

# Bureau of Fire Standards & Training Division of State Fire Marshal



## MODEL RESPIRATORY PROTECTION PROGRAM FOR FIRE SERVICE

**NOTICE:**

The purpose of this document is to aid in the development of written programs related to respiratory protection.

There is no regulation requiring that an employer use this exact format in setting up a respiratory protection program. In order to be in compliance with 29 CFR as adopted by the Florida Statutes and Florida Administrative Codes, an employer may use this or any other format that will satisfy all the requirements of the standard.

This program is designed to be adapted to each individual employer's need; forms should be shortened, expanded, or duplicated as needed. It does not substitute for a full reading of the standard.

(REVISED: NOVEMBER 6, 2014)

**Purpose:**

Florida Statutes (F.S. 633) and Florida Administrative Codes (FAC 69A-62) have adopted general industry standard 29 CFR 1910.134 of the Occupational Safety Health Standards requiring fire service providers to have a written Respiratory Protection Program. This program is intended to serve as a guide to prevent firefighter overexposure to atmospheric contaminants and oxygen deficient atmospheres which are potentially harmful to health.

**Policy**

It is the policy of the (*Fire Department*) that all personnel expected to respond to, and function in, toxic atmospheres shall be equipped with a self contained breathing apparatus (SCBA) and trained in its proper use and care. These respirators shall be used in accordance with the NFPA 1001 Standard for Fire Fighter Professional Qualifications, OSHA 1910.134, and Florida State Statute 633.502 – 633.536, Florida Administrative Code 69A-62, and manufacture's recommendations.

**Respirators for IDLH (Immediately Dangerous to Life and Health) Atmospheres:**

Atmosphere supplying respirators operated in a positive pressure mode shall be used by all personnel working in areas where:

- The atmosphere is immediately dangerous to life and health (IDLH).
- The atmosphere is suspected of being IDLH.
- The atmosphere may rapidly become IDLH.

All interior structural fires, hazmat response hot zones and confined space entries shall be considered to be IDLH, unless air monitoring proves otherwise.

The department shall provide the following respirators for use in IDLH atmospheres:

1. A full face piece positive pressure SCBA certified by NIOSH for a minimum service life of thirty minutes, or,
2. A combination full face piece pressure demand/positive pressure supplied air respirator (SAR) with auxiliary self-contained air supply for emergency escape certified by NIOSH (for confined space rescue).

**Scope and Application:**

This written respirator program applies to all personnel expected to wear respirators.

Established: \_\_\_\_\_ (Date) Signed: \_\_\_\_\_  
(Fire Chief)

## RESPONSIBILITIES

### Employer:

- Determine the need for respiratory protection.
- Establish and maintain a Respiratory Protection Program in compliance, with all requirements of 29 CFR 1910.134, Florida Statutes, and Florida Administrative Codes.
- Provide all employees in the program with respirators appropriate to the purpose intended.

### Employees:

- Wear assigned respirator when and where required and in the manner in which they were trained.
- Care for and maintain their respirators as instructed, and store them in a clean and sanitary location.
- Inform supervisor if the respirator no longer fits well, and request a new one that fits properly.
- Inform supervisor or the Program Administrator of any respiratory hazards that are not adequately addressed in the workplace and of any other concerns regarding the program.

### Program Administrator

The department has designated (Person name/or title) as the Respiratory Protection Program Administrator. It is the responsibility of the program administrator to oversee all aspects of the respiratory program including evaluating its effectiveness.

**Note: The program administrator may designate other employees to carry out specific functions.**

## MEDICAL EVALUATIONS OF EMPLOYEES REQUIRED TO USE RESPIRATORS

Using a respirator may place physiological burdens on firefighters that vary with the type of work in which the respirator is used and the medical status of the individual. Accordingly, each individual must undergo a medical evaluation to determine the employee's ability to use the respirator. All new personnel must undergo a medical evaluation prior to being fit tested or required to use the respirator. Medical evaluations shall be administered according to the following schedule:

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The department shall identify a Physician or other Licensed Health Care Professional (PLHCP) to administer a medical questionnaire to each firefighter. The questionnaire shall be administered confidentially during a time agreed upon by the department and the member. The questionnaire will determine the need for a follow-up physical examination.

The department shall use the following PLHCP to administer the questionnaire:

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The department will be using the following PLHCP for follow-up medical examinations (if needed):

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The employee shall have the opportunity to discuss the questionnaire and examination results with the Physician or Licensed Health Care Professional if requested.

**NOTE: The following appendices are provided for use in administering the program.**

1. Appendix I Medical Questionnaire.
2. Appendix II Information to be supplied to the PLHCP by the department.
3. Appendix III Information supplied by the PLHCP to the department

After an employee has received clearance and begun to wear the respirator, additional medical evaluations will be provided under the following circumstances:

- Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing;
- The physician or supervisor informs the Program Administrator that the employee needs to be reevaluated;
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation;
- A change occurs in workplace conditions that may result in an increased physiological burden on the employee.

The program administrator, employee, and physician will arrange an appropriate time for the exam. All the above exams are paid for by the department.

### **FIT TESTING PROCEDURES**

All personnel wearing respirators must be fit tested with the same make, model, style, and size of respirator that will be used on the job. The Respiratory Protection Program Administrator will oversee the fit testing of personnel.

Fit tests will be conducted on all individuals who use respirators following the initial medical evaluation **at least annually**, or whenever the employer observes or receives a report of changes in the employee's physical condition that could affect respirator fit, or the employee states that the fit of the respirator is unacceptable.

Factors that may affect mask fit are:

1. Significant weight change.
2. Significant facial scarring in the area of the face piece seal.
3. Significant dental changes.
4. Reconstructive or cosmetic facial surgery.
5. Beards or goatees.
6. Any other condition that would interfere with mask fit.

Fit tests will be administered using an OSHA accepted qualitative or quantitative test in the negative pressure mode. The protocol used will be stated on the fit test record for each employee.

**Note: See Appendix IV Fit Testing Record**

## **PROCEDURES FOR PROPER RESPIRATOR USE**

General Use Procedures:

- Firefighters shall use their respirators under conditions specified by this program, and in accordance with the training they receive relative to the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH or by its manufacturer.
- All firefighters shall conduct user seal checks each time that they wear their respirator. Firefighters shall use either the positive or negative pressure check as specified by the manufacturer or as listed in *Appendix B-1* of OSHA 1910.134.
- Firefighters are not permitted to wear tight-fitting respirators if they have any condition such as facial scars, beards or other facial hair, or missing dentures that prevents them from achieving a good seal. Employees are not permitted to wear headphones, jewelry, glasses, or other articles that may interfere with the face piece-to-face seal.

### **Procedures for IDLH Atmospheres (Two In, Two Out Rule):**

The following are not meant to preclude an Incident Commander from starting suppression (not entering) or rescue operations (entering) in a structural incident. The requirement intends that the Rapid Intervention Team (RIT) be established as soon as practical to ensure safety of firefighters, yet not detract from the responsibility to provide rescue and suppression to citizens.

A rapid intervention crew shall consist of at least two members (*certified firefighter 1 or greater*) and shall be available for rescue of a member or a team if the need arises. Rapid intervention crews shall be fully equipped with the appropriate protective clothing, protective equipment, SCBA, and any specialized rescue equipment that might be needed given the specifics of the operation under way.

The composition and structure of rapid intervention crews shall be permitted to be flexible based on the type of incident and the size and complexity of operations. The incident commander shall evaluate the situation and the risks to operating teams and shall provide one or more rapid intervention crews commensurate with the needs of the situation.

In the early stages of an incident, which includes the deployment of an initial attack assignment,

the rapid intervention crew(s) shall be in compliance with Florida Statute 633 and Florida Administrative Code 69A-62 and either one of the following:

1. On-scene members **designated** and **dedicated** as rapid intervention crew(s)
2. On-scene members performing other functions but ready to redeploy to perform rapid intervention crew functions.

Note: The assignment of any personnel as members of the rapid intervention crew shall not be permitted if abandoning their critical task(s) to perform rescue clearly jeopardizes the safety and health of any member operating at the incident.

All personnel operating in an IDLH environment (i.e. interior firefighting, HazMat operations) will work in teams having a minimum of two (2) persons remaining in visual / voice contact at all times.

Two firefighters shall be located outside the IDLH atmosphere; visual, voice, or signal line communication is maintained between the firefighters in the IDLH atmosphere and the firefighters located outside the IDLH atmosphere.

The firefighters located outside the IDLH atmosphere shall be trained and equipped to provide an effective emergency rescue.

The Incident Commander is to be notified before activation of RIT deployment into an IDLH atmosphere to affect an emergency rescue. Upon activation the IC must request replacement teams / mutual aid support to assist in the RIT response.

Firefighters assigned the tasks of the RIT team located outside the IDLH atmospheres shall be equipped with;

- Positive pressure SCBA's, or other positive pressure supplied-air respirator with auxiliary SCBA.
- Appropriate equipment necessary for safe removal of fire fighter(s) who entered this hazardous atmosphere. This could include a charged 1½" or larger hose line.

If a firefighter detects a vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece, the fire fighter will notify partner(s) and the IC, and leave the area together immediately.

Nothing in this rule is meant to preclude fire fighters from performing emergency rescue activities before an entire team has assembled, however, such action is not to be considered a standard of operation. Whenever the Two In, Two Out rule is not followed, a written report must be submitted to the Chief, by the individual(s) who were involved in the incident explaining the necessity of doing so.

All firefighters shall continue to wear SCBA until the IC determines through air monitoring that respiratory protection is no longer required.

Under no circumstances shall a firefighter deactivate a PASS device until the SCBA is removed

and the firefighter is outside of the IDLH environment.

Departmental standard operating procedure (SOP) for first on scene personnel (less than 4) and SOP for occupant rescue (include dual dispatch/mutual aid language if applicable) are as follows:

(Fill in or attach SOP as an Appendix)

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### **CARE AND MAINTENANCE**

The department shall provide personnel with a respirator that is sanitary, and in good working order. Personnel assigned to use respirators shall ensure the unit is cleaned and disinfected using the procedures recommended by the respirator manufacturer. The respirators shall be cleaned and disinfected at the following intervals:

1. Respirators issued for the exclusive use of a firefighter shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.
2. Respirators issued to more than one firefighter shall be cleaned and disinfected before being worn by different individuals.
3. Respirators used in fit testing and training shall be cleaned and disinfected after each use

The face piece shall be placed in a clean, dry container and stored in a manner which prevents deformation of the face seal, other damage or contamination.

Respirator face pieces are stored in the following location(s) and manner:

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The cleaning and disinfecting procedure supplied by the manufacturer/seller of the respirator shall be used by the department (attach as appendix).

If not, the following procedure from 29 CFR 1910.134, Appendix B-2 will be used:

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The Program Administrator, or designee, will ensure an adequate supply of appropriate cleaning and disinfection material at the cleaning station. If supplies are low, employees should contact their supervisor, who will inform \_\_\_\_\_.

### **MAINTENANCE**

Respirators are to be properly maintained at all times in order to ensure that they function properly and adequately protect the employee. Maintenance involves a thorough visual

inspection for cleanliness and defects. Worn or deteriorated parts will be replaced prior to use. No components will be replaced or repairs made beyond those recommended by the manufacturer. Repairs to regulators or alarms of atmosphere-supplying respirators will be performed by the manufacturer or a person certified by the manufacturer.

Air cylinders shall be maintained in a fully charged state and shall be recharged when the pressure falls to 90% of the manufacturer's recommended pressure level. Personnel shall determine that the regulator and warning devices function properly.

For departmental respirators, all personnel shall:

1. Certify the respirator by documenting the date the inspection was performed (at least monthly), the name of the person who made the inspection, the findings, required remedial action, and a serial number or any other means of identifying the inspected respirator.
2. Provide this information on a tag or label that is attached to the storage compartment for the respirator, or is kept with the respirator, or is included in inspection reports stored as paper or electronic files. This information shall be maintained until replaced following a subsequent certification.

The department shall ensure that respirators that fail an inspection, or are otherwise found to be defective, are removed from service, and are discarded or repaired or adjusted in accordance with the following procedures:

1. 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;
2. Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and
3. SCBA repairs including but not limited to reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer or vendor supplying the equipment to the department

## **QUALITY AND QUANTITY OF BREATHING AIR**

Breathing air in the SCBA cylinder shall have a minimum air quality of Grade D. Agencies supplying the department with compressed breathing air shall provide a copy of the most recent inspection and certification. The purity of the air from the department's air compressor shall be checked by a competent laboratory annually.

The department shall assure that sufficient quantities of compressed air are available to refill SCBA's for each incident. This shall be accomplished through memorandum of understanding (MOU) with supplying departments (or; this shall be accomplished with the use of a mobile air compressor).

Air cylinders for SCBA's shall be filled only by trained personnel.

Compressed oxygen shall not be used in open-circuit SCBA.



Standards for breathing air and hazards associated include:

- Oxygen content (v/v) of 19.5-23.5%.
- Hydrocarbons (condensed) content of 5 milligrams per cubic meter of air or less;
- Carbon monoxide (CO) content of 10 ppm or less;
- Carbon dioxide content of 1,000 ppm or less;
- Lack of a noticeable odor.

The department shall ensure that cylinders used to supply breathing air to respirators meet the following requirements:

1. Cylinders are tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 CFR part 173 and part 178) test requirements of three years for composite cylinders and five years for steel or aluminum cylinders.

Note: composite cylinders have a maximum use life of 15 years.

2. The moisture content in the cylinder does not exceed a dew point of -50 degrees F. (-45.6 degrees C.) at 1 atmosphere pressure.

## **RESPIRATORY HAZARDS AND TRAINING ON RESPIRATOR USE**

The department is required to provide training to those who use respirators. The training must be comprehensive, understandable, and occur annually and more often if necessary. Documentation of this training is mandatory and no firefighter may wear respiratory protection without training as specified in this document.

The department shall ensure that each firefighter can demonstrate knowledge of at least the following:

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;
2. What the limitations and capabilities of the respirator are;
3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;
4. How to inspect, put on and remove, use, and check the seals of the respirator;
5. What the procedures are for maintenance and storage of the respirator;
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators;
7. The general requirements of this program.

The training shall be conducted in a manner that is understandable to the firefighter. Retraining shall be administered annually, or when the following situations occur:

1. Changes in the workplace or the type of respirator render previous training obsolete;
2. Inadequacies in the firefighters knowledge or uses of the respirator indicate that the firefighter has not retained the requisite understanding or skill;

3. Any other situations arise in which retraining appears necessary to ensure safe respirator use.

### **FILL STATION TRAINING**

At a minimum, the following topics are to be covered prior to utilizing the department's fill station

1. Procedures for inspecting SCBA cylinders for damage.
2. Information ensuring cylinders are properly hydrostatically tested.
3. Composite older than 15 years will not be refilled.
4. Procedures for safely operating fill station
5. Procedures to ensure fill station air supply is using Grade D air.
6. Consequences of cylinder failure
7. Record keeping requirements

### **PROCEDURES FOR EVALUATING THE RESPIRATOR PROGRAM**

Each year the Program Administer shall initiate a review of the procedures contained in this program. All employees who service, wear, or supervise employees wearing respirators shall periodically be asked to provide information on:

1. Adequacy of the respirator(s) being used.
2. Accidents, incidents in which the respirator failed to provide adequate protection.
3. Adequacy of training and maintenance on respirator use.

The Program Administrator shall recommend changes in the program and its implementation based on this information.

### **RECORDKEEPING**

The Department is required to keep the following records to assure compliance with this written program:

1. Medical evaluation records (Appendix II and III)
2. Fit testing records (Appendix IV)

In addition, the Department will maintain records of employee training (e.g., date, attendees, trainer(s), subject matter).

**APPENDIX I**  
**Medical Questionnaire**

**Appendix C to Sec.29 CFR 1910.134, Florida Statutes and Florida Administrative Codes**

**OSHA Respirator Medical Evaluation Questionnaire (Mandatory)**

*To the employer: Answers to questions in Section I 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-face piece 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 (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, initial in 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
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, II 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/No
- If "yes, describe these exposures:
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4. List any second jobs or side businesses you have:

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5. List your previous occupations:

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6. List your current and previous hobbies:

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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?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours per week: Yes/No
- d. Less than 2 hours per day: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

- a. 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.*

- b. 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.*

- 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:

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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):

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

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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:

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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):

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*(Fire Department Name and Address)*

**APPENDIX II**

**Information to be Supplied to the Physician or Licensed Healthcare Professional (PLHCP) by the Fire Department for Use in the Evaluation/Examination. \***

The employee \_\_\_\_\_ will be wearing an SCBA of the following type and weight: \_\_\_\_\_

Duration and frequency of SCBA use: \_\_\_\_\_

Expected physical work effort: \_\_\_\_\_

Additional protective clothing and equipment: \_\_\_\_\_

Temperature and humidity extremes: \_\_\_\_\_

Additional information: \_\_\_\_\_

\*Employee has provided their assessment of these issues in the medical questionnaire.

Note: This is the information required by 29 CFR 1910.134,(e)(5)(i) and (ii).

In accordance with 29 CFR 1910.134,(e)(5)(iii), the department is required to provide the PLHCP with a copy of the Respiratory Protection standard (1910.134) and a copy of the written Respiratory protection program.

(Fire Department Name and Address)

**APPENDIX III**

**Information to be Obtained from the Physician or Licensed Health Care Professional (PLHCP) to Fire Department**

The employee \_\_\_\_\_ is/is not medically fit to wear a Self-Contained Breathing Apparatus (SCBA).

Any limitation in the wearing of the SCBA: \_\_\_\_\_  
\_\_\_\_\_

Any follow-up required: \_\_\_\_\_  
\_\_\_\_\_

The employee has been supplied with a copy of this evaluation.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name of PLHCP \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(Fire Department Name and Address)

**APPENDIX IV  
Fit Testing Record**

Date of Test \_\_\_\_\_

Employee Fit Tested \_\_\_\_\_

Make \_\_\_\_\_ Style \_\_\_\_\_

Model \_\_\_\_\_ Size \_\_\_\_\_

Type of Fit Test Performed in accordance with protocols listed in 29 CFR 1910.134, Florida Statutes and Florida Administrative Codes, Appendix A -OSHA Accepted Fit Test Protocols.

<b>Quantitative (QNFT)</b>	<b>Qualitative (QLFT)</b>
Fit Factor _____	Substance used: _____
Strip Chart Results (Attached)	Pass                  Fail
Comments _____	Comments _____
_____	_____
_____	_____

Person Administering Test:

Name \_\_\_\_\_

Employed by \_\_\_\_\_

Types of exercise performed (for one minute each except grimace) during fit test shall include:

- |                              |  |
|------------------------------|--|
| 1. Normal breathing          | 5. Talking (rainbow passage)           |
| 2. Deep breathing            | 6. Grimace (15 seconds) -only for QNFT |
| 3. Moving head up and down   | 7. Bending over or jogging in place    |
| 4. Turning head side to side | 8. Normal breathing                    |

Note: The employee's latest fit test record is required to be kept until the next fit test is administered.

This document is available upon request by calling 352 369 2819 or visiting our website <http://www.myfloridacfo.com/division/sfm>