
 Corrections and Community Supervision DIRECTIVE	TITLE Respiratory Protection Program		NO. 4068
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SUPERSEDES DIR # 4068 Dtd. 11/21/18	DISTRIBUTION A	PAGES PAGE 1 OF 12	DATE LAST REVISED
REFERENCES (Include but are not limited to) OSHA 29 CFR 1910.134; 12 NYCRR Part 56; Directives #2121, #4054, #4903	APPROVING AUTHORITY 		

Contents:

- | | |
|---------------------------|--|
| I. Purpose | VIII. Fit Testing |
| II. Policy | IX. Respirator Use |
| III. Scope | X. Maintenance, Cleaning, Inspection, and Storage |
| IV. Definitions | XI. Air Quality, Quantity, and Flow (Atmosphere-Supplying Respirators) |
| V. Program Administration | XII. Training |
| VI. Respirator Selection | XIII. Program Evaluation |
| VII. Medical Evaluations | XIV. Recordkeeping |

- I. PURPOSE:** The elements described in this program are designed to ensure the safe and effective usage of respiratory protection, including respiratory protection for Mycobacterium (M.) tuberculosis and other airborne pathogens, at all of the facilities of the Department of Corrections and Community Supervision (DOCCS).
- II. POLICY:** The Department shall maintain a Respiratory Protection Program in compliance with Occupational Safety and Health Administration (OSHA) Standards, 29 CFR 1910.134, for Respiratory Protection. Employees (or contracted personnel) who are assigned, or wish to be assigned, to positions wherein respiratory use is, or may be, required shall be medically cleared and trained for use of the particular respirator(s) required for those positions.
- Any employee (or contracted personnel) who is required to wear a tight-fitting respirator must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function.
- III. SCOPE:** This directive will apply to all employees (or contracted personnel) who work in settings in which one or more of the following conditions are present where the air:
- A. Lacks adequate oxygen;
 - B. Is contaminated with harmful levels of dust, fumes, mists, gases, smoke, fogs, sprays, fibers, or vapors;
 - C. May be contaminated due to the sudden release of dusts, fumes, mists, gases, smoke, fogs, sprays, fibers, or vapors; and
 - D. May be contaminated with tuberculosis or other airborne pathogens.

IV. DEFINITIONS

- A. Air Purifying Respirator (APR): An APR means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.
- B. Clearance: The term "clearance" shall refer to the successful completion of medical assessment, occupational physical training (if necessary), and fit testing with a respirator. All users will have clearance.
- C. End of Service Life Indicator (ESLI): An ESLI means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the chemical cartridge is no longer effective.
- D. N95/P100: The filtering face piece mask is a negative pressure particulate respirator with a filter as an integral part of the face piece, or the entire face piece is composed of the filtering medium.
- E. Fit Test: Means the use of protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. A fit test is conducted as part of initial training and annually thereafter. For an adequate fit test, an employee must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function.
- F. Fit Factor: Means a quantitative estimate of the fit of a particular respirator to a specific individual and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.
- G. Qualitative Fit Test: Means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.
- H. Quantitative Fit Test: Means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- I. Immediately Dangerous to Life or Health (IDLH): An IDLH atmosphere means one that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.
- J. Chemical Agent Protective Mask: The chemical agent protective mask is the air-purifying respirator used to protect the face, eyes, and respiratory tract from chemical agents.
- K. Medical Evaluation: Any staff required to wear a respirator must be medically evaluated to determine the employee's ability to use a respirator. The medical evaluation, [Form #EHS-701.8](#), "Medical Assessment for Respirator Use," will, at a minimum, include a review of the medical assessment questionnaire. The medical evaluation shall be conducted by a physician or other licensed health care provider.
- L. Occupational Physical: The term "occupational physical" shall refer to a comprehensive physical examination of any employee who did not clear the "medical assessment" and of other employees referenced in Section VII-B-1-a and b of this directive.

- M. Respirators or Respiratory Protection Devices: The terms “respirator or respiratory protection device” shall refer to an approved device worn by an employee to either supply or purify their breathing air. Respiratory protection devices fall into four classes: Filtering Face Piece (FFP) such as the single use N95 or P100 respirator, air-purifying, atmosphere or air-supplying, and combination air-purifying and air-supplying devices.
- N. Seal Check: A “seal check” is defined as a test conducted by the wearer to determine if the respirator is properly sealed to the face. It is repeated each time the respirator is donned or adjusted. For an adequate seal check, an employee must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function.
- O. Self-Contained Breathing Apparatus (SCBA): SCBA refers to an atmosphere-supplying respirator for which the breathing-air source is designed to be carried by the user.
- P. Tight-Fitting Face Piece: The term “tight-fitting face piece” means a respiratory inlet covering that forms a complete seal with the face.
- Q. Users of Respiratory Protection Masks: Any employee expected to wear a single use respirator mask for contaminants, a cartridge mask such as a chemical agent protective mask, or other respiratory protection device in the performance of their duties shall be considered to be a user of a respirator or respiratory protection device.
- R. Physician or Other Licensed Health Care Professional (PLHCP): This term means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows them to independently provide, or be delegated the responsibility to provide, some or all of the health care services.

V. PROGRAM ADMINISTRATION

- A. The Fire/Safety Coordinator: Responsible for the overall administration of the Department’s Respiratory Protection Program.
- B. The Deputy Superintendent for Administration (DSA) (or equivalent): The DSA is responsible for the overall implementation and maintenance of the facility Respiratory Protection Program and ensuring that the following duties are performed by supervisors, respiratory coordinators, and employees (or contracted personnel):
 - 1. Tasks requiring respiratory protection are identified;
 - 2. Proper respiratory protection is selected for each specific application;
 - 3. Medical evaluations and occupational physical examination (where necessary) for respirator users is implemented;
 - 4. Employee training and fit testing is conducted; and
 - 5. The Respiratory Protection Program is continually evaluated and is achieving its desired goal.
- C. The Respiratory Coordinator(s) (as designated by the DSA): Responsibilities include, but are not limited to:
 - 1. Ensuring that respirators that are approved for the specific task are issued to the users;
 - 2. Ensuring users are medically qualified and fit tested; and
 - 3. Ensuring users are properly trained.

Examples of appropriate staff acting as respiratory coordinators include: Fire/Safety Officer (SCBA); Weapons Training Officer (chemical agent protective mask); Nurse Administrator or equivalent (N95 or P100 respirators); and Plant Superintendent (organic vapor respirators). Respirator selection will be based upon the following elements:

- a. The types and concentrations of airborne contaminant(s);
 - b. The characteristics and locations of hazardous areas;
 - c. The workers' activities in hazardous areas;
 - d. The capabilities and limitations of the respirator; and
 - e. Duration of respirator use.
- D. Supervisors: Are responsible for ensuring the appropriate respirators are available for use and:
1. Ensuring that employees (or contracted personnel) wear the required respirators;
 2. Ensuring that employees (or contracted personnel) are adequately maintaining their respirators; and
 3. Ensuring that employees (or contracted personnel) clean, maintain, and properly store respirators after use.

NOTE: Supervisors will ensure that employees who are not qualified to wear respirators are not assigned to posts or jobs that require respirator use.

- E. Employees (or contracted personnel): Are responsible for:
1. Using the respirator in accordance with the training received; and
 2. Inspecting, cleaning, sanitizing, and properly storing the respirator.

VI. RESPIRATOR SELECTION

- A. The employer shall select and provide an appropriate respirator, as determined by the Respiratory Coordinator, based on:
- The respiratory hazard(s) to which the worker is exposed; and
 - Workplace and user factors that affect respirator performance and reliability.
- B. The employer shall select a National Institute of Occupational Safety and Health (NIOSH) certified respirator. The respirator shall be used in compliance with conditions of its certification.
- C. The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposure to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH. The type of respirator selected shall be indicated on the Hazard Assessment [Form #2121B](#), in accordance with Directive #2121, "Personal Protective Equipment."
- D. The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

E. Respirators currently approved for use by DOCCS staff are:

NOTE: Facilities using respirators in addition to the ones listed below shall add those respirators to the list.

Respirator Manufacturer	Model	Work Task	Substance	Concentration
Scott	Fifty	Firefighting		
Avon	C-50	Cell Extraction	Chemical Agent	Chem. Agent Lesson Plan
Kimberly Clark	N95	Infection Control	Tuberculosis (or	
Wilson	N95	Infection Control	other airborne pathogen)	
		Lead Abatement		
		Asbestos Abatement		
3M	P100 (8293)	Drug Testing		

F. Employees (or contracted personnel) are trained to abide by specific work procedures detailed in Section IX of this directive. If the work procedures are followed, exposures to hazardous materials should be well below permissible exposure limits.

VII. MEDICAL EVALUATIONS (ALL RESPIRATORS): Using a respirator may place a physiological burden on an employee that varies with the type of respirator worn, the job, the workplace conditions in which the respirator is used, and the medical status of the employee. The following procedure will determine an employee's ability to wear respiratory protection equipment. Successful completion of the medical evaluation is required prior to training or fit testing.

A. Medical Evaluation: The Personnel Office will make [Form #EHS-701.8](#), "Medical Assessment for Respirator Use," available to all employees who wear respirators. Upon completion of the medical assessment questionnaire by the employee, the form will be sent to Civil Service Employee Health Services. The medical assessment questionnaire will be reviewed by a physician or other licensed health care professional for medical clearance.

Employees who have been medically cleared based on the medical assessment questionnaire review will be notified via [Form #1236](#), "Respirator Clearance Report." Employees who cannot be cleared for respirator use based upon the questionnaire alone will receive an appropriate occupational physical for possible clearance. Civil Service Employee Health Services staff will conduct these examinations at selected locations within each HUB.

[Form #EHS-701.8](#) will be maintained by Civil Service Employee Health Services within the employee's medical record. [Form #1236](#) will be sent to the Personnel Office for entry into the KOCH system and then filed within the confidential employee personnel medical file; a copy will also be given to the employee. This review must be successfully completed prior to an employee being assigned to a position where respirator use may be necessary.

1. This evaluation will be repeated per the reviewer's recommendations, and when:
 - a. The employee (or contracted personnel) reports medical signs or symptoms related to the ability to wear the respirator;

- b. The supervisor or Respiratory Coordinator informs the DSA that an employee (or contracted personnel) needs to be reevaluated;
 - c. Observations made during fit testing and program evaluation indicate need;
 - d. A change occurs in workplace conditions (e.g., change in physical work effort, protective clothing, temperature) that may result in substantial increase in the physiological burden placed on an employee (or contracted personnel); or
 - e. A maximum of five years has passed since the last evaluation.
- B. Occupational Physical
1. An occupational physical shall be conducted initially and periodically as determined by [Form #1236](#), and:
 - a. For employees (or contracted personnel) who are members of the facility Fire Response Team and who are Firefighter I certified to wear a Self-Contained Breathing Apparatus (SCBA), Correctional Emergency Response Team, and members of Confined Space Rescue Teams who are Firefighter I certified to wear SCBA or supplied air respirator. Staff who have been selected to participate in a Firefighter I class must be medically cleared prior to the class;
 - b. For any other employees (or contracted personnel) required to wear other types of respirators, or based on occupational need (e.g., asbestos workers, Weapons Training Officers, pesticide applicators, staff who are part of the Department's Hearing Conservation Program, Powerhouse staff, etc.); and
 - c. For employees (or contracted personnel) who require clearance for use of respirator masks, but who were not cleared through the medical evaluation procedure per Section VII-A.
 2. If an individual (or contracted personnel) chooses to utilize their personal physician for respiratory clearance or an occupational physical, this will be done on their own time and expense. A copy of this directive will be provided to the medical professional performing the medical evaluation. [Form #1236](#) must be completed by the physician and returned to the Personnel Office for entry into the KOCH system.
- C. Respirator Clearance Report: The physician or other licensed health care professional determining an employee's (or contracted personnel's) ability to use required respiratory protection will provide both the facility Personnel Office and the employee (or contracted personnel) with a completed [Form #1236](#).

VIII. FIT TESTING

- A. It is well recognized that no one respirator will fit every individual. Therefore, employees (or contracted personnel) using tight-fitting face piece respirators will be fit-tested at initial training to ensure a proper fit. Staff must be medically cleared prior to a fit testing being conducted and the clearance must be current.
- B. Fit testing will be performed:
 1. On an annual basis;
 2. Whenever the employee (or contracted personnel) uses a different respirator face piece (size, style, model, or make);

3. If the employee's (or contracted personnel's) physical condition changes affecting the respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, obvious change in body weight); or
 4. The employee fails a seal check.
- C. For employee (or contracted personnel) safety, an employee (or contracted personnel) must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function. If it is determined by the operator conducting the fit test that an employee does have facial hair that comes between the sealing surface of the face piece, or that interferes with respirator valve function, the fit test of the employee will not be conducted at this time and will not be conducted until the employee meets the requirements to be fit tested.
 - D. If corrective eyeglasses or goggles are worn by employees (or contracted personnel), they shall be worn so as not to affect the fit of the face piece. When corrective lenses are necessary, prescription lenses and holders will be provided by the Department using the Walkill Optic Lab [Form #4068A](#), "Corcraft/DOCCS Eyewear."
 - E. Fit testing of tight-fitting full-face respirators with a fit factor of over 500 will require a quantitative fit test using the Quantifit Machine per the manufacturer's protocols. A signed copy of the fit test will be sent to Personnel and a copy will be given to the employee who was fit tested.
 - F. Fit testing of N95 or P100 Disposable Filter Respirator (dust mask type only) will require completion of [Form #4068D](#), "N95 or P100 Disposable Filter Respirator (Dust Mask Type Only) Fit Test Record," and is to be forwarded to Personnel for KOCH and Human Resources Training (KHRT) entry and filing.

IX. RESPIRATOR USE

- A. Employees (or contracted personnel) who are not medically cleared or whose clearance has expired may not wear a respirator or work a respirator post.
- B. Employees wearing tight fitting respirators will perform a seal check each time they put on a respirator. The seal check will be performed per the manufacturer's instruction.
- C. Continuing Respirator Effectiveness
 1. When there is a change in work area conditions or the degree of employee (or contracted personnel) exposure or stress that may affect respirator effectiveness, the Respiratory Coordinator shall reevaluate the continued effectiveness of the respirator.
 2. Supervisors shall ensure that employees (or contracted personnel) leave the respirator use area:
 - a. To wash their faces and respirators to prevent eye or skin irritation;
 - b. If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece; or
 - c. To replace the respirator, filter, cartridge, or canister element.
 3. If the employee (or contracted personnel) detects conditions described in #2 above, the supervisor will not allow the employee (or contracted personnel) back into the work area until the respirator is repaired or replaced.

D. Procedures for IDLH Atmospheres

1. Prior to entry into an IDLH atmosphere, the supervisor will ensure that at least one employee (or contracted personnel) remains outside the atmosphere.
2. Visual, voice, or signal line communications must be maintained between employees (or contracted personnel) inside the IDLH atmosphere and outside (radios are acceptable).
3. The employees (or contracted personnel) outside the IDLH atmosphere must be trained and equipped to provide effective emergency rescue. Rescue equipment will include:
 - a. Positive pressure respirator or other supplied air respirator with auxiliary SCBA.
 - b. Appropriate retrieval equipment or equivalent means of rescue where retrieval equipment would increase the overall risk of the entry.
 - c. Multi-gas detector to continuously monitor atmospheric conditions for the safety of all employees (or contracted personnel).
 - d. The proper Personal Protective Equipment (PPE) required for the task.
4. Employees (or contracted personnel) performing emergency rescue must notify the supervisor or other responsible representative, prior to rescue.
5. Upon notification, the employee (or contracted personnel) will provide the necessary assistance appropriate to the situation.

E. "Other" (negative pressure respirators)

1. Chemical Agent (see Directive #4903, "Use of Chemical Agents");
2. N95 or P100 Respirator;
3. Asbestos Respirator (see 12 NYCRR Part 56);
4. Lead Abatement (see Directive #4054, "Occupational Lead Exposure Program"); and
5. Organic Vapor (see Directive #2121, "Personal Protective Equipment").

F. Procedures for Interior Structural Firefighting: In addition to the requirements set forth in Section D above, the Fire/Safety Officer or designee will ensure that:

1. A minimum of four Firefighter I/SCBA certified firefighters are assembled prior to implementing operations inside the structure involved unless, using their professional judgment, immediate action must be taken to prevent the loss of life or serious injury;
2. Prior to employee entry into the structure, an employee is designated to maintain communications with those members who will be working inside the structure. Such communications may be voice, visual, or signal line (radios are acceptable);
3. Employees engaged in interior structural firefighting will use SCBA and must be Firefighter I certified. They will work inside the structure in teams of at least two. These employees will maintain close contact with each other through visual, voice, or touch (radios are not acceptable);
4. An adequate number of suitably equipped, trained, and certified personnel (at least two) shall be located outside the structure for rescue purposes should the need

arise. Rescue teams will consist of at least two firefighters in the nearest safe area and will not be assigned duties which cannot be abandoned without jeopardizing the safety of others at the scene.

Pump operators may not be utilized as part of the rescue team if the apparatus they are operating is utilized in the operations being conducted; and

5. A rescue team will be dispatched whenever a request for assistance is made from those inside or whenever the employee in charge of maintaining communications is unable to determine their status. Communications with those inside the fire scene will be frequent enough to assure their safety.

X. MAINTENANCE, CLEANING, INSPECTION, AND STORAGE

- A. Respirators will be cleaned and disinfected as recommended by the manufacturer's instructions. Cleaning of respirators will be performed per the following schedule (Refer to 29 CFR 1910.134):
 1. Respirators issued for the exclusive use of one employee (or contracted personnel) shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition. Shared respirators shall be cleaned and disinfected before being worn by different individuals;
 2. Emergency use respirators (e.g., SCBA, Chemical Agent Mask) shall be cleaned and disinfected after each use; and
 3. Respirators used in fit testing will be cleaned and disinfected after each use.
- B. Respirators will be inspected to check for function, tightness of connections, and the condition of various parts including: the face piece, head straps, valves, and cartridges or filters. In addition, elastomeric parts will be checked for pliability and signs of deterioration. Inspections of respirators will be in accordance with the following schedule:
 1. All respirators used routinely will be inspected before each use and during cleaning;
 2. All emergency use respirators (e.g., SCBA, Chemical Agent Mask) will be inspected on a monthly basis and checked for proper function before and after each use; and
 3. Inspection will be conducted in accordance with [Form #4068C](#), "Respiratory Protection Program-Respiratory Inspection Record."
- C. Inspections of SCBA will also include:
 1. Ensuring that the air cylinder is fully charged;
 2. Ensuring that the regulator and warning devices function properly;
 3. Completing [Form #4068C](#) ; and
 4. Ensuring the Personal Alert Safety System (PASS) device functions properly.
- D. Inspection of Chemical Agent Mask
 1. Inspected in accordance with [Form #4068C](#); a copy of which shall be attached to the inside cover of the master logbook.

2. Results of inspection will be recorded in a protective mask master log with the date, title, name of employee (or contracted personnel) conducting the inspection, and the location where the mask is secured, with room for comments if needed.
 3. Protective mask master logbooks will be stored in the arsenal or by respective Department supervisors who will enter the inspection data.
 4. If protective masks are assigned to a post, the same entries will be made in the post log, with the inspection information forwarded to the arsenal in the protection mask master log.
- E. Respirators Found in Disrepair: Will be taken out of service and not returned unless repaired by a properly trained individual.
- F. Storage: All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. They will be stored to prevent deformation of the face piece and exhalation valve.
- G. The use of an N95 or P100 particulate respirator will be limited to an eight-hour shift. During the shift, if the respirator becomes wet, soiled, damaged, or breathing becomes difficult, leave the area and discard and replace the respirator. It should be disposed of following infection control and security procedures.

XI. AIR QUALITY, QUANTITY, AND FLOW (ATMOSPHERE-SUPPLYING RESPIRATORS)

- A. The Fire/Safety Officer: Shall ensure that compressed air used to supply breathing air for SCBA bottles meet at least the requirements of Grade D air. This will be accomplished by:
1. Obtaining certificates of analysis from the supplier of purchased breathing air for each lot or batch of filled cylinders and maintaining a copy of the certificate on file; or
 2. Testing air supplied from in-house compressors at least quarterly.
- NOTE: A tag containing the signature of the person authorized to change the in-line sorbent beds or filters and the date of change shall be maintained at the compressor.
- B. When airline respirators are used, the employee (or contracted personnel) shall ensure that proper air quantity and flow is provided for each respirator. This can be accomplished by monitoring airline pressure at the air supply pressure gauge at the supply manifold. Pressure shall be maintained in accordance with the manufacturer's specifications.

XII. TRAINING

- A. All employees (or contracted personnel) who are required to use respiratory protection will be instructed on why respirators are necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator. The training will be provided prior to any assignment requiring the use of such equipment, annually thereafter, and whenever:
1. Changes in the workplace or type of respirator render previous training obsolete;
 2. Inadequacies in an employee's (or contracted personnel's) knowledge or use of a respirator indicate that the employee (or contracted personnel) has not retained the required understanding or skill; or

3. Any situation arises in which retraining appears necessary.
- B. The training, conducted by qualified personnel, will also include information on:
1. Limitations and capabilities of respirators;
 2. Effective use of respirators in emergency situations, to include when a respirator malfunctions;
 3. How to inspect, put on and remove, use, and check the seal of the respirator;
 4. Maintenance and storage procedures;
 5. How to recognize medical signs and symptoms that may limit or prevent the effective use of the respirators; and
 6. The general requirements of the OSHA Respiratory Protection Standard (29 CFR 1910.134).

XIII. PROGRAM EVALUATION

- A. The Respiratory Coordinator shall continually evaluate the Respiratory Protection Program to ensure that it is being properly implemented and continues to be effective.
- B. Problems identified through consultations with employees (or contracted personnel) shall be corrected.
- C. Factors to be assessed include:
1. Respirator fit;
 2. Respirator selection;
 3. Proper use under the workplace conditions that employees (or contracted personnel) encounter; and
 4. Proper respirator maintenance.

XIV. RECORDKEEPING

- A. Occupational Health
1. The facility Personnel Office will enter the results of [Form #1236](#) and the results of occupational physicals into the KOCH system.
 2. The Personnel Office will review the KOCH system to ensure that the list of cleared employees (or contracted personnel) is current. If staff requires an occupational physical, the Personnel Office will schedule them through Employee Health Services.
 3. All medical documentation concerning clearance for respirators must be kept confidential and maintained in a separate medical personnel file of each employee.
- B. Training: A record of employee (or contracted personnel) names and dates and type of subsequent training will be recorded in the KHRT system by the Regional Training Office and the Training Academy.
- C. Fit Testing: When fit testing is conducted, an RTF-SLMS form must also be completed for entry into the KHRT system by the Regional Training Office or the Training Academy. KHRT course numbers are as follows:
- #41740 – SCBA
 - #21006A – Avon C-50
 - #12053 – N95

- #41742 – P100 (half face)
 - #41743 – P100 (full face)
- D. Data Collection: Incidents of contaminant exposure and results of contaminant exposure testing will be maintained at the facility by the DSA. A copy will be forwarded to the Department's Fire/Safety Coordinator.
- E. Respirator Fit Test Card: Employees (or contracted personnel) will be issued a "Respirator Fit Test Card Applicable Documentation," [Form #1237](#) (sample), once fit testing has been completed. This card shall be carried by the employee (or contracted personnel) at all times. The card verifies that the bearer has been properly fit tested. It will be completed by the employee (or contracted personnel) who conducts the fit test.

State of New York - Department of Corrections and Community Supervision
RESPIRATOR FIT TEST CARD APPLICABLE DOCUMENTATION

Name _____ Title _____

*This verifies that the bearer has received a quantitative fit test using the OHD Quantifit machine for the following respirators:

Cartridge/Air Purifying Respirators	_____
*Chemical Agent Mask	_____
Half Face Respirator	_____
Full Face Respirator	_____
*SCBA	_____
PAPR	_____
N95 - Wilson/KC	_____

DATE _____ CONDUCTED BY _____ SIZE _____

Corrective Lenses Required Yes No FORM 1237 (8/12)

Notice to Employees

- * Fit test expires one year from dates indicated.
- * This card shall be carried at all times.
- * This card shall be produced upon demand of any supervisor.
- * Expiration date of medical clearance: _____

Employee Signature: _____

RESPIRATOR CLEARANCE REPORT

Individuals who choose to go to their personal physician shall have this form completed and returned to the Personnel office prior to respirator training and fit testing.

Name: _____ SSN: _____

The above-named employee is cleared to use the following respirators:

- | | |
|--|---|
| Cartridge/Air-Purifying type Respirators: | <input type="checkbox"/> 1 year |
| <input type="checkbox"/> Chemical Agents Protective Mask | <input type="checkbox"/> 2 years |
| <input type="checkbox"/> Half-Face Respirator | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> Full Face Respirator | <input type="checkbox"/> Other _____ (not to exceed 5 yrs.) |
| <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) | <input type="checkbox"/> 1 year |
| | <input type="checkbox"/> 2 years |
| | <input type="checkbox"/> 3 years |
| | <input type="checkbox"/> Other _____ (not to exceed 5 yrs.) |
| <input type="checkbox"/> Power Air-Purifying Respirator (PAPR) | <input type="checkbox"/> 1 year |
| | <input type="checkbox"/> 2 years |
| | <input type="checkbox"/> 3 years |
| | <input type="checkbox"/> Other _____ (not to exceed 5 yrs.) |
| <input type="checkbox"/> N-95 or P100 | <input type="checkbox"/> 1 year |
| | <input type="checkbox"/> 2 years |
| | <input type="checkbox"/> 3 years |
| | <input type="checkbox"/> Other _____ (not to exceed 5 yrs.) |

Limitations:

To be completed by Civil Service EHS Staff.	
Not cleared to use the following respirators: <ul style="list-style-type: none"> <input type="checkbox"/> Cartridge/Air-Purifying (including Chemical Agent Protective Mask) <input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA) <input type="checkbox"/> Power Air Purifying Respirator (PAPR) <input type="checkbox"/> N95 or P100 	Additional Requirements: <ul style="list-style-type: none"> <input type="checkbox"/> EHS Medical Examination required or clearance from personal physician <input type="checkbox"/> Incomplete Questionnaire, must resubmit Attachment "A" to EHS <input type="checkbox"/> Clearance from Personal physician required

Signed _____ Date _____
Licensed Health Care Professional (Personal Physician or EHS)

A reevaluation for respirator use at any earlier interval may be required if any of the conditions in 29 CFR 1910.134, section e(7) occur.

The information on this form will be recorded in the KOCH system and then filed within the confidential employee personnel medical file.



NYS Department of Civil Service
Employee Health Service
55 Mohawk Street
Cohoes, NY 12047

MEDICAL ASSESSMENT FOR RESPIRATOR USE

EHS-701.8 (5/06)

AGENCY REQUESTING MEDICAL ASSESSMENT

Agency Name and Address	Contact Name	Agency Code
	Voice Telephone ()	
	Fax Telephone ()	

Personal Privacy Protection Law Notification

The information you provide on this form is being requested for the principal purpose of conducting a medical assessment for respirator use. The information will be used in accordance with section 96(1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to conduct such medical assessment. This information will be maintained by the Administrator, Employee Health Service, Department of Civil Service, 55 Mohawk Street, Cohoes, NY 12047. For information concerning the Personal Privacy Protection Law, call (518) 457-2487. For information concerning this form, please call Employee Health Services at (518) 233-3100, ext. 4.

PART A SECTION 1 Mandatory Employee Information

The following information **MUST** be provided by every employee whose job duties require the use of any type of respirator. Your employer **MUST** allow you to answer this questionnaire during normal working hours or at a time and place convenient to you. To maintain your confidentiality your employer or supervisor **must not** look at or review your answers and your employer or supervisor **must tell you** how to deliver or send this questionnaire to the health care professional who will review it.

PLEASE PRINT

Today's Date		Name			Social Security Number	
Weight	Height Feet _____ Inches _____		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Age	Job Title
Work Phone ()		Best Time(s) to Reach You at This Number				
Work Location				Home Address		

- Has your employer told you how to contact the health care professional who will review this questionnaire? YES NO
- Check the type of respirator you will use (you can check more than one category)
 - Disposable Filter Respirator (dust mask type only)
 - Cartridge/Canister Respirator
 - Positive Air-Purifying Respirator (PAPR)
 - Supplied Air Respirator
 - Self-Contained Breathing Apparatus (SCBA)
- Have you worn a respirator? YES NO
If YES, what type(s): _____

PART A SECTION 2 Mandatory Employee Information

Questions 1 through 9 below MUST be answered by every employee who will be using any type of respirator. Please Check YES or NO. **EXPLAIN ANY CONDITIONS CHECKED “YES” IN THE SPACE PROVIDED.**

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? YES NO

- a. Seizures YES NO
- b. Diabetes 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

If YES, please explain any conditions which you checked above:

3. Have you **ever** had any of the following pulmonary or lung problems? YES NO

- 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

If YES, please explain any conditions which you checked above:

4. Do you currently have any of the following symptoms of pulmonary or lung illness? YES NO

- 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

If YES, please explain any conditions which you checked above:

PART A SECTION 2 Mandatory Employee Information

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
- If YES, please explain any conditions which you checked above:
-
-
-

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
- If YES, please explain any conditions which you checked above:
-
-
-

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 YES NO
- If YES, please explain any conditions which you checked above:
-
-
-

8. Have you **ever** used a respirator before? YES NO
If YES, have you ever had any of the following problems? If NO, proceed 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
- If YES, please explain any conditions which you checked above:
-
-
-

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? YES NO

PART A SECTION 3 Special Employee Information

Questions 10 through 15 below must be answered by everyone whose job duties require the use of either a FULL-FACEPIECE respirator or a SELF-CONTAINED BREATHING APPARATUS (SCBA).

For employees whose job duties require the use of other types of respirators, answering these questions is voluntary.

10. Have you **ever** lost vision in either eye (temporarily or permanently)? YES NO
If YES, please explain:

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

If YES, please explain any conditions which you checked above:

12. Have you **ever** had an injury to your ears, including a broken ear drum? YES NO
If YES, please explain:

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

If YES, please explain any conditions which you checked above:

14. Have you **ever** had a back injury? YES NO
If YES, please explain:

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. Difficulty 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

If YES, please explain any conditions which you checked above:

PART B

Questions 1 through 19 below must be answered by every employee whose job duties require the use of a CARTRIDGE/CANISTER RESPIRATOR, PAPR, SUPPLIED AIR RESPIRATOR AND/OR SCBA.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has a lower than normal amount of oxygen? YES NO
- If YES, do you have:
- a. feelings of dizziness YES NO
 - b. shortness of breath YES NO
 - c. pounding in your chest YES NO
 - d. Other symptoms when you're working under these conditions YES NO
- If YES, please explain any conditions which you checked above:

2. At work or at home, have you **ever** been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gasses, 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:

4. List any second jobs or side businesses you have:

5. List your current and previous hobbies:

6. List your previous occupations:

7. Have you been in the military services? YES NO
If YES, were you exposed to biological or chemical agents (in either training or combat)? YES NO
8. Have you **ever** worked on a HAZMAT team? YES NO

PART B - CONTINUED

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 (e.g., gas masks) YES NO
 - c. Cartridges YES NO

11. How often are you expected to use the respirator(s) – check 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? ____ Hours ____ Minutes
(Examples of light work effort are sitting while 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? ____ Hours ____ Minutes
(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? ____ Hours ____ Minutes
(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 the protective clothing and/or equipment

14. Will you be working under hot conditions (temperature exceeding 77 degrees F)? YES NO

15. Will you be working under humid conditions? YES NO

16. Describe the work you will be doing while using your respirator:

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

PART B - CONTINUED

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 might affect the safety and well-being of others (for example, rescue, security):

EMPLOYEE AFFIRMATION / SIGNATURE

I affirm that the information that has been provided is accurate to the best of my knowledge:

Employee Signature

Date

HEALTH CARE PROVIDER USE ONLY

Notes/Follow-up Inquires for Positive Responses:

Provider Name

Provider Signature

Date

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
N95 OR P100 DISPOSABLE FILTER RESPIRATOR (DUST MASK TYPE ONLY) FIT TEST RECORD

A. Employee _____ Date _____
Employee Job Title/Description _____

B. Respirator Selected _____
Manufacturer _____
NIOSH Approval Number _____
Model _____ Style/Size _____

C. Conditions Which Could Affect Respirator Fit: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Clean Shaven | <input type="checkbox"/> Facial Scar |
| <input type="checkbox"/> Beard Growth | <input type="checkbox"/> Dentures Absent |
| <input type="checkbox"/> Mustache | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Weight Loss/Gain | <input type="checkbox"/> None |

*If any of the above conditions interfere with the function or seal of the respirator, fit testing is not permitted unless the condition is corrected.

Comments: _____

D. Fit Testing (check all methods used)

Qualitative Fit Testing

- | | | |
|-----------------|-------------------------------|-------------------------------|
| Bitrex | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Isoamyl Acetate | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Saccharin Test | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |

Comments: _____

Test Conducted By: _____ Date: _____

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**RESPIRATORY PROTECTION PROGRAM
 RESPIRATORY INSPECTION RECORD**

MONTHLY CHECKLIST

RESPIRATOR TYPE:	MODEL:
YEAR:	INSPECTED BY:
LOCATION:	DATE INSPECTED:

ITEMS CHECKED	Acceptable	Not Acceptable
FACEPIECE	<input type="checkbox"/>	<input type="checkbox"/>
HEAD HARNESS	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKER DIAPHRAGM	<input type="checkbox"/>	<input type="checkbox"/>
"O" RING CONNECTORS	<input type="checkbox"/>	<input type="checkbox"/>
EXHALATION VALVE	<input type="checkbox"/>	<input type="checkbox"/>
INHALATION VALVE	<input type="checkbox"/>	<input type="checkbox"/>
FACEPIECE LENS	<input type="checkbox"/>	<input type="checkbox"/>
HARNESS	<input type="checkbox"/>	<input type="checkbox"/>
BACKPACK	<input type="checkbox"/>	<input type="checkbox"/>
CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
FOGPROOF	<input type="checkbox"/>	<input type="checkbox"/>
AIR CYLINDER PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>
CYLINDER VALVE	<input type="checkbox"/>	<input type="checkbox"/>
PURGE VALVE	<input type="checkbox"/>	<input type="checkbox"/>
FILTERS	<input type="checkbox"/>	<input type="checkbox"/>
LOW PRESSURE ALARM	<input type="checkbox"/>	<input type="checkbox"/>
REGULATOR FUNCTION	<input type="checkbox"/>	<input type="checkbox"/>
HIGH PRESSURE HOSE	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE	<input type="checkbox"/>	<input type="checkbox"/>
CARTRIDGE HOLDER	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

NOTE: IF ANY COMPONENTS ARE FOUND NOT ACCEPTABLE, THE RESPIRATOR SHOULD NOT BE USED AND A REPLACEMENT PART OR REPLACEMENT RESPIRATOR SHOULD BE OBTAINED.

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
CORCRAFT/DOCCS EYEWEAR

TO: WALLKILL OPTIC LAB

FROM: _____
 Correctional Facility

SUBJECT: SAFETY GLASSES

DATE: _____

_____ Facility Contact Staff and Telephone Number _____ Ext.

Employee's Item Number: _____

D I S T A N C E		SPHERE	CYL	AXIS	AXIS	PRISM	DEC
	O D						
	O S						
A D D			BIFOCAL	SEGMENT WIDTH	SEGMENT WIDTH	INSET	TOTAL INSET
				P D	P D	FAR	NEAR

Frames: _____

PO #: _____

 Employee Signature (required when issued)

Date Issued: _____

File: Confidential Employee Personnel Medical File

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Hazard Assessment for Use of Personal Protective Equipment

_____ C.F.

Building Area: _____ Date: _____

Inspected By: _____ Title: _____

Job/Task Evaluated: _____

I. Hazards to the Head			
Potential Hazard	Yes	No	Specifications for PPE *
Falling equipment or materials			
Moving equipment or materials			
Low overhead clearance			
Electrical shock hazard			
Welding			
Other (list)			

*examples: basic hard hat, electrical hard hat

II. Hazards to the Eyes and Face			
Potential Hazard	Yes	No	Specifications for PPE*
Flying Particles			
Chemical Splash			
Irritant Dust			
Light Radiation (Welding)			
Compressed Air			
Electrical Arc			
Molten Metal			
Gases & Vapors			
Other (list)			

*examples: safety glasses, goggles, face shield, welding faceshield

Comments: _____

III. Hazards to the Hands			
Potential Hazard	Yes	No	Specifications for PPE*
Sharp edges, punctures, penetrations			
Impact or compression			
Chemical exposure			
Temperature			
Electrical			
Other (list)			

*examples: rubber, leather, electrically rated, heat-rated

IV. Hazards to the Feet			
Potential Hazard	Yes	No	Specifications for PPE*
Falling objects/materials			
Sharp objects/materials			
Rolling objects/materials			
Slip/trip hazard			
Electrical hazard			
Chemical splash			
Other (list)			

*examples: steel toe boots, steel toe caps, electrically resistant boots, chemically resistant rubber boots.

V. Hearing Protection			
Potential Hazard	Yes	No	Specifications for PPE*
Loud Noise			

*examples: ear plugs, ear muffs

Comments: _____

VI. Respiratory			
Potential Hazard	Yes	No	Specifications for PPE*
Irritant Dust			
Gases and Vapors			
Welding Fumes			
Asbestos			
Lead			
Mold			
Is ventilation required? Confined Space			
Other (list) Pesticides			

*examples: basic dust mask, N95 or P100 respirator, ½ face respirator, full face respirator. List cartridge needed if applicable. Use of a N95 or P100 requires the worker to be medically evaluated and fit tested.

VII. Fall Protection			
Potential Hazard	Yes	No	Specifications for PPE*
General Industry - working above 4 feet without guarding, working above 10 feet on scaffolds without guarding			
Aerial Lifts (bucket trucks, JLG, Genie)			
Other (list)			

*examples: lanyard, harness, safety belt, lifeline, safety monitor, warning line system, safety net

VIII. Body Protection			
Potential Hazard	Yes	No	Specifications for PPE*
Chemical Splash			
Electrical Arc			
Welding Arc			
Thermal Protection			
Tool or Machine Operation			
Other (list)			

*examples: apron, electrically rated clothing, welding rated clothing, chaps, shin guards

Comments: _____