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APPENDIX A

[OSHA "RESPIRATORY PROTECTION" STANDARD \(29 CFR 1910.134\), INCLUDING APPENDICES](#)

APPENDIX B

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NOTE: THIS SECTION REVIEWED AND EDITED BY HRP ASSOCIATES, INC. 1998

Respiratory Protection

◆ *POLICY*

1. Jack Byrne Ford is committed to providing a safe and healthy workplace for its employees consistent with our ongoing Safety and Health Policy.
2. In meeting the objectives of this Policy, a Respiratory Protection Program was developed to raise the level of employee awareness and knowledge to respiratory hazards in the workplace. This will be accomplished through proper evaluation of known and potential respiratory hazards within the workplace, respirator selection, use and maintenance, medical evaluation and information and training.
3. This Respiratory Protection Program will be implemented when respiratory protection is necessary to protect the health of employees.
4. This Respiratory Protection Program is designed for standard dealership operations and is not designed for work in dangerous operations or other conditions where failure of respiratory protection will result in impaired escape or immediate health effects.
5. Engineering and administrative controls will be implemented to reduce employee exposure to as low as reasonably achievable.
6. This Respiratory Protection Program is developed to comply with the regulations outlined in the Occupational Safety and Health Administration (OSHA) "Respiratory Protection" Standard (29 CFR 1910.134). A copy of the Standard is presented in Appendix A.

◆ *RESPONSIBILITIES*

1. The **Environmental, Health, and Safety (EHS) Supervisor** will:
 - a) Implement, update, and maintain the written Respiratory Protection Program.
 - b) Ensure compliance with all aspects of the facility Respiratory Protection Program and OSHA Standard.
 - c) Identify and evaluate known and potential workplace respiratory hazards.
 - d) Select, evaluate, and maintain respiratory protection.
 - e) Coordinate and maintain medical evaluation program.
Conduct or arrange for fit testing.
 - g) Provide information and training to employees.
 - h) Audit facility periodically to demonstrate employee proficiency in the Respiratory Protection Program.
 - i) Conduct "random" frequent inspections of work area conditions, degree of employee exposure and stress, and respiratory protection procedures.
 - j) Maintain recordkeeping.
2. **Supervisors** will:
 - a) Ensure employees are properly utilizing respiratory protection.
 - b) Provide respiratory protection to employees, as needed.

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3. **Employees** will:
 - a) Comply with all aspects of the Respiratory Protection Program.
 - b) Utilize proper respiratory protection during operations, as necessary.
 - c) Inspect respiratory protection prior to and after use and replace, as necessary.
 - d) Clean, maintain and store respiratory protection properly.
4. The **Licensed Health Care Professional** will:
 - a) Conduct a medical evaluation of employees.
Retain medical evaluation records.

◆ *PROCEDURES*

1. The Respiratory Protection policy will be implemented through the following specific procedures:
 - a) Respiratory Protection Program
 - b) Respirator Selection
 - c) Respirator Use
 - d) Respirator Limitations
 - e) Medical Evaluation
 - f) Cleaning, Maintenance and Storage
 - g) Employee Information and Training

◆ *Respiratory Protection Program*

1. The Respiratory Protection Program has been developed to provide a working procedural document for the use of respiratory protection in the workplace.
2. The Respiratory Protection Program will be implemented when respiratory protection is necessary to protect the health of employees.
3. All employees required to wear or who choose to wear respiratory protection will participate in the Respiratory Protection Program.
4. The EHS Supervisor is responsible for the overall implementation and maintenance of the Respiratory Protection Program. The EHS Supervisor at your facility is John Byrne and is located in the Office.
5. Upon request, employees, the employee designated representative, and the Assistant Secretary (OSHA) will be provided with a copy of the Respiratory Protection Program for review.
6. The written Respiratory Protection Program will be located with the EHS Supervisor.
7. The written Respiratory Protection Program will be maintained and updated on an as-needed basis by the EHS Supervisor.

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8. The EHS Supervisor will periodically, at least annually, conduct a facility audit to evaluate employee proficiency in the Respiratory Protection Program. The audit will cover employee aspects of the Program and include employee interviews to assess their understanding of Program procedures. Findings will determine the need for Program alterations and refresher training. A Respiratory Protection Evaluation form is presented in Appendix B. Completed forms are filed in Appendix D.
9. The EHS Supervisor will conduct "random" inspections of work area conditions, degree of employee exposure and stress, and proper respiratory protection procedures (i.e. selection, use, etc.) on a frequent (i.e. monthly) basis.

◆ *Respirator Selection*

1. Respiratory protection will be selected according to American National Standard Practices for Respiratory Protection (ANSI Z88.2-1992).
2. All respirators and cartridges will be certified for use by the National Institute for Occupational Safety and Health (NIOSH), and will be used in compliance with the conditions of certification.
3. All compressed air will be high purity meeting the specifications for **Grade D Breathing Air** (ANSI/ Compressed Gas Association Commodity Specification G7.1 - 1989).
4. All compressed air cylinders will be appropriately constructed, tested, and maintained as prescribed in the shipping container specification regulations of the Department of Transportation (49 CFR 173, 178). In addition, all breathing gas containers will be marked in accordance with NIOSH respirator certification standard 42 CFR 84.
5. All air compressors will be capable of delivering a continuous supply of Grade D Breathing Air and equipped with necessary safety and standby devices. Compressors will be constructed and situated in a location to avoid entry of contaminated air into the system and meet requirements of Grade D Breathing Air. Compressors will have a compressor failure and overheating alarm. Oil lubricated compressors will have an additional high temperature and carbon monoxide alarm. In addition, the compressors must also meet the requirements of 29 CFR 1910.134 (i)(5 — 9).
6. All air line couplings will be incompatible with outlets for other gas systems.
7. The EHS Supervisor will select respirators according to the type and concentration of respiratory hazards identified. A Respirator Selection Diagram is presented in Appendix B. Exposure limits, respiratory protection factors, chemical warning properties, type of work and eye and skin protection will also be considered during respirator selection process.
8. An Approved Respirators sheet is presented in Appendix B. Completed sheets are filed in Appendix E.

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◆ *Respirator Use*

1. Respirators will be used in accordance with manufacturer's recommendations, general industry practice and facility established standard operating procedures.
2. Employees will not be permitted to perform operations requiring respiratory protection until they are medically evaluated and properly trained to use respiratory protection.
3. Employees will be qualitatively fit tested prior to utilizing respiratory protection. Employees will be allowed to choose from a sufficient number of models and sizes of respirators to ensure adequate fit and comfort. Fit testing will be conducted with banana oil, irritant smoke, or saccharin spray to ensure the proper respirator fit. Fit testing will be conducted for each type and style of respiratory protection utilized. Fit testing will be performed on an annual basis (asbestos workers - every 6 months). Fit Testing Records are presented in Appendix B. Completed records are filed in Appendix F.
4. Non-disposable respirators and airline systems will be inspected prior to and following each use. Non-routine respirators will be inspected on a monthly basis, and will be checked for proper function before each use.
5. Employees who wear glasses and are required to use full face-piece respirators will be provided with prescription "insert-type" spectacles.
6. Use of Disposable Respirators:
 - a) Obtain approved respirator from Supervisor.
 - b) Verify appropriate respirator for operation.
 - c) Inspect respirator for physical deformities, missing components, and defects.
 - d) Don respirator.
 - e) Ensure good fit and face-to-facepiece seal.
 - 0 Conduct positive and negative pressure check, if feasible.
 - g) Conduct and complete work.
 - h) Remove respirator and dispose.
7. Disposable respirators will be discarded after each use.
8. Use of Non-Disposable Air-Purifying Respirator:
 - a) Obtain approved manufacturer, model and size respirator and cartridges from Supervisor, if you have not been previously issued your own respirator.
 - b) Verify appropriate respirator and cartridges for operation.
 - c) Inspect respirator for:
 - i) Facepiece - pliability, deformation and signs of deterioration.
 - ii) Valves (inhalation and exhalation) - tears, deformation, lack of and signs of deterioration.

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- iii) Headbands - pliability, deformation, excess stretching and signs of deterioration.
 - iv) Cartridge holders - deformation of holder and deformation, lack of and signs of deterioration of the O-ring.
 - v) Cartridges - physical damage and age.
 - vi) Connecting tube (if feasible) – pliability, deformation and signs of deterioration
- d) Don respirator.
 - e) Ensure good fit and face-to-facepiece seal.
 - f) Conduct positive and negative pressure check.
 - g) Conduct and complete work.
 - h) Remove respirator and inspect (*as in Step C*).
 - i) Properly clean and store respirator in a respirator bag.
9. Cartridges used for protection against chemicals (gas and vapors) will be changed in accordance with the end of service life indicator (ESLI) certified by NIOSH on the cartridge, or the change schedule implemented by the EHS. Mechanical filters may be changed when breathing becomes restricted.
10. Use of Air-Line Respirators with Compressed Air Bottles or Compressors.
- a) Obtain approved manufacturer, model and size respirator, supplied air source and other necessary air line equipment from Supervisor, if not already set-up at a particular operation or station.
 - b) Verify appropriate respirator for operation.
 - c) Inspect respirator for:
 - i) Facepiece - pliability, deformation and signs of deterioration.
 - ii) Valves (inhalation and exhalation) - tears, deformation, lack of and signs of deterioration.
 - iii) Headbands - pliability, deformation, excess stretching and signs of deterioration.
 - d) Inspect Compressor and associated equipment for:
 - i) Hoses - pliability, deformation, cracks and signs of deterioration.
 - ii) Connections - tightness and signs of deterioration.
 - iii) Regulator - proper functioning.
 - iv) Compressor - alarms and warning devices.
- Or
- Inspect Compressed Air Cylinders and associated equipment for:
- v) Hoses - pliability, deformation, cracks and signs of deterioration.
 - vi) Connections - tightness and signs of deterioration.
 - vii) Regulator - proper functioning.
 - viii) Cylinders - marked contents *as* "Breathing Air".

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- e) Set up air-line system. Ensure hoses are properly connected and compressor is located in an area of "fresh and uncontaminated" air.
- f) Don respirator (disconnected from air source).
- g) Ensure good fit and face-to-facepiece seal.
- h) Conduct positive and negative pressure check, if feasible.
- i) Turn on Compressed Air Cylinder or Compressor System.
- j) Connect respirator to air source.
- k) Conduct and complete work.
- l) Remove respirator.
- m) Turn off Compressed Air Cylinder or Compressor System.
- n) Inspect respirator (as in Step C).
- o) Properly clean and store respirator in a respirator bag.

◆ *Respirator Use Limitations*

1. Employees will not be permitted to perform operations requiring respirator protection until they are properly trained, fit tested, and medically cleared to use respiratory protection.
2. These respirators (and the Program) are not designed for work in dangerous atmospheres or other conditions where failure of respiratory protection will result in impaired escape or immediate health effects. This includes:
 - a) Immediately Dangerous to Life and Health Atmospheres (IDLH);
 - b) Oxygen Deficient Atmospheres;
 - c) Highly Toxic Atmospheres; and
 - d) Unknown Atmospheres.
3. Only respiratory protection adequate to protect against the respiratory hazard will be used.
4. Respiratory protection will only be used when a good face-to-facepiece seal can be obtained. Employees with beards, sideburns, skull caps, dentures or other conditions that interfere with a good seal will not be permitted to perform operations requiring respiratory protection. Employees will be fit tested in the same condition (i.e. dentures in place) *as* they would conduct the work.
5. Corrective spectacles or goggles must be worn in a manner that will not interfere with the fit of the respirator.
6. Air-line respirator hoses will not exceed 300 ft.
7. Contact lenses will not be used with respiratory protection.
8. Respirators provided by the dealership are for use in assigned tasks only and are not to be taken home for personal use.
9. Gum or tobacco chewing is prohibited while wearing a respirator.
10. The respirator wearer shall leave the work area if any of the following circumstances occur:

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- a) Failure of the respirator to provide protection or malfunction of the respirator.
 - b) Detection of air contaminant leakage into the respirator.
 - c) Increase in resistance to breathing.
 - d) Any sensation of dizziness, nausea, weakness, breathing difficulty, coughing, sneezing, vomiting, fever or chills.
11. Emergency Spills or Releases:

Employees who perform Emergency Action Procedures in the event of a spill or release will be required to wear a full or half face respirator, or a respirator of equal or greater assigned protection factor. However, it should be noted that the dealership will only clean up a spill if it is small enough to be absorbed, neutralized, or otherwise controlled at the time of release by employees in the immediate release area, or by maintenance personnel, and if the spill or release does not pose an adverse exposure hazard to employees. For all other spills/releases, a professional environmental clean-up firm will be contacted and dealership employees will evacuate the area and notify the Emergency Coordinator (per the Emergency Action Plan).

0 Medical Evaluation

1. Medical evaluation will be provided to all employees participating in the Respiratory Protection Program prior to performing any operations requiring respiratory protection and on an annual basis, thereafter.
2. Medical evaluation will be performed by a physician or other licensed health care professional (PLHCP), using a medical questionnaire or initial medical examination obtaining the same information as the questionnaire. The questionnaire is provided in Appendix A of this Manual (1910.134 Appendix C).
3. Medical Evaluation will be performed by _____
4. There will be a follow up medical examination for any employee who gives a positive response to questions 1-8, Section 2, or any employee whose initial medical examination demonstrates a need for follow-up. The follow up exam will include any tests or procedures the health care professional deems necessary for a final determination.
5. The health care professional will report to the EHS Supervisor, in writing, the results of the medical evaluation and exam, if any, including the employees' capability to perform designated work and use personal protective equipment (i.e. respirators), any specific work limitations, and the need, if any, for follow-up medical evaluations.
6. Medical evaluation results will be maintained by the health care professional.
7. Employee "health fitness" reports from the health care professional will be maintained in the dealership employee file.

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8. Medical evaluation shall be conducted confidentially during the employee's normal working hours or at a time and place convenient to the employee. The health care professional shall make sure that the employee understands the content of the questionnaire.
9. The dealership shall supply the health care professional with all details regarding the employee's use of a respirator, such as duration, frequency, work conditions (including other personal protective equipment) and type of respirator, as well as a copy of the respiratory protection program and the standard.
10. Additional medical evaluations shall be provided if indicated by employee symptoms, changes in workplace conditions, fit testing, or as recommended by the health care professional.

◆ *Cleaning, Maintenance and Storage*

1. Non-disposable respiratory protection will be cleaned prior to and after each use.
Cleaning procedures:
 - a) Fill one (1) tub with warm water and one (1) tub with warm water and a mild respirator cleaning detergent.
 - b) Remove cartridges from respirator.
 - c) Wash respirator in warm water/detergent tub.
 - d) Rinse respirator in warm water tub.
 - e) Allow to dry at room temperature.
 - f) Clean with respirator wipe (disinfectant).
 - g) Allow to dry at room temperature.
 - h) Reassemble facepiece, replacing filters, cartridges, and canisters when necessary.
 - i) Test respirator to ensure that all components work properly.
 - j) Properly store in a respirator bag.
2. Respirators will be inspected during cleaning for pliability, deformation, tears, missing components, stretching, tightness and signs of deterioration.
3. Respirators will be effectively maintained to their original condition. Damaged respirators or respirator components will be maintained and repaired by the EHS Supervisor. Repair operations beyond the scope of the EHS Supervisor will be returned to the manufacturer or discarded and replaced.
4. Respirators will be stored in convenient, clean and sanitary locations to protect from dust, sunlight, heat, cold, excess moisture and damaging chemicals, and to prevent deformation of the facepiece and valve.

◆ *Employee Information And Training*

1. All participating employees, and their supervisor, will be provided with information and training on respiratory protection at the time of initial employee assignment and at least annually thereafter. More frequent training will be

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- provided as needed, due to changes in the workplace, type of respirator or inadequate employee knowledge or inappropriate usage.
2. Training will be conducted according to the outline in Appendix C and will include:
 - a) Requirements of the OSHA "Respiratory Protection" Standard;
 - b) Types and limitations of respirators;
 - c) Selection, use and maintenance of respirators;
 - d) Fitting instructions and demonstrations; and
 - e) Purpose and explanation of medical evaluation.
 3. The training class will run approximately 60 minutes. Training may be partially supplemented with an appropriate Respiratory Protection video tape, when adequate time after the video is allotted for facility-specific applications, a question and answer session and an employee quiz.
 4. Initial training will be provided by the dealership, Association representative, or outside consultant. Subsequent refresher and new employee training will be coordinated by the EHS Supervisor.
 5. All training will be appropriately documented on Training Sign-In Sheets provided in Appendix B. Completed sheets are filed in Appendix G.
 6. New employees will be enrolled in the next scheduled training class.

◆ RECORDKEEPING

1. Medical evaluation, fit-testing and training records will be retained for the duration of the employee employment plus thirty (30) years.
2. Upon request, employees, employee designated representatives, and the Assistant Secretary will be provided with associated recordkeeping.