

Respiratory Protection Program Evaluation Form

Form SF 2004.02

**PROGRAM OPERATION:**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are work area conditions and worker exposures properly surveyed?   | Yes | No | n/a |
| 2. Are respirators selected on the basis of hazards to which the worker is exposed?   | Yes | No | n/a |
| 3. Are only certified respirators purchased and used?   | Yes | No | n/a |
| 4. Do they provide adequate protection for the specific hazard and concentration of the hazard?   | Yes | No | n/a |
| 5. Has a medical evaluation of the prospective user been made to determine the physical and psychological ability to wear the selected respiratory equipment? | Yes | No | n/a |
| 6. Are there documented emergency procedures for personnel who may use SCBA's?  | Yes | No | n/a |

**FITTING & DONNING:**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are users given the opportunity to try several respirators to determine the best fit?  | Yes | No | n/a |
| 2. Is the fit tested at appropriate intervals?  | Yes | No | n/a |
| 3. Are users prohibited from wearing contact lenses when using respirators?   | Yes | No | n/a |
| 4. Are workers prohibited from wearing respirators in contaminated work areas when they have facial hair which may cause face-seal leakage? | Yes | No | n/a |

**RESPIRATOR USAGE:**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are respirators being worn correctly?                              | Yes | No | n/a |
| 2. Are workers using respirators during the appropriate job function? | Yes | No | n/a |

**MAINTENANCE, STORAGE & INSPECTION:**

- |  |     |    |     |
|--|-----|----|-----|
| 1. Are respirators cleaned and disinfected after each use or as frequently as necessary?   | Yes | No | n/a |
| 2. Are proper methods of cleaning and disinfecting utilized?   | Yes | No | n/a |
| 3. Are respirators stored in a manner to protect them from dust, sunlight, heat, excessive, cold, moisture, or damaging chemicals? | Yes | No | n/a |
| 4. Are respirators inspected before and after each use during cleaning?  | Yes | No | n/a |
| 5. Are qualified individuals/users instructed in inspection techniques?  | Yes | No | n/a |
| 6. Is emergency use respiratory protective equipment inspected at least monthly and after each use?                                | Yes | No | n/a |
| 7. Are SCBA incorporating breathing gas containers inspected weekly for breathing gas pressure?                                    | Yes | No | n/a |
| 8. Is an inspection record kept of the emergency use respiratory protective equipment?   | Yes | No | n/a |

**TRAINING:**

- |   |     |    |     |
|---|-----|----|-----|
| 1. Are users trained in proper respirator use, cleaning and inspection? | Yes | No | n/a |
| 2. Is the training documented?  | Yes | No | n/a |
| 3. Are users trained on the limitations of respirators?                 | Yes | No | n/a |
| 4. Are respirators issued only to users who have receiving training?    | Yes | No | n/a |

Evaluated By: \_\_\_\_\_ Date: \_\_\_\_\_