



CITY OF KETTERING

**RESPIRATORY PROTECTION  
PROGRAM**

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**CITY OF KETTERING**  
*Safety & Health Program*

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**Responsibility for Safety**

All City employees are responsible for safety. However, we all have different roles in assuring that the City of Kettering is a safe place to work.

**The City Manager:**

- Commits to a safe working environment consistent with requirements of applicable laws.
- Assigns the responsibility of complying with this commitment to the individual operating Department Directors.
- Assigns responsibility for coordinating required training to the Director of Human Resources.
- Assigns central record keeping to the Human Resource Department.
- Assigns the Human Resource Director the responsibility to develop and maintain a Safety Committee to coordinate mutual needs including development of safety programs.

**Responsibilities of All Employees**

Each employee of the City of Kettering has a personal and vital responsibility to work safely and promote safety. Employees are required to perform their work in a way that will prevent injury and illness to themselves and fellow workers, and prevent property damage.

All City employees are responsible for:

- Maintaining active interest and participation in safety.
- Complying with all City safety policies and regulations.
- Reporting all accidents, incidents and injuries immediately.
- Being alert to safety and health hazards and correcting or reporting them.
- Performing all work in a safe manner.
- Operating vehicles and equipment and doing tasks only when trained and competent to do so.
- Using equipment and vehicles safely and for their intended use.
- Attending scheduled safety training programs.
- Encouraging fellow employees to work safely.
- Wearing personal protective equipment when required and when it makes good sense.
- Keeping work areas clean, orderly and free from hazards.
- Setting a good example for others.

### **Responsibilities of Supervisors**

As a supervisor, you are responsible for being sure work is completed in a safe manner by setting a good example, having a positive, supportive attitude toward safety and enforcing safety policies.

Supervisors are responsible for:

- Practicing and promoting safe work practices and compliance with safety regulations.
- Assuring that all operations are conducted safely.
- Assuring that all employees are trained and competent for the jobs they perform.
- Supporting safety training efforts and following-up on information learned in training programs.
- Enforcing safety regulations and City safety policy.
- Taking care of hazards identified by employees.
- Making recommendations to improve the safety performance of the department.
- Making sure employees understand the hazards of the job, necessary precautions and proper use of personal protective equipment.
- Assuring that accident reports are completed and submitted in a timely manner.

### **Responsibilities of Department Directors**

Department Directors are responsible for providing the support, financial resources, and overall safety leadership in the department.

- Enforcing safety rules and regulations.
- Keeping staff informed of new regulations and compliance issues.
- Assigning a safety officer (may be Director or others) to run departmental safety operation and participate on safety committee.

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**CITY OF KETTERING**  
*Safety & Health Program*  
*Respiratory Protection Program*  
*OSHA – 29 CFR 1910.134*

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**Program Content**

1. Purpose
2. Written Program Changes/Revision
3. Scope
4. Requirements for voluntary use of respirators

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**CITY OF KETTERING**  
*Safety & Health Program*  
*Respiratory Protection Program*  
*OSHA – 29 CFR 1910.134*

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**1. Purpose**

The purpose of a respiratory protection program is to ensure the protection of all employees from inhaling hazardous chemicals in the air. Chemicals can be in the form of gases, vapors, mists or dust.

Respirators are to be used only when engineering control of respirator hazards is not feasible, when engineering controls are being installed or in emergencies.

**2. Written Program Review/Revision**

This program will be reviewed and evaluated at least:

- On an annual basis.
- When changes occur to 29CFR1910.134 that prompt revision of this document.
- When a process or new product is introduced.
- After a significant incident/accident that relates to this area of safety.

**3. Scope**

This program addresses the following areas:

- A. Program Administrator Responsibilities
- B. Medical Approval
- C. Selection and Use of Equipment
- D. Employee Training Program
- E. Respiratory Fit Testing
- F. Equipment Cleaning and Care Procedures
- G. Requirements for Voluntary use of Respirators

**A. Program Administrator Responsibilities**

The Department Directors are solely responsible for facets of this program and have full authority to make necessary decisions to ensure success of this program. A designate person at each job site who enforces the program is usually the supervisor.

The Safety Officer is responsible for implementation of adherence to the provisions of the Respiratory Protection Program.

**B. Medical Approval**

The employer must provide a medical evaluation to determine the employee's ability to use a respirator (not including simple dust masks) before the employee is fit tested or required to use the respirator in the workplace. Not all workers must be examined by a physician or other licensed health care professional but must perform the medical evaluation using the medical questionnaire contained in Appendix C of 29 C.F.R. 1910.134 or an initial medical examination that obtains the same information.

**C. Selection and Use of Equipment**

The selection of respirators depends upon the concentration of airborne contaminants likely to be encountered and the NIOSH protection factor assigned to each type of respirator used within the City.

Respirators meeting minimum protection factor requirements shall be used whenever the threshold limit value (TLV) is exceeded. Respirators with higher levels of protection may always be used if designed.

**D. Employee Training Program**

Each employee designated to wear a respirator must receive adequate training. The training session (initial and periodic training) is to be conducted by a qualified individual to ensure that employees understand the limitation, use and maintenance of respirator equipment.

Both employees who are designated to wear a respirator and their supervisors will be so instructed.

**E. Respiratory Fit Testing**

Fit Testing will be conducted prior to issuing a respirator (with the exception of voluntary use and simple dust masks) and annually thereafter. Our program will follow OSHA 1910.134 Personal Protective Equipment.

- Fit Test protocols (Appendix A to 1910.134) are mandatory.
- Respirators must be worn for at least five minutes before the start of the Fit Test.

**F. Equipment Cleaning and Care Procedures**

These procedures are provided for employees when cleaning respirators using the cleaning recommendations furnished by the manufacturer of the respirators, provided such procedures are as effective as those listed in Appendix B-2 to 1910.134.

**G. Requirements for Voluntary Use of Respirators**

On May 12, 2005, a representative of the Ohio Bureau of Workers' Compensation Employee Management Services visited the City to provide assistance with determining if respirators are needed during specific operations.

This evaluation did not reveal any operation that necessitated the required use of a respirator. However, voluntary use should be considered as an option if an employee requests one for their added comfort and protection. The administrative and user requirements for voluntary respirator use depends on the type of respirator selected and are explained in detail in the attached documents titled, "Requirements For Voluntary Use of Respirators."

The City Manager hereby delegates the appropriate responsibility and authority to administer this Respiratory Protection Program to the Department Directors.

Approved:

8/29/06  
\_\_\_\_\_  
Date

*Mark Schwieterman*  
\_\_\_\_\_  
Mark W. Schwieterman  
City Manager

Issued:

8/29/06  
\_\_\_\_\_  
Date

*Richard L. Strader*  
\_\_\_\_\_  
Richard L. Strader  
Director of Human Resources

*Formulated 8/06; Reviewed 8/07; Reviewed 8/08.*

## REQUIREMENTS FOR VOLUNTARY USE OF RESPIRATORS

The Occupational Safety and Health Administration (OSHA) respiratory protection standard addresses the voluntary use of respirators. The intent is to allow employers the flexibility to permit employees to use respirators when the hazard/exposure assessment does not indicate the need, without imposing the burden of implementing a full respirator program. The voluntary use requirements are dependent on the type of respirator used.

### *FILTERING FACEPIECES (DUST MASKS)*

**Where voluntary use involves only filtering facepiece (dust masks) respirators, the employer is not required to implement a written program.** The employer does need to ensure that:

- the filtering facepiece (dust mask) is not dirty or contaminated
- the filtering facepiece does not interfere with the employee's ability to work safely, and
- a copy of Appendix D of the standard is provided to each voluntary wearer.

### *ALL OTHER RESPIRATORS*

If voluntary use of respirators, other than filtering facepieces, will be permitted, the employer's written respiratory protection program must address:

- medical evaluations for employees wearing the respirators
- the cleaning, storing, and maintenance of the respirators, and
- the distribution of Appendix D of the standard to each voluntary wearer.

**Medical Evaluation:** The medical evaluation must be conducted by a physician or other licensed health care professional whose state license will allow them to perform such an evaluation. The evaluation can consist of using a medical questionnaire or an initial medical examination as long as the evaluation obtains the information requested by Sections 1 and 2, Part A, of the questionnaire found in Appendix C of the standard. If a questionnaire is used, it must be filled out by the employee and evaluated by the health care professional. Any employee answering "yes" to any of the questions 1-8 of Section 2, Part A of the questionnaire must receive a follow-up medical evaluation consisting of any medical tests, consultations or diagnostic procedures that the health care professional deems necessary. Medical confidentiality must be maintained when administering the questionnaire or examinations.

An annual medical evaluation is not needed, but additional evaluations must be provided, if:

- an employee reports medical signs or symptoms related to their ability to use a respirator,
- a health care professional, supervisor, or respirator program administrator informs the employer that an employee needs to be reevaluated,
- information obtained during the program evaluation indicates a need, or
- a change occurs in the workplace that may increase the physiological burden placed on the employee.

### **Cleaning, Storage & Maintenance**

- Respirators used exclusively by one employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition. They must be cleaned and disinfected using the procedures in Appendix B-2 of the standard or the manufacturer's recommended method.
- Shared respirators must be cleaned and disinfected after every use.
- Respirators must be stored to protect from damage, contamination, dust, sunlight, extreme temperatures, damaging chemicals, and deformation of the facepiece and exhalation valve.
- Respirators must be inspected before each use and during cleaning. The inspection must include a check for proper function, tightness of connections, and the condition of the facepiece, head straps, valves, filtering mechanism, and pliability of the electrometric parts.
- Defective respirators must be discarded or removed from service and repaired according to manufacturer's recommendations by individuals trained to make the repairs.

**Information for Employees Using Respirators When Not Required**  
(Appendix D to the OSHA Respirator Standard 29CFR1910.134)

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 the respirator of someone else.

## Employee Record of Receiving Appendix D to 1910.134

I understand that respirator use is not required during normal operations. However, I also understand that respirators are provided for voluntary use to provide an additional level of comfort and protection. As a potential voluntary wearer of a respirator, I acknowledge that I have received Appendix D of the OSHA Respirator Standard 1910.134, as required by the standard.

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Employee Signature

Date

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Employer Signature

Date

**Appendix C to § 1910.134: OSHA Respirator Medical Evaluation Questionnaire (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 healthcare 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): \_\_\_\_\_

**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 (fits): 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?
  - 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
- I have never used a respirator \_\_\_\_\_
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-facepiece 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
12. Have you ever had an injury to your ears, including a broken eardrum: 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
  - i. Dusty environments: Yes/No
  - j. Any other hazardous exposures: Yes/NoIf "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)?
  - a. HEPA Filters: Yes/No
  - b. Canisters (for example, gas masks): Yes/No
  - c. 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 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.
  - 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 well-being of others (for example, rescue, security): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_