

**LOYOLA UNIVERSITY CHICAGO
RESPIRATORY PROTECTION PROGRAM
EVALUATION CHECKLIST**

1. Y N Is there a written policy which acknowledges employer responsibility for providing a safe and healthful workplace?
2. Y N Are the responsibilities of all departments or persons that are covered by or have a specific function(s) under this plan clearly defined in the plan?
3. Y N Has a suitably trained individual been designated as the respiratory protection program administrator with overall responsibility for development and implementation of the respiratory protection program?
4. Y N Does the written respiratory protection program include the following required elements (Items 3-11) as applicable, as specified in 29 CFR 1910.134(c) and 29 CFR 1910.134(c)(1)?
5. Y N Written designation of a program administrator.
6. Y N Procedures for medical evaluations of employees required to use respirators.
7. Y N Fit testing procedures for tight-fitting respirators.
8. Y N Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations.
9. Y N Procedures for cleaning, disinfecting, storing, inspecting, repairing, discarding and otherwise maintaining respirators.
10. Y N Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators.
11. Y N Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations.
12. Y N Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance.
13. Y N Procedures for regularly evaluating the effectiveness of the program
14. Y N Procedures for an evaluation of hazards within work areas requiring the use of respiratory protection.
15. Y N Procedure for selection of appropriate respirators for specific job classifications and/or tasks.
16. Y N Procedures for training employees regarding the elements of the respiratory protection program.
17. Y N Information detailing prohibited conditions in which certain types of respiratory protection is not allowed.

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18. Y N information detailing the signs of respirator failure.
19. Y N A description of the training curriculum.
20. Y N Procedures for voluntary use of respirators.
21. Y N Is the written program readily available to any employee covered by the program?
22. Y N Is there a record of medical clearance for each employee required to wear a respirator?
23. Y N Is there a record of a fit test for each respirator user from within the last year?
24. Y N Are employees prohibited from wearing respirators with a tight-fitting facepiece if they have facial hair or any other characteristics which may cause face seal leakage?
25. Y N Are employees prohibited from wearing contact lenses while wearing any respirator?
26. Y N Has the use of eyeglasses or any other type of eye protection that interferes with the sealing edge of the respirator been prohibited?
27. Y N Are Supervisors scheduling and documenting monthly inspections of respirators to ensure that they are in good working condition and that proper work practices are being followed?
28. Y N Are Supervisors conducting and documenting at least 2 unscheduled inspections annually of respirators to ensure that they are in good working condition and that proper work practices are being followed?
29. Y N Are respirators stored appropriately to prevent them from becoming damaged or deformed?
30. Y N Are the users wearing the respirator for which they have passed a fit test?
31. Y N Are respirators inspected by the users before and after each use?
32. Y N Are respirators being donned and doffed correctly?
33. Y N Are reusable respirators cleaned and disinfected as often as necessary?
34. Y N Is there a mechanism for users to report problems with respirator use?
35. Y N Are all the appropriate records being maintained as required by the plan?
36. Y N Is there a mechanism for users to provide feedback about the effectiveness of the program?