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|  | Company Procedure                       |                        |   |
|  | Title: Voluntary Respiratory Protection | Number: S13-PG-200-004 |   |
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# Voluntary Respiratory Protection Program

## General

OSHA requires that the voluntary use of respirators (i.e., when respirators are not required by the company), be controlled as strictly as if their use were required. So, any employee wearing a respirator voluntarily shall fall under this respiratory protection program, be issued a copy of Appendix D of 1910.134, and fill out a medical questionnaire (Appendix C) and have it evaluated by an appropriate individual. Training will be conducted on the proper storage, cleaning, and maintenance of the respirator. All steps will be taken to ensure that the respirator does not pose a health risk to the person donning it. Exception: Employees whose only use of respirators involves the voluntary use of filtering (non-sealing) face pieces (dust masks, with one OR two straps) do not fall under this program (See *Voluntary Respiratory Protection for Filter Facepieces (Only) S14-PG-200-00X*).

## Responsibilities

All Employees shall follow the requirements of this Respiratory Protection Program.

### Safety Department

- Implement the requirements of this program;
- Provide a selection of respirators as required;
- Provide training for affected employees;
- Review sanitation/storage procedures;
- Review compliance and ensure monthly inspection of all respirators; and
- Oversee administration of the respiratory protection program and conduct the required evaluations of program effectiveness.

### Employee



- Ensure respirators are properly stored, inspected and maintained;

### Supervisor

- Enforce all provisions of this program;
- Monitor compliance for this program;

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### Designated Occupational Health Care Provider

- Review medical questionnaires filled out by employees who use respirators voluntarily (Appendix C).

## Program Evaluation

Evaluations of the workplace are necessary to ensure that the written Respiratory Protection program is being properly implemented. This includes consulting with employees to ensure that they are using the respirators properly. Evaluations shall be conducted as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

Factors to be assessed include, but are not limited to:

- Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);
- Appropriate respirator selection for the hazards to which the employee is exposed;
- Proper respirator use under the workplace conditions the employee encounters; and
- Proper respirator maintenance.

## Record Keeping

Giles Safety Department will retain written information regarding medical evaluations and the respirator program. This information will facilitate employee involvement in the respirator program, assist the Safety Department in auditing the adequacy of the program, and provide a record for compliance determinations by OSHA.



## Training and Information

Effective training for employees who use respirators is essential. The training must be comprehensive and understandable. Training will be provided prior to an employee using a respirator in the workplace. The training shall ensure that each employee can demonstrate knowledge of at least the following:

- How to inspect, put on and remove, use, and check the seals of the respirator;
- What the procedures are for maintenance and storage of the respirator;
- How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and

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- The general requirements of this program.

#### **Retraining shall be conducted annually and when:**

- Changes in the workplace or the type of respirator render previous training obsolete;
- Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; and
- Other situation arises in which retraining appears necessary to ensure safe respirator use.

#### **Fit Testing**

Fit testing is not required for voluntary use respirators.

### **Physical and Medical Qualifications**

Records of medical evaluations must be retained and made available in accordance with 29 CFR 1910.1020.

#### **Medical evaluation required**

Using a respirator may place a physiological burden on employees that varies with the type of respirator worn, the job and workplace conditions in which the respirator is used, and the medical status of the employee. Giles provides a medical evaluation to determine the employee's ability to use a respirator, before the employee is allowed to use the respirator in the workplace.

#### **Medical evaluation procedures**



The employee will be provided a medical questionnaire (Appendix C).

#### **Follow-up medical examination**

Giles shall ensure that a follow-up medical examination is provided for an employee who gives a positive response to any question among questions in Part B of the questionnaire or whose initial medical examination demonstrates the need for a follow-up medical examination. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the Physician deems necessary to make a final determination.

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### Administration of the medical questionnaire and examinations

The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content. Giles shall provide the employee with an opportunity to discuss the questionnaire and examination results with a Physician.

### Supplemental information for the Physician

The following information must be provided to the Physician before the Physician makes a recommendation concerning an employee's ability to use a respirator:

- The type and weight of the respirator to be used by the employee;
- The duration and frequency of respirator use (including use for rescue and escape);
- The expected physical work effort;
- Additional protective clothing and equipment to be worn;
- Temperature and humidity extremes that may be encountered; and
- Any supplemental information provided previously to the Physician regarding an employee need not be provided for a subsequent medical evaluation if the information and the Physician remain the same.

Giles will provide the Physician with a copy of the written Respiratory Protection program and a copy of the OSHA Standard 1910.134.



### Medical determination

In determining the employee's ability to use a respirator, Giles shall obtain a written recommendation regarding the employee's ability to use the respirator from the Physician. The recommendation shall provide only the following information:

- Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
- Users shall not remove respirators while in a hazardous environment;
- The need, if any, for follow-up medical evaluations;

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- A statement that the Physician has provided the employee with a copy of the Physician's written recommendation; and
- If the respirator is a negative pressure respirator and the Physician finds a medical condition that may place the employee's health at increased risk if the respirator is used, Giles shall provide an APR (Air Purifying Respirator) if the Physician's medical evaluation finds that the employee can use such a respirator. If a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then Giles is no longer required to provide an APR.

### Additional Medical Evaluations

At a minimum, Giles shall provide additional medical evaluations that comply with the requirements of this section if:

- An employee reports medical signs or symptoms that are related to ability to use a respirator;
- A Physician or supervisor informs the Safety Department that an employee needs to be reevaluated;
- Information from the Respiratory Protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; and
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

## Respirator Operation and Use



Respirators will only be used following the respiratory protection safety procedures established in this program. The Operations and Use Manuals for each type of respirator will be maintained by the Safety Department and be available to all qualified users. Surveillance by the direct supervisor shall be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the Safety Department shall reevaluate the continued effectiveness of the respirator.

### For continued protection of respirator users, the following general use rules apply:

- Users shall not remove respirators while in a hazardous environment;
- Respirators are to be stored in sealed containers out of harmful atmospheres;
- Store respirators away from heat and moisture;
- Store respirators such that the sealing area does not become distorted or warped; and

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- Store respirator such that the face piece is protected.

## Cleaning and Disinfecting

The Safety Department provides each respirator user with a respirator that is clean, sanitary, and in good working order. See Appendix B-2.

### The respirators shall be cleaned and disinfected when:

- A respirator issued for the exclusive use of an employee is the responsibility of that Employee and shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition; and
- A respirator issued to more than one employee shall be cleaned and disinfected before being worn by different individuals.

## Respirator Storage

### Respirators are to be stored as follows:

- All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and they shall be packed or stored to prevent deformation of the face piece and exhalation valve.



## Repair of Respirators

Respirators that fail an inspection or are otherwise found to be defective will be removed from service to be discarded, repaired or adjusted in accordance with the following procedures:

- Repairs or adjustments to respirators are to be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH approved parts designed for the respirator;
- Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and
- Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

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## Appendix B-2

### Respirator Cleaning Procedures (29 CFR 1910.134 )—Mandatory

These procedures are provided for employer use when cleaning respirators. They are general in nature, and the employer, as an alternative, may use the cleaning recommendations provided by the manufacturer of the respirators used by their employees, provided such procedures are as effective as those listed here in Appendix B-2. Equivalent effectiveness simply means that the procedures used must accomplish the objectives set forth in Appendix B-2, i.e., must ensure that the respirator is properly cleaned and disinfected in a manner that prevents damage to the respirator and does not cause harm to the user.

#### *Procedures for Cleaning Respirators*

- A. Remove filters, cartridges, or canisters. Disassemble face-pieces by removing speaking diaphragms, demand and pressure-demand valve assemblies, hoses, or any components recommended by the manufacturer. Discard or repair any defective parts.
- B. Wash components in warm (43°C [110°F] maximum) water with a mild detergent or with a cleaner recommended by the manufacturer. A stiff bristle (not wire) brush may be used to facilitate the removal of dirt.
- C. Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably running water. Drain.
- D. When the cleaner used does not contain a disinfecting agent, respirator components should be immersed for two minutes in one of the following:
  1. Hypochlorite solution (50 ppm of chlorine) made by adding approximately one milliliter of laundry bleach to one liter of water at 43°C (110°F); or,
  2. Aqueous solution of iodine (50 ppm iodine) made by adding approximately 0.8 milliliters of tincture of iodine (6–8 grams ammonium and/or potassium iodide/100 cc of 45 percent alcohol) to one liter of water at 43°C (110°F); or,
  3. Other commercially available cleansers of equivalent disinfectant quality when used as directed, if their use is recommended or approved by the respirator manufacturer.
- E. Rinse components thoroughly in clean, warm (43°C [110°F] maximum), preferably running water. Drain. The importance of thorough rinsing cannot be overemphasized. Detergents or disinfectants that dry on face-pieces may result in dermatitis. In addition, some disinfectants may cause deterioration of rubber or corrosion of metal parts if not completely removed.
- F. Components should be hand-dried with a clean lint-free cloth or air-dried.
- G. Reassemble face-piece, replacing filters, cartridges, and canisters where necessary.
- H. Test the respirator to ensure that all components work properly.



*I have read and understand the information provided to me regarding the cleaning of respirators in Appendix B*

\_\_\_\_\_  
Printed Name / Signature / Date

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## Appendix C

### Respirator Medical Evaluation Questionnaire - English (29 CFR 1910.134 )—Mandatory

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee: Can you read (circle one): Yes/No

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.



**Part A. Section 1. (Mandatory):** The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one): Male/Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No If "yes," what type(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**Part A. Section 2. (Mandatory):** Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “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: Yes/No
  - b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No
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’ve 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 a 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?

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- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've 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've used a respirator, have you ever had any of the following problems? (If you've 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. 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 to 15 below must be answered by every employee who has been selected to use either a full-face-piece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions 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

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12. Have you ever had an injury to your ears, including a broken ear drum: 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 or 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. 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

**Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.**

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No If "yes," name the chemicals if you know them: \_\_\_\_\_
3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
  - a. Asbestos: Yes/No
  - b. Silica (e.g., in sandblasting): Yes/No
  - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
  - d. Beryllium: Yes/No
  - e. Aluminum: Yes/No
  - f. Coal (for example, mining): Yes/No
  - g. Iron: Yes/No
  - h. Tin: Yes/No

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- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No If "yes," describe these exposures: \_\_\_\_\_
4. List any second jobs or side businesses you have: \_\_\_\_\_
5. List your previous occupations: \_\_\_\_\_
6. List your current and previous hobbies: \_\_\_\_\_
7. Have you been in the military services? Yes/No If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No
8. Have you ever worked on a HAZMAT team? Yes/No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No If "yes," name the medications if you know them: \_\_\_\_\_
10. Will you be using any of the following items with your respirator(s)?
- HEPA Filters: Yes/No
  - Canisters (for example, gas masks): Yes/No
  - Cartridges: Yes/No
11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?
- Escape only (no rescue): Yes/No
  - Emergency rescue only: Yes/No
  - Less than 5 hours per week: Yes/No
  - Less than 2 hours per day: Yes/No
  - 2 to 4 hours per day: Yes/No
  - Over 4 hours per day: Yes/No
12. During the period you are using the respirator(s), is your work effort:
- Light (less than 200 kcal per hour): Yes/No If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins. Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1–3 lbs.) or controlling machines.
  - Moderate (200 to 350 kcal per hour): Yes/No If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins. Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while

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# GILES CHEMICAL ~ PREMIER MAGNESIA

## Company Procedure

Title: **Voluntary Respiratory Protection**

Number: **S13-PG-200-004**

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drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- c. Heavy (above 350 kcal per hour): Yes/No If "yes," how long does this period last during the average shift: \_\_\_\_\_ hrs. \_\_\_\_\_ mins. Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling**; **standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No If "yes," describe this protective clothing and/or equipment: \_\_\_\_\_

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s): \_\_\_\_\_

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): \_\_\_\_\_

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the second toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_

Duration of exposure per shift: \_\_\_\_\_

Name of the third toxic substance: \_\_\_\_\_

Estimated maximum exposure level per shift: \_\_\_\_\_



Duration of exposure per shift: \_\_\_\_\_

The name of any other toxic substances that you'll be exposed to while using your respirator: \_\_\_\_\_

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and wellbeing of others (for example, rescue, security): \_\_\_\_\_

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## Apéndice C

### Cuestionario de Evaluación Médico obligado por la OSHA (La agencia de seguridad y salud ocupacional) (Parte 29 CFR 1910.134) - Mandatorio para Protección del Sistema Respiratorio

Marque con un círculo para indicar sus respuestas a cada pregunta.

Para el empleado: Puede usted leer (circule uno): Sí o No

Su patrón debe dejarlo responder estas preguntas durante horas de trabajo o en un tiempo y lugar que sea conveniente para usted. Para mantener este cuestionario confidencial, su patrón o supervisor no debe ver o revisar sus respuestas. Su patrón debe informarle a quien dar o enviar este cuestionario para ser revisado por un profesional de sanidad con licencia autorizado por el estado.

**Parte A. Sección 1. (Mandatorio):** La siguiente información debe de ser proveida por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (escriba claro por favor).

1. Fecha : \_\_\_\_\_
2. Nombre: \_\_\_\_\_
3. Edad: \_\_\_\_\_
4. Su sexo (circule uno) Masculino o Femenino
5. Altura: \_\_\_\_\_ pies \_\_\_\_\_ pulgadas
6. Peso: \_\_\_\_\_ libras
7. Su ocupación, título o tipo de trabajo: \_\_\_\_\_
8. Número de teléfono al donde pueda ser llamado por un profesional de sanidad con licencia que revisara este cuestionario (incluya el área): \_\_\_\_\_
9. Indique la hora más conveniente para llamarle a este mero: \_\_\_\_\_
10. ¿Le ha informado su patrón como comunicarse con el profesional de sanidad con licencia que va a revisar este cuestionario (circule una respuesta)? Sí o No
11. Anote el tipo de equipo protector respiratorio que va utilizar (puede anotar más de una categoría):
  - a. \_\_\_\_\_ Respirador disponible de clase N, R, o P (por ejemplo: respirador de filtro mecánico, respirador sin cartucho)
  - b. \_\_\_\_\_ Otros tipos (respirador con cartucho químico, máscara con cartucho químico, máscara con manguera con soplador (PAPR), máscara con manguera sin soplador (SAR), aparato respiratorio autónomos (SCBA)).
12. ¿Ha usado algún tipo de respirador? Sí o No Si ha usado equipo protector respiratorio, que tipo(s) ha utilizado:

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**Parte A. Sección 2. (Mandatorio):** Preguntas del 1 al 9 deben ser contestadas por cada empleado que fue seleccionado a usar cualquier tipo de respirador. Marque con un círculo para indicar sus repuestas.

1. ¿Corrientemente fuma tabaco, o ha fumado tabaco durante el último mes? Sí o No
2. ¿Ha tenido algunas de las siguientes condiciones médicas?
  - a. Convulsiones: Sí o No
  - b. Diabetes (azúcar en la sangre): Sí o No
  - c. Reacciones alérgicas que no lo deja respirar: Sí o No
  - d. Claustrofobia (miedo de estar en espacios cerrados): Sí o No
  - e. Dificultad oliendo excepto cuando ha cogido un resfriado: Sí o No
3. ¿Ha tenido algunas de los siguientes problemas pulmonares?
  - a. Asbestosis: Sí o No
  - b. Asma: Sí o No
  - c. Bronquitis crónica: Sí o No
  - d. Enfisema: Sí o No
  - e. Pulmonía: Sí o No
  - f. Tuberculosis: Sí o No
  - g. Silicosis: Sí o No
  - h. Neumotórax (pulmón colapsado): Sí o No
  - i. Cáncer en los pulmones: Sí o No
  - j. Costillas quebradas: Sí o No
  - k. Injuria o cirugía en el pecho: Sí o No
  - l. Algún otro problema de los pulmones que le ha dicho su médico: Sí o No
4. ¿Corrientemente tiene alguno de los siguientes síntomas o enfermedades en sus pulmones?
  - a. Respiración dificultosa Sí o No
  - b. Respiración dificultosa cuando camina rápido sobre terreno plano o subiendo una colina: Sí o No
  - c. Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano: Sí o No
  - d. Cuando camina normalmente en terreno plano se encuentra corto de resuello? Sí o No
  - e. Respiración dificultosa cuando se está bañando o vistiendo: Sí o No
  - f. Respiración dificultosa que lo impede trabajar: Sí o No
  - g. Tos con flema: Sí o No
  - h. Tos que lo despierta temprano en la mañana: Sí o No
  - i. Tos que ocurre cuando esta acostado: Sí o No
  - j. Ha tosido sangre en el último mes: Sí o No
  - k. Silbar o respirar con mucha dificultad: Sí o No
  - l. Silbar que lo impede trabajar: Sí o No
  - m. Dolor del pecho cuando respira profundamente: Sí o No
  - n. Otros síntomas que crea usted estar relacionados a los pulmones: Sí o No
5. ¿Ha tenido algunos de los siguientes problemas con el corazón?

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- a. Ataque cardíaco: Sí o No
- b. Ataque cerebrovascular: Sí o No
- c. Dolor en el pecho: Sí o No
- d. Falla de corazón: Sí o No
- e. Hinchazón en las piernas o pies (que no sea por caminar): Sí o No
- f. Latidos irregulares del corazón: Sí o No
- g. Alta presión: Sí o No
- h. Algún otro problema cardio-vascular o cardíaco: Sí o No
6. ¿Ha tenido algunos de los siguientes síntomas causados por su corazón?
  - a. Dolor de pecho frecuente o pecho apretado: Sí o No
  - b. Dolor o pecho apretado durante actividad física: Sí o No
  - c. Dolor o pecho apretado que no lo deja trabajar normalmente: Sí o No
  - d. En los últimos dos años ha notado que su corazón late irregularmente: Sí o No
  - e. Dolor en el pecho o indigestión que no es relacionado a la comida: Sí o No
  - f. Algunos otros síntomas que usted piensa ser causado por problemas de su corazón o de su circulación. Sí o No
7. ¿Está tomando medicina por algunos de los siguientes problemas?
  - a. Respiración dificultosa: Sí o No
  - b. Problemas del corazón: Sí o No
  - c. Alta presión: Sí o No
  - d. Convulsiones: Sí o No
8. ¿Le ha causado alguno de los siguientes problemas usando el respirador? (si no ha usado un respirador, deje esta pregunta en blanco\_\_\_ y continúe con pregunta 9).
  - a. Irritación de los ojos: Sí o No
  - b. Alergias del cutis o sarpullido: Sí o No
  - c. Ansiedad que ocurre solamente cuando usa el respirado: Sí o No
  - d. Debilidad, falta de vigor o fatiga desacostumbrada: Sí o No
  - e. Algún otro problema que le impida utilizar su respirador: Sí o No
9. ¿Le gustaría hablar con el profesional de sanidad con licencia autorizado por el estado que revisara este cuestionario sobre sus respuestas? Sí o No

**Las preguntas del 10 al 15 deben ser contestadas por los empleados seleccionados para usar una máscara con cartucho químico o aparato respiratorio autónomo (SCBA). Los empleados que usan otro tipo de respirador no tienen que contestar estas preguntas.**

10. ¿Ha perdido la vista en cualquiera de sus ojos (temporalmente o permanente): Sí o No
11. ¿Corrientemente tiene algunos de los siguientes problemas con su vista?
  - a. Usa lentes de contacto: Sí o No
  - b. Usa lentes: Sí o No
  - c. Daltoniano (dificultad distinguiendo colores): Sí o No

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- d. Tiene algún problema con sus ojos o su vista: Sí o No
12. ¿Ha tenido daño en sus oídos incluyendo rotura del tímpano: Sí o No
13. ¿Corrientemente tiene uno de los siguientes problemas para oír?
- Dificultad oyendo: Sí o No
  - Usa un aparato para oír: Sí o No
  - Tiene algún otro problema con sus oídos o dificultad escuchando: Sí o No
14. ¿Se ha dañado o lastimado su espalda? Sí o No
15. ¿Tiene uno de los siguientes problemas de su aparato muscular o esqueleto?
- Debilidad en sus brazos, manos, piernas o pies: Sí o No
  - Dolor de espalda: Sí o No
  - Dificultad para mover sus brazos y piernas completamente: Sí o No
  - Dolor o engarrotamiento cuando se inclina para adelante o para atrás: Sí o No
  - Dificultad para mover su cabeza para arriba o para abajo completamente: Sí o No
  - Dificultad para mover su cabeza de lado a lado: Sí o No
  - Dificultad para agacharse doblando sus rodillas: Sí o No
  - Dificultad para agacharse hasta tocar el piso: Sí o No
  - Dificultad subiendo escaleras cargando más de 25 libras: Sí o No
  - Alguno problema muscular o con sus huesos que le evite usar un respirador: Sí o No

**Parte B—Las siguientes preguntas pueden ser agregadas al cuestionario a discreción del profesional de sanidad con licencia autorizado por el estado.**

- ¿Está trabajando en las alturas arriba de 5,000 pies o en sitios que tienen menos oxígeno de lo normal? Sí o No Si la respuesta es “Sí”, se ha sentido mareado, o ha tenido dificultad respirando, palpitaciones, o cualquier otro síntoma que usted no tiene cuando no está trabajando bajo estas condiciones: Sí o No
- ¿En el trabajo o en su casa, ha estado expuesto a solventes o contaminantes peligrosos en el aire (por ejemplo, humos, neblina o polvos) o ha tenido contacto del cutis con químicas peligrosas? Sí o No Escriba las químicas y productos con las que ha estado expuesto, si sabe cuales son: \_\_\_\_\_
- ¿Ha trabajado con los siguientes materiales o las condiciones anotadas abajo?
  - Asbestos: Sí o No
  - Sílice (Limpiar mediante un chorro de arena): Sí o No
  - Tungsteno/Cobalto (pulverizar o soldadura): Sí o No
  - Berilio: Sí o No
  - Aluminio: Sí o No
  - Carbón de piedra (minando): Sí o No
  - Hierro: Sí o No
  - Estaño: Sí o No
  - Ambiente polvoriento: Sí o No

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j. Otra exposición peligrosa: Sí o No  
 Describa las exposiciones peligrosas:

- \_\_\_\_\_
4. ¿Tiene usted otro trabajo o un negocio aparte de este? \_\_\_\_\_
- \_\_\_\_\_
5. Apunte sus previos trabajos: \_\_\_\_\_
- \_\_\_\_\_
6. Apunte sus pasatiempos: \_\_\_\_\_
- \_\_\_\_\_
7. ¿Tiene servicio militar? Sí o No Si la respuesta es “Sí”, ha estado expuesto a agentes químicos o biológicos durante entrenamiento o combate: Sí o No
8. ¿Alguna vez ha trabajado en un equipo de HAZMAT (equipo respondedor a incidentes de materiales peligrosos con emergencia)? Sí o No
9. ¿Está tomando alguna medicina que no haya mencionado en este cuestionario (incluyendo remedios caseros o medicinas que compra sin receta)? Sí o No Si la respuesta es “Sí”, cuales son \_\_\_\_\_
10. ¿Va a usar algunas de las siguientes partes con su respirador?
- a. filtros HEPA (filtro de alta eficiencia que remueve partículas tóxicas en la atmósfera): Sí o No
- b. Canastillo (por ejemplo, máscara para gas): Sí o No
- c. Cartuchos: Sí o No
11. ¿Cuántas veces espera usar un respirador?
- a. Para salir de peligro solamente (no rescates): Sí o No
- b. Recates de emergencia solamente: Sí o No
- c. Menos de 5 horas por semana: Sí o No
- d. Menos de 2 horas por día: Sí o No
- e. 2 a 4 horas por día: Sí o No
- f. Más de 4 horas por día: Sí o No
12. ¿Durante el tiempo de usar el respirador, su trabajo es?
- a. Ligero (menos de 200 kcal por hora): Sí o No Si la respuesta es “sí”, cuanto tiempo dura la obra \_\_\_\_\_ horas \_\_\_\_\_ minutos Ejemplos de trabajos ligeros: estar sentado escribiendo, escribiendo a máquina, diseñando, trabajando la línea de montaje, o estar parado gobernando un taladro o máquinas:
- b. Moderado (200-350 kcal por hora ): Sí o No Si la respuesta es “sí” cuanto tiempo dura en promedio por jornada \_\_\_\_\_ horas \_\_\_\_\_ minutos Ejemplos de trabajos moderados: sentado clavando o archivando; manejando un camión o autobús en tráfico pesado; estar de pie taladrando, clavando, trabajando la línea de montaje, o transfiriendo una carga (de 35 libras) a la

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altura de la cintura; caminando sobre tierra plana a 2 millas por hora o bajando a 3 millas por hora; empujando una carretilla con una carga pesada (de 100 libras) sobre terreno plano.

c. Pesado (más de 350 kcal por hora): Sí o No Si la respuesta es "sí" cuanto tiempo dura en promedio por jornada \_\_\_\_\_ horas \_\_\_\_\_ minutos Ejemplos de trabajos pesados: levantando cargas pesadas (más de 50 libras) desde el piso hasta la altura de la cintura o los hombros; trabajando cargando o descargando; transpalear; estar de pie trabajando de albañil o desmenuzando moldes; subiendo a 2 millas por hora; subiendo la escalera con una carga pesada (más de 50 libras).

13. ¿Va a estar usando ropa o equipo de protección cuando use el respirador? Sí o No Si la respuesta es "sí" describa que va a estar usando \_\_\_\_\_

14. ¿Va a estar trabajando en condiciones calurosas (temperatura más de 77 grados F)? Sí o No

15. ¿Va a estar trabajando en condiciones húmedas? Sí o No

16. Describa el tipo de trabajo que va a estar usted haciendo cuando use el respirador. \_\_\_\_\_

17. Describa cualquier situación especial o peligrosa que pueda encontrar cuando este usando el respirador (por ejemplo, espacios encerrados, gases que lo puedan matar, etc.) \_\_\_\_\_

18. Provea la siguiente información si la sabe, por cada sustancia tóxica que usted va a estar expuesto cuando este usando el respirador(s):

Nombre de la primera sustancia tóxica \_\_\_\_\_

Máximo nivel de exposición por jornada de trabajo \_\_\_\_\_

Tiempo de exposición por jornada \_\_\_\_\_

Nombre de la segunda sustancia tóxica \_\_\_\_\_

Máximo nivel de exposición por jornada de trabajo \_\_\_\_\_

Tiempo de exposición por jornada \_\_\_\_\_

Nombre de la tercera sustancia tóxica \_\_\_\_\_

Máximo nivel de exposición por jornada de trabajo \_\_\_\_\_



Tiempo de exposición por jornada \_\_\_\_\_

El nombre de cualquier sustancia tóxica que usted va a estar expuesto cuando este usted usando el Respirador \_\_\_\_\_

19. Describa alguna responsabilidad especial que usted va a tener cuando usted este usado el respirador(s) que pueda afectar la seguridad o la vida de otros ( por ejemplo, rescate, seguridad). \_\_\_\_\_

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## Appendix D

### Information for Employees Using Respirators When Not Required Under the Standard (29 CFR 1910.134 )—Mandatory

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 heed 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 designed 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.



*I have read and understand the information provided to me regarding the use of respirators in Appendix D*

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*Printed Name / Signature / Date*

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|  |   |                        |   |
|--|---|------------------------|---|
|  | GILES CHEMICAL ~ PREMIER MAGNESIA       |                        |  |
|  | Company Procedure                       |                        |   |
|  | Title: Voluntary Respiratory Protection | Number: S13-PG-200-004 |   |
|  | Owner: Deborah Durbin                   | Revision: 1            |   |
|  | Effective Date: September 1, 2014       | Page: 21 of 21         |   |

## Apéndice D

### Información para Trabajadores que Usan Respiradores

#### Voluntariamente

#### (29 CFR 1910.134 )— Obligatorio

Los respiradores que son seleccionados y usados correctamente son un método de protección efectivo contra peligros designados. OSHA promueve el uso de respiradores, aunque la exposición sea menor al límite permitido de exposición, para proveer un mejor nivel de comodidad y protección a los trabajadores. Sin embargo, si usted usa su respirador de manera incorrecta o si la limpieza adecuada no es mantenida, el respirador mismo podría convertirse en un peligro. Los trabajadores pueden usar los respiradores para evitar la exposición a peligros aunque la cantidad de sustancias peligrosas no exceda los límites establecidos bajo las reglas de OSHA. Si su empleador provee respiradores para uso voluntario, o si usted provee su propio respirador, necesita tomar ciertas precauciones para asegurarse de que el respirador no presenta ningún peligro.

Usted debería hacer lo siguiente:

- 1) Lea y siga todas las instrucciones del fabricante acerca del uso, mantenimiento, limpieza y cuidado. También siga las instrucciones acerca de las advertencias en cuanto a las limitaciones del respirador.
- 2) Elija respiradores que sean certificados para ser usados en la clase de atmósfera contaminada, específica a su situación. El Instituto Nacional para Salud y Seguridad Ocupacional del Departamento de Salud y Servicios Humanos (NIOSH por sus siglas en inglés) certifica respiradores. Una certificación o declaración que debe aparecer en el respirador o paquete del respirador le dirá para qué clase de uso el respirador está diseñado y la capacidad de protección que éste ofrece.
- 3) No use su respirador en atmósferas que contengan contaminantes si éste no está diseñado para protegerlo en esos ambientes. Por ejemplo, un respirador que está diseñado para filtrar partículas de polvo, no lo protegerá contra gases, vapores o partículas sólidas muy pequeñas de humo.
- 4) Marque su respirador claramente para que por error usted no use el respirador de otra persona.

*He leído y entiendo la información proporcionada a mí con respecto al uso de respiradores en el Apéndice D*

\_\_\_\_\_  
Nombre / Firma / Fecha

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