RESPIRATORY PROTECTION PLAN
INTRODUCTION

This program is provided as a guide to assist Queensborough Community College in complying with the OSHA Respiratory Protection Standard, 29 CFR 1910.134. It has been written to ensure that Queensborough Community College employees are adequately protected from respiratory exposure to hazardous chemicals. This DOES NOT cover contractor employees that perform work on the Queensborough Community College campus, such as asbestos abatement and hazardous waste contractors. The statements, requirements and conditions stated in this program are not intended to replace engineering and administrative controls that are required to mitigate respiratory hazards; instead, as is the case with all personal protective equipment, it is intended as a “last line of defense”. This document is considered policy of Queensborough Community College and as such, compliance is mandatory.
1. OBJECTIVE

The Queensborough Community College Respiratory Protection Program is designed to protect employees by establishing accepted practices for respirator use, providing guidelines for training and respirator selection, and explaining proper storage, use and care of respirators. This program also serves to help the company and its employees comply with Occupational Safety and Health Administration (OSHA) respiratory protection requirements as found in 29 CFR 1910.134.

2. ASSIGNMENT OF RESPONSIBILITY

2.1 Employer:

Queensborough Community College is responsible for providing respirators to employees when they are necessary for health protection. Queensborough Community College will provide respirators that are applicable and suitable for the intended purpose at no charge to affected employees. Any expense associated with training, medical evaluations and respiratory protection equipment will be borne by the College.

2.2 Environmental Health and Safety Officer/Program Administrator

The Program Administrator for Queensborough Community College is Mel Rodriguez. Mr. Rodriguez is responsible for administering the respiratory protection program. Duties of Mr. Rodriguez include:

- Identifying work areas, process or tasks that require workers to wear respirators.
- Evaluating hazards.
- Selecting respiratory protection options.
- Monitoring respirator use to ensure that respirators are used in accordance with their specifications.
- Arranging for and/or conducting training.
- Ensuring proper storage and maintenance of respiratory protection equipment.
- Conducting qualitative fit testing.
- Administering the medical surveillance program.
- Maintaining records required by the program.
- Evaluating the program.
- Updating written program, as needed.

2.3 Supervisors

Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. In addition to being knowledgeable about the program requirements for their own protection, supervisors must also ensure that the
program is understood and followed by the employees under their charge. Duties of the supervisor include:

- Ensuring that employees under their supervision (including new hires) receive appropriate training, fit testing, and annual medical evaluation.
- Ensuring the availability of appropriate respirators and accessories.
- Being aware of tasks requiring the use of respiratory protection.
- Enforcing the proper use of respiratory protection when necessary.
- Ensuring that respirators are properly cleaned, maintained, and stored according to this program.
- Ensuring that respirators fit well and do not cause discomfort.
- Continually monitoring work areas and operations to identify respiratory hazards.
- Coordinating with Mel Rodriguez on how to address respiratory hazards or other concerns regarding this program.

2.4 Employees

Each employee is responsible for wearing his or her respirator when and where required and in the manner in which they are trained. Employees must also:

- Care for and maintain their respirators as instructed, guard them against damage, and store them in a clean, sanitary location.
- Inform their supervisor if their respirator no longer fits well, and request a new one that fits properly.
- Inform their supervisor or Mr. Rodriguez of any respiratory hazards that they feel are not adequately addressed in the workplace and of any other concerns that they have regarding this program.
- Use the respiratory protection in accordance with the manufacturer’s instructions and the training received.

3. APPLICABILITY

3.1 This program applies to all employees who are required to wear respirators during normal work operations, as well as during some non-routine or emergency operations, such as a spill of a hazardous substance.

3.2 In addition, any employee who voluntarily wears a respirator when one is not required (i.e., in certain maintenance and coating operations) is subject to the medical evaluation, cleaning, maintenance, and storage elements of this program, and will be provided with necessary training. Employees who voluntarily wear filtering face pieces (dust masks) are not subject to the medical evaluation, cleaning, storage, and maintenance provisions of this program.

3.3 All employees and processes that fall under the provisions of this program are listed in Attachment D.
4. RESPIRATORY SELECTION PROGRAM

4.1 Hazard Assessment and Respirator Selection

Mel Rodriguez will select respirators to be used on site, based on the hazards to which workers are exposed and in accordance with the OSHA Respiratory Protection Standard. Mel Rodriguez will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. A log of identified hazards will be maintained by Mr. Rodriguez (See Sample Hazard Evaluation, Attachment C). The hazard evaluations shall include:

- Identification and development of a list of hazardous substances used in the workplace by department or work process.
- Review of work processes to determine where potential exposures to hazardous substances may occur. This review shall be conducted by surveying the workplace, reviewing the process records, and talking with employees and supervisors.
- Exposure monitoring to quantify potential hazardous exposures.

The proper type of respirator for the specific hazard involved will be selected in accordance with the manufacturer’s instructions. A list of employees and appropriate respiratory protection will be maintained by Mel Rodriguez (see Attachment D).

4.2 Updating the Hazard Assessment

Mel Rodriguez must revise and update the hazard assessment as needed (i.e., any time work process changes may potentially affect exposure). If an employee feels that respiratory protection is needed during a particular activity, he/she is to contact his/her supervisor or Mel Rodriguez. Mr. Rodriguez will evaluate the potential hazard, and arrange for outside assistance as necessary. Mel Rodriguez will then communicate the results of that assessment to the employees. If it is determined that respiratory protection is necessary, all other elements of the respiratory protection program will be in effect for those tasks, and the respiratory program will be updated accordingly.

5. TRAINING

5.1 Mel Rodriguez will provide training to respirator users and their supervisors on the contents of the Queensborough Community College Respiratory Protection Program and their responsibilities under it, and on the OSHA Respiratory Protection Standard. All affected employees and their supervisors will be trained prior to using a respirator in the workplace. Supervisors will also be trained prior to supervising employees that must wear respirators.

5.2 The training course will cover the following topics:

- The Queensborough Community College Respiratory Protection Program;
• The OSHA Respiratory Protection Standard (29 CFR 1910.134);
• respiratory hazards encountered at Queensborough Community College and their health effects;
• Proper selection and use of respirators;
• Limitations of respirators;
• Respirator donning and user seal (fit) checks;
• Fit testing;
• Emergency use procedures;
• Maintenance and storage; and
• Medical signs and symptoms limiting the effective use of respirators.

5.3 Employees will be retrained annually or as needed (e.g., if they change departments or work processes and need to use a different respirator). Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Respirator training will be documented by Mr. Rodriguez and the documentation will include the type, model, and size of respirator for which each employee has been trained and fit tested.

6. NIOSH CERTIFICATION

6.1 All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. Also, all filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval label. The label must not be removed or defaced while the respirator is in use.

7. VOLUNTARY RESPIRATOR USE

7.1 Mel Rodriguez shall authorize voluntary use of respiratory protective equipment as requested by all other workers on a case-by-case basis, depending on specific workplace conditions and the results of medical evaluations.

7.2 Mr. Rodriguez will provide all employees who voluntarily choose to wear the above respirators with a copy of Appendix D of the OSHA Respiratory Protection Standard. (Appendix D details the requirements for voluntary use of respirators by employees.) Employees who choose to wear a half face piece APR must comply with the procedures for Medical Evaluation, Respirator Use, Cleaning, Maintenance and Storage portions of this program.

8. MEDICAL EVALUATION

8.1 Employees who are either required to wear respirators, or who choose to wear a half face piece APR voluntarily, must pass a medical exam provided by Queensborough Community College, or a designated clinic, before being permitted to wear a respirator on the job. Employees are not permitted to wear respirators until a physician has determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respirator use.
8.2 A licensed physician at a designated clinic will provide the medical evaluations. Medical evaluation procedures are as follows:

- The medical evaluation will be conducted using the questionnaire provided in Appendix C of the OSHA Respiratory Protection Standard. Mel Rodriguez will provide a copy of this questionnaire to all employees requiring medical evaluations.
- To the extent feasible, the company will provide assistance to employees who are unable to read the questionnaire. When this is not possible, the employee will be sent directly to the physician for medical evaluation.
- All affected employees will be given a copy of the medical questionnaire to complete, along with a stamped and addressed envelope for mailing the questionnaire to the company physician. Employees will be permitted to complete the questionnaire on company time.
- Follow-up medical exams will be granted to employees as required by the Standard, and/or as deemed necessary by the evaluating physician.
- All employees will be granted the opportunity to speak with the physician about their medical evaluation, if they so request.

8.3 Mr. Rodriguez shall provide the evaluating physician with a copy of this Program, a copy of the OSHA Respiratory Protection Standard, the list of hazardous substances by work area, and the following information about each employee requiring evaluation:

- His or her work area or job title;
- Proposed respirator type and weight;
- Length of time required to wear respirator;
- Expected physical work load (light, moderate or heavy);
- Potential temperature and humidity extremes; and
- Any additional protective clothing required.

8.4 Positive pressure air purifying respirators will be provided to employees as required by medical necessity. After an employee has received clearance to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:

- The employee reports signs and/or symptoms related to their ability to use the respirator, such as shortness of breath, dizziness, chest pains or wheezing.
- The evaluating physician or supervisor informs Mel Rodriguez that the employee needs to be reevaluated.
- Information found during the implementation of this program, including observations made during the 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.
8.5 A list of Queensborough Community College employees currently included in medical surveillance is provided in Attachment D of this program.

8.6 All examinations and questionnaires are to remain confidential between the employee and the physician. Mr. Rodriguez will only retain the physician’s written recommendations regarding each employee’s ability to wear a respirator.

9. FIT TESTING

9.1 Employees who are required to or who voluntarily wear half-face piece APRs will be fit tested:
   - Prior to being allowed to wear any respirator with a tight-fitting face piece; annually;
   - Or when there are changes in the employee’s physical condition that could affect respiratory fit (e.g., obvious change in body weight, facial scarring, etc.).

9.2 Employees will be fit tested with the make, model, and size of respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of powered air purifying respirators will be conducted in the negative pressure mode.

9.3 Mr. Rodriguez will conduct fit tests in accordance with the OSHA Respiratory Protection Standard.

10. GENERAL RESPIRATOR USE

10.1 Employees will use their respirators under conditions specified in this program, and in accordance with the training they receive on 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.

10.2 All employees shall conduct user seal checks each time they wear their respirators. Employees shall use either the positive or negative pressure check (depending on which test works best for them) as specified in the OSHA Respiratory Protection Standard.

   - Positive Pressure Test: This test is performed by closing off the exhalation valve with your hand. Breathe air into the mask. The face fit is satisfactory if some pressure can be built up inside the mask without any air leaking out between the mask and the face of the wearer.

   - Negative Pressure Test: This test is performed by closing of the inlet openings of the cartridge with the palm of your hand. Some masks may require that the filter holder be removed to seal off the intake valve. Inhale gently so that a vacuum occurs within the face piece. Hold your breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator is fit properly.
10.3 All employees shall be permitted to leave the work area to go to the locker room to maintain their respirator for the following reasons:

- To clean their respirator if it is impeding their ability to work;
- To change filters or cartridges;
- To replace parts; or
- To inspect respirator if it stops functioning as intended.

10.4 Employees should notify their supervisor before leaving the area.

10.5 Employees are not permitted to wear tight-fitting respirators if they have any condition, such as facial scars, facial hair, or missing dentures that would prevent a proper seal. Employees are not permitted to wear headphones, jewelry, or other items that may interfere with the seal between the face and the face piece.

10.6 Before and after each use of a respirator, an employee or immediate supervisor must make an inspection of tightness or connections and the condition of the face piece, headbands, valves, filter holders and filters. Questionable items must be addressed immediately by the supervisor and/or Mel Rodriguez.

11. AIR QUALITY

11.1 For supplied-air respirators, only Grade D breathing air shall be used in the cylinders. Mel Rodriguez will coordinate deliveries of compressed air with the company's vendor and will require the vendor to certify that the air in the cylinders meets the specifications of Grade D breathing air.

11.2 Mr. Rodriguez will maintain a minimum air supply of one fully charged replacement cylinder for each SAR unit. In addition, cylinders may be recharged as necessary from the breathing air cascade system located near the respirator storage area.

12. CHANGE OUT SCHEDULES

12.1 New, unused respirator cartridges and filters shall be used prior to initiating new tasks; only OEM cartridges and filters from the manufacturer of the respirator facepiece shall be used; there shall be no “mixing and matching” of components allowed.

12.2 Cartridges shall be replaced per manufacturer’s instructions, or as indicated by its End of Life Service Indicator

12.3 Cartridge breakthrough or breathing difficulty shall not be used solely as an indicator of cartridge replacement

12.4 The following conditions shall allow reuse of respirator filters and cartridges
• The job task is very limited in scope and duration (task duration is less than one hour)
• The work area has proper ventilation (natural or mechanical)
• The work area is not in a confined space
• The concentration of known contaminants is known or assumed to be less than the Permissible Exposure Limits
• The filter/cartridge has not shown any indication of damage or breakthrough
• The filter/cartridge was stored in a sealed, airtight bag, away from any contaminants

13. CLEANING

13.1 Respirators are to be regularly cleaned and disinfected at the designated respirator cleaning station. Respirators issued for the exclusive use of an employee shall be cleaned as often as necessary. Atmosphere-supplying and emergency use respirators are to be cleaned and disinfected after each use.

13.2 The following procedure is to be used when cleaning and disinfecting reusable respirators:

• Disassemble respirator, removing any filters, canisters, or cartridges.
• Wash the face piece and all associated parts (except cartridges and elastic headbands) in an approved cleaner-disinfectant solution in warm water (about 120 degrees Fahrenheit). Do not use organic solvents. Use a hand brush to remove dirt.
• Rinse completely in clean, warm water.
• Disinfect all facial contact areas by spraying the respirator with an approved disinfectant.
• Air dry in a clean area.
• Reassemble the respirator and replace any defective parts. Insert new filters or cartridges and make sure the seal is tight.
• Place respirator in a clean, dry plastic bag or other airtight container.

13.3 Mr. Rodriguez will ensure an adequate supply of appropriate cleaning and disinfection materials at the cleaning station. If supplies are low, employees should notify their supervisor, who will inform Mr. Rodriguez.

14. MAINTENANCE

14.1 Respirators are to be properly maintained at all times in order to ensure that they function properly and protect employees adequately. 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 conducted by the manufacturer.
14.2 All respirators shall be inspected routinely before and after each use.

14.3 Respirators kept for emergency use shall be inspected after each use, and at least monthly by Mel Rodriguez to assure that they are in satisfactory working order.

14.4 The Respirator Inspection Checklist (Attachment E) will be used when inspecting respirators.

14.5 A record shall be kept of inspection dates and findings for respirators maintained for emergency use.

14.6 Employees are permitted to leave their work area to perform limited maintenance on their respirator in a designated area that is free of respiratory hazards. Situations when this is permitted include:

- Washing face and respirator face piece to prevent any eye or skin irritation;
- Replacing the filter, cartridge or canister;
- Detection of vapor or gas breakthrough or leakage in the face piece; (Note: cartridge breakthrough shall not be used as a sole indicator of cartridge change out; see Section 12 for more details)
- Detection of any other damage to the respirator or its components.

15. STORAGE

15.1 After inspection, cleaning, and necessary repairs, respirators shall be stored appropriately to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals.

15.2 Respirators must be stored in a clean, dry area, and in accordance with the manufacturer’s recommendations. Each employee will clean and inspect their own air-purifying respirator in accordance with the provisions of this program, and will store their respirator in a plastic bag in the designated area. Each employee will have his/her name on the bag and that bag will only be used to store that employee’s respirator. Respirators shall be packed or stored so that the face piece and exhalation valve will rest in a near normal position.

15.3 Respirators shall not be placed in places such as lockers or toolboxes unless they are in carrying cartons.

15.4 Respirators maintained at stations and work areas for emergency use shall be stored in compartments built specifically for that purpose, be quickly accessible at all times, and be clearly marked.

16. RESPIRATOR MALFUNCTIONS AND DEFECTS
16.1 For any malfunction of an ASR (atmosphere-supplying respirator), such as breakthrough, face piece leakage, or improperly working valve, the respirator wearer should inform his/her supervisor that the respirator no longer functions as intended, and go to the designated safe area to maintain the respirator. The supervisor must ensure that the employee either receives the needed parts to repair the respirator or is provided with a new respirator.

16.2 All workers wearing atmosphere-supplying respirators will work with a buddy. Mr. Rodriguez shall develop and inform employees of the procedures to be used when a buddy is required to assist a coworker who experiences an ASR malfunction.

16.3 Respirators that are defective or have defective parts shall be taken out of service immediately. If, during an inspection, an employee discovers a defect in a respirator, he/she is to bring the defect to the attention of his/her supervisor. Supervisors will give all defective respirators to Mr. Rodriguez. Mr. Rodriguez will decide whether to: temporarily take the respirator out of service until it can be repaired; perform a simple fix on the spot, such as replacing a head strap; or dispose of the respirator due to an irreparable problem or defect.

16.4 When a respirator is taken out of service for an extended period of time, the respirator will be tagged out of service, and the employee will be given a replacement of a similar make, model, and size. All tagged out respirators will be kept in the Designated Area.

18. EMERGENCY PROCEDURES

17.1 In emergency situations where an atmosphere exists in which the wearer of the respirator could be overcome by a toxic or oxygen-deficient atmosphere, the following procedure should be followed. The locations in Queensborough Community College where the potential for dangerous atmosphere exists are listed in Attachment F of this procedure. Locations of emergency respirators are also listed in Attachment F.

17.2 When the alarm sounds, employees in the affected area must immediately don their emergency escape respirator, shut down their process equipment, and exit the work area.

17.3 All other employees must immediately evacuate the building. Queensborough Community College’s Emergency Action Plan describes these procedures (including proper evacuation routes and rally points) in greater detail.

17.4 Employees who must remain in a dangerous atmosphere must take the following precautions:

- Employees must never enter a dangerous atmosphere without first obtaining the proper protective equipment and permission to enter from Mel Rodriguez or supervisor.
• Employees must never enter a dangerous atmosphere without at least one additional person present. The additional person must remain in the safe atmosphere.
• Communications (voice, visual or signal line) must be maintained between both individuals or all present.
• Respiratory protection in these instances is for escape purposes only. Queensborough Community College employees are not trained as emergency responders, and are not authorized to act in such a manner.

18. PROGRAM EVALUATION

18.1 Mel Rodriguez will conduct periodic evaluations of the workplace to ensure that the provisions of this program are being implemented. The evaluations will include regular consultations with employees who use respirators and their supervisors, site inspections, air monitoring and a review of records. Items to be considered will include:

• Comfort;
• Ability to breathe without objectionable effort;
• Adequate visibility under all conditions
• Provisions for wearing prescription glasses;
• Ability to perform all tasks without undue interference; and
• Confidence in the face piece fit.

18.2 Identified problems will be noted in an inspection log and addressed by Mel Rodriguez. These findings will be reported to Queensborough Community College management, and the report will list plans to correct deficiencies in the respirator program and target dates for the implementation of those corrections.

18.3 Documentation and Recordkeeping

A written copy of this program and the OSHA Respiratory Protection Standard shall be kept in Mr. Rodriguez’s office and made available to all employees who wish to review it.

Copies of training and fit test records shall be maintained by Mel Rodriguez. These records will be updated as new employees are trained, as existing employees receive refresher training, and as new fit tests are conducted.

For employees covered under the Respiratory Protection Program, Mel Rodriguez shall maintain copies of the physician’s written recommendation regarding each employee’s ability to wear a respirator. The completed medical questionnaires and evaluating physician’s documented findings will remain confidential in the employee’s medical records at the location of the evaluating physician’s practice.
ATTACHMENT A

Sample Hazard Assessment Log

<table>
<thead>
<tr>
<th>DATE</th>
<th>Department</th>
<th>Contaminants</th>
<th>Exposure Level (8 hr TWA*)</th>
<th>PEL**</th>
<th>Controls</th>
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<tbody>
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* Summarized from Industrial Hygiene report provided by Responsible Person.

** These values were obtained from a survey on average exposures as published in the American Journal of Industrial Hygiene.
**ATTACHMENT B**

Sample Record of Respirator Use

<table>
<thead>
<tr>
<th>Required and Voluntary Respirator Use at (Queensborough Community College)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Respirator</strong></td>
</tr>
<tr>
<td>Filtering face piece (dust mask)</td>
</tr>
<tr>
<td>Half-face piece APR or PAPR with P100/HEPA filter</td>
</tr>
<tr>
<td>SAR, pressure demand, with auxiliary SCBA</td>
</tr>
<tr>
<td>Continuous flow SAR with hood</td>
</tr>
<tr>
<td>Half-face piece APR with organic vapor cartridge</td>
</tr>
<tr>
<td>Escape SCBA</td>
</tr>
</tbody>
</table>

* until ventilation is installed.
## Sample Hazard Evaluation

<table>
<thead>
<tr>
<th>Process</th>
<th>Noted Hazards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Replacement of pool filters</td>
<td>Silica exposure</td>
</tr>
<tr>
<td>Bleaching/ disinfecting of walls and ceilings</td>
<td>Exposure to chlorine</td>
</tr>
<tr>
<td>Emergency asbestos related O/M work</td>
<td>Asbestos exposure</td>
</tr>
</tbody>
</table>
ATTACHMENT D

Sample Record of Respirator Issuance

Queensborough Community College
Personnel in Respiratory Protection Program
Date

Respiratory protection is required for and has been issued to the following personnel:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Job Description/Work Procedure</th>
<th>Type of Respirator</th>
<th>Date Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
## Respirator Inspection Checklist

<table>
<thead>
<tr>
<th>Type of Respirator:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respirator Issued to:</td>
<td>Type of Hazard:</td>
</tr>
<tr>
<td>Face piece</td>
<td>Cracks, tears, or holes</td>
</tr>
<tr>
<td></td>
<td>Face mask distortion</td>
</tr>
<tr>
<td></td>
<td>Cracked or loose lenses/face shield</td>
</tr>
<tr>
<td>Head straps</td>
<td>Breaks or tears</td>
</tr>
<tr>
<td></td>
<td>Broken buckles</td>
</tr>
<tr>
<td>Valves:</td>
<td>Residue or dirt</td>
</tr>
<tr>
<td></td>
<td>Cracks or tears in valve material</td>
</tr>
<tr>
<td>Filters/Cartridges:</td>
<td>Approval designation</td>
</tr>
<tr>
<td></td>
<td>Gaskets</td>
</tr>
<tr>
<td></td>
<td>Cracks or dents in housing</td>
</tr>
<tr>
<td></td>
<td>Proper cartridge for hazard</td>
</tr>
<tr>
<td>Air Supply Systems</td>
<td>Breathing air quality/grade</td>
</tr>
<tr>
<td></td>
<td>Condition of supply hoses</td>
</tr>
<tr>
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<td>Hose connections</td>
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<td>Settings on regulators and valves</td>
</tr>
<tr>
<td>Rubber/Elastomer Parts</td>
<td>Pliability</td>
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<td>Deterioration</td>
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<thead>
<tr>
<th>Inspected by:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Action Taken:</td>
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</tbody>
</table>
ATTACHMENT F

The following work areas at Queensborough Community College have been identified as having foreseeable emergencies:

<table>
<thead>
<tr>
<th>Area</th>
<th>Type of Emergency</th>
<th>Location of Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical waste area, Medical Arts Bldg, loading dock</td>
<td>Chemical Spill</td>
<td>Equipment cabinet in same room</td>
</tr>
<tr>
<td>Chemistry Department Stock/Waste Room, S435</td>
<td>Chemical Spill</td>
<td>Chemical Waste Area, Medical Arts Bldg. loading dock</td>
</tr>
<tr>
<td>Chemistry laboratories, Second floor, Fourth Floor, Science Building</td>
<td>Chemical Spill</td>
<td>Chemical Waste Area, Medical Arts Bldg. loading dock</td>
</tr>
<tr>
<td>Biology/Geology laboratories, Second Floor Science Building</td>
<td>Chemical Spill</td>
<td>Chemical Waste Area, Medical Arts Bldg. loading dock</td>
</tr>
<tr>
<td>Mechanical areas in campus buildings</td>
<td>Emergency asbestos operations and maintenance work</td>
<td>Chemical Waste Area, Medical Arts Bldg. loading dock</td>
</tr>
<tr>
<td>Acid neutralization tanks in MAB/Science Bldgs</td>
<td>Emergency repairs to tanks only</td>
<td>MAB-loading dock, NCO-3, Science Bldg. Machine room, Science Bldg. loading dock</td>
</tr>
</tbody>
</table>

__________________________________  ____________________
Mel Rodriguez     Date
ATTACHMENT G

Sample Immediately Dangerous to Life and Health (IDLH) Assessment Log

Mel Rodriguez has identified the following area as presenting the potential for IDLH conditions:

<table>
<thead>
<tr>
<th>Process</th>
<th>IDLH Condition</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

__________________________  ____________________
Mel Rodriguez                     Date
ATTACHMENT H:

SAMPLE QUALITATIVE RESPIRATOR FIT TEST FORM

RESPIRATOR FIT TEST RECORD
QUALITATIVE FIT TEST ONLY

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>SSN: Last 4##:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Gender: M F</td>
</tr>
<tr>
<td>Date of Medical Exam:</td>
<td>Age:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Facial Hair</th>
<th>Yes</th>
<th>No</th>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denture:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Prescription Glasses:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Weight Change:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

RESPIRATOR INFORMATION:

<table>
<thead>
<tr>
<th>Resp. Manufacturer:</th>
<th>North</th>
<th>MSA</th>
<th>Drager</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Size</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
<td></td>
</tr>
<tr>
<td>Half Face</td>
<td>Full Face</td>
<td>Model:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FIT TEST INFORMATION:

<table>
<thead>
<tr>
<th>Method:</th>
<th>Saccharin</th>
<th>IsoAmylAcetate</th>
<th>Irritant Smoke:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Pressure Check</td>
<td>Pass</td>
<td>Fail</td>
<td></td>
</tr>
<tr>
<td>Normal Breathing</td>
<td>Pass</td>
<td>Fail</td>
<td>Deep Breathing</td>
</tr>
<tr>
<td>Turn Head (side to side)</td>
<td>Pass</td>
<td>Fail</td>
<td>Turn Head (up and down)</td>
</tr>
<tr>
<td>Jog in Place</td>
<td>Pass</td>
<td>Fail</td>
<td>Bend Over (touch toes)</td>
</tr>
<tr>
<td>Recite Rainbow Passage</td>
<td>Pass</td>
<td>Fail</td>
<td>Normal Breathing</td>
</tr>
</tbody>
</table>

RAINBOW PASSAGE
WHEN THE SUNLIGHT STRIKES RAINDROPS IN THE AIR, THEY ACT LIKE A PRISM AND FORM A RAINBOW. THE RAINBOW IS A DIVISION OF WHITE LIGHT INTO MANY BEAUTIFUL COLORS. THESE TAKE THE SHAPE OF A LONG ROUND ARCH, WITH ITS PATH HIGH ABOVE, AND ITS TWO ENDS APPARENTLY BEYOND THE HORIZON. THERE IS, ACCORDING TO LEGEND, A BOILING POT OF GOLD AT ONE END. PEOPLE LOOK, BUT NO ONE EVER FINDS IT. WHEN A MAN LOOKS FOR SOMETHING BEYOND HIS REACH, HIS FRIENDS SAY HE IS LOOKING FOR THE POT OF GOLD AT THE END OF THE RAINBOW.