**RESPIRATORY PROTECTION**

**Prepared for:**

**(INSERT YOUR MUNICIPALITY HERE)**

**Date:**

**Link:**

(INSERT YOUR MUNICIPALITY HERE)

Voluntary Use of Respirators

(INSERT YOUR MUNICIPALITY HERE) has a voluntary use policy with respect to respiratory protection. This means there are no known job tasks where Permissible Exposure Limits (PELs) are exceeded1. However, if an employee chooses to wear a respirator, the (INSERT YOUR MUNICIPALITY HERE) will provide the employee with a respirator for their comfort in accordance with this policy. The following procedures must be followed if you choose to wear a respirator.

OSHA 1910.134(c)(2) states that the employer may provide respirators at the request of employees or permit employees to use their own respirators if the employer determines that the respirator use will not in itself create a hazard. The employer shall:

* Provide the respirator users with the information contained in Appendix D of 1910.134 (“Information for Employees Using Respirators When Not Required Under the Standard”) (see Attachment B).
* Exception: Employers are not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering face pieces (dust masks)(OSHA1910.134(c)(2)(ii).

**Respirators**

A respirator is a device that protects you from inhaling dangerous substances, such as chemicals and hazardous materials or infectious agents. Selecting the right respirator requires an assessment of all the workplace operations, processes or environments that may create a respiratory hazard.

* **Particulate Respirators** only protect against particles (e.g., dust). They do not protect against chemicals, gases, or vapors, and are intended only for low hazard levels. The “N-95” filtering facepiece2 respirator or “dust mask” is one type of particulate respirator. Particulate respirators filter out dusts, fumes, and mists, are usually disposable dust masks or respirators with disposable filters, and must be replaced when they become discolored, damaged, or clogged.

**Potential Hazards**

Masks and respirators reduce exposure to the hazard, but if the exposure is such that it is greater than the filter is designed to handle, the filter may not be effective in providing the required protection. If you think that your job responsibilities may expose you to substances at concentrations above OSHA’s PELs please contact your Supervisor, who will make arrangements to have your workspace evaluated and tested.

**Medical Evaluation**

Not required under this voluntary use policy.

**Summary**

If you voluntarily choose to wear a dust mask:

Please read Attachment B (*Information for Employees Using Respirators When Not Required Under the Standard*), sign the bottom, and return the signed acknowledgement to (INSERT YOUR MUNICIPALITY HERE).

If you want to wear a full-face or half-face tight-fitting respirator (for comfort use only) you must:

* Read Attachment B, sign the bottom, and return the signed acknowledgement to the supervisor.
* After you have been approved for respirator use, (INSERT YOUR MUNICIPALITY HERE) manager will provide you with a respirator, and instructions on how to clean, store, and maintain your respirator.
* (INSERT YOUR MUNICIPALITY HERE) can also arrange to have you fit-tested if you would like to ensure that your respirator is properly fitted.

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| **1910.134 Respiratory Protection Requirements** | | | | | | | | | | | | | | | | |
|  | | | **Voluntary Use** | | | | | **Required by Hazard Assessment** | | | | | | | |
| **Regulatory**  **Respiratory Protection Program requirement** | | | **N-95 & All other Employer approved Respirators** | | | | | **Dust Mask** | | | **All Other**  **Tight-fitting respirators including**  **(SAR & SCBA)** | | | **Loose-fitting Face piece**  **(PAPR)** | |
| **N-95** | | | **Emp. Aprv.** | |
| Written respiratory program | | | **No** | | | **Yes** | | **Yes** | | | **Yes** | | | **Yes** | |
| Medical Evaluation | | | **No** | | | **Yes** | | **Yes** | | | **Yes** | | | **Yes** | |
| Fit-testing | | | **No** | | | **No** | | **Yes** | | | **Yes** | | | **No** | |
| Annual training | | | **No** | | | **No** | | **Yes** | | | **Yes** | | | **Yes** | |
| Appendix D\* | | | **Yes** | | | **Yes** | | **Yes** | | | **No** | | | **No** | |
| Clean, inspect, maintain, store\*\* | | | **No** | | | **Yes** | | **Yes** | | | **Yes** | | | **Yes** | |
| Beards permitted? | | | **Yes\*\*\*** | | | **Yes\*\*\*** | | **No** | | | **No** | | | **Yes** | |
| \*\* Follow manufacturer instructions or procedures found in 1910.134, Appendix B-2.  \*\*\* Beards will greatly reduce the effectiveness of a dust mask or tight-fitting respirator. You should trim  back your beard or mustache if you choose to wear a respirator. | | | | | | | | | | | | | | | | |