Appendix K

University of Michigan Respirator Program Assessment Protocol

1. Program Administration

1. Does the facility have a written respirator program? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

2. Has a single individual been designated as Program Administrator for the respiratory protection program? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

3. Does the Program Administrator have sufficient knowledge of respiratory protection? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

2. Respirator Selection

1. Are there written standard operating procedures (SOPs) governing the selection and use of respirators? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

2. Are written worksite-specific procedures used to specify the type of respirator used for work tasks and emergencies? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

3. Are only NIOSH approved respirators authorized for use? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

3. Medical Evaluation

1. Does each respirator user receive a medical evaluation to determine the user’s physical and psychological ability to wear a respirator? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

2. Is the PLHCP provided with supplemental information concerning the frequency and duration of respirator use and conditions of use in the work environment? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

4. Fit Testing

1. Are fit tests performed by qualified persons on an annual basis? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

2. Are fit tests performed on all tight-fitting facepieces according to established fit test protocols? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

3. Are a sufficient number of respirator models and sizes available to correctly fit respirator wearers? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]

4. Have employees been instructed in how to conduct negative and positive pressure seal checks and can employees demonstrate the ability to carry out the seal check? 
   Comments: 
   [Yes ☐ No ☐ N/A ☐]
5. Is a policy in place concerning facial hair and the use of respirators?

Comments:  

Yes ☐  No ☐  N/A ☐

5. **Maintenance, Care and Use**

1. Are respirators regularly cleaned and disinfected according to established procedures?

Comments:  

Yes ☐  No ☐  N/A ☐

2. Are respirators properly stored when not in use and are adequate storage facilities available to prevent respirator contamination?

Comments:  

Yes ☐  No ☐  N/A ☐

3. Are emergency use respirators stored in compartments clearly marked as containing emergency use respirators?

Comments:  

Yes ☐  No ☐  N/A ☐

4. Are respirators regularly inspected according to established procedures?

Comments:  

Yes ☐  No ☐  N/A ☐

5. Is there a program in place to inspect emergency use respirators on a monthly basis?

Comments:  

Yes ☐  No ☐  N/A ☐

6. Are monthly inspections of emergency use respirators properly documented by use of tags or inspection reports which detail the date of inspection, inspector’s name, findings, remedial action taken and serial number of inspected respirator?

Comments:  

Yes ☐  No ☐  N/A ☐

7. Are respirators maintained and repaired by experienced or authorized individuals in accordance with established procedures?

Comments:  

Yes ☐  No ☐  N/A ☐

6. **Air Quality**

1. Are breathing air supply stations inspected on a quarterly basis and are they installed and maintained in accordance with established engineering specifications?

Comments:  

Yes ☐  No ☐  N/A ☐

2. Are all breathing air supply stations clearly labeled and are all breathing gas cylinders marked in accordance with the NIOSH respirator certification standard, 42 CFR Part 84?

Comments:  

Yes ☐  No ☐  N/A ☐

3. Are the compressors used to supply breathing air properly situated and equipped in order to provide cylinders and air supply stations with minimum requirements for Type 1 Grade D breathing air?

Comments:  

Yes ☐  No ☐  N/A ☐

7. **Training**

1. Are employees who wear respirators trained before initial respirator use and at least annually thereafter?

Comments:  

Yes ☐  No ☐  N/A ☐
2. Does the training program include the following elements:
   - The proper use, limitations and capabilities of the respirator.
   - Proper use in emergencies.
   - Information on inspection, how to put on and remove the respirator, seal checks, maintenance and storage.
   - How to recognize symptoms that impact respirator use.
   - General requirements of MIOSHA Part 451 / OSHA 1910.134.

3. Are employees provided additional hands-on instruction for proper respirator use in conjunction with fit-testing sessions?

8. Program Evaluation
   1. Are periodic evaluations of the respirator program conducted including a formal evaluation that is conducted at least annually?

9. Recordkeeping
   1. Are records available to show that employees who use respirators have been trained?

   2. Are records available to show that respirator users have been medically evaluated to determine their ability to wear respirators?

   3. Are records of fit testing available and do the records include the employees name, the type of test administered, test date, respirator size and type and fit test results?

   4. Are records available to show that emergency use respirators are inspected monthly?

   5. Are records available showing a certificate of analysis for purchased breathing air cylinders?

   6. Are records available documenting the replacement of filters for the breathing air supply system?

   7. Are records available to document that the respirator program is being evaluated to determine the programs effectiveness?

Assessment Completed By: ________________________________________

Date Completed: ________________________________________________