF THE AIR FORCE

PACIFIC AIR FORCES

Date: _____

MEMORANDUM FOR THE RECORD

FROM: _____

(PCM Org/Office Symbol)

SUBJECT: Medical Clearance for Respiratory Protection

The medical questionnaire for _____ of the _____has
(patient name/Last 4 of SSN) (Shop Name/Phone #)
been reviewed. Based on the review

_____ The patient is medically cleared for respirator usage without restrictions

_____ The patient is medically cleared for respirator usage with the following restrictions:

___ Corrective lenses required when using respirator

___ Other (specify): _____

_____ The patient is medically disqualified for respirator usage.

_____

Physician or Licensed Health Care Provider Signature

Original: Filed in Medical Records w/ questionnaire

Copy 1: Patient

Copy 2: Patient's Supervisor

Copy 3: Bioenvironmental Engineering Flight

Copy 4: Civilian Personnel (for civilian employees)