

Respiratory Protection Plan - Form 7: Plan Evaluation Checklist

Evaluation Conducted By: _____ Date: _____

A. PLAN ADMINISTRATION

- _____ 1. Is there a written policy that assigned Respiratory Protection Plan (the Plan) responsibility, accountability and authority?
- _____ 2. Is the overall Plan responsibility given to one (1) person who is knowledgeable and can coordinate all aspects of the Plan?
- _____ 3. Can feasible engineering controls or work practices eliminate the need for respiratory protection?
- _____ 4. Are there written procedures and statements covering the various aspects of the Plan, including:
 - _____ Designation of authority & responsibility
 - _____ Maintenance, storage & repair
 - _____ Purchase of approved equipment
 - _____ Medical aspects of respirator usage
 - _____ Use w/special conditions
 - _____ Cartridge/filter change-out schedule
 - _____ Fitting
 - _____ Training
 - _____ Issuance of equipment
 - _____ Inspection
 - _____ Respirator selection
 - _____ Required Use

B. PLAN OPERATION

1. Respiratory Protective Equipment Selection:

- _____ Have work area conditions and worker exposures been properly evaluated?
- _____ Are respirators selected based on the basis of hazards to which employees are exposed?
- _____ Are selections made by persons knowledgeable of proper selection procedures?
- _____ Are only NIOSH approved respirators purchased and used?
- _____ Do the respirators provide adequate protection for the specific hazard in the concentrations found?
- _____ Has a medical evaluation of the prospective employee been made to determine the physical and psychological fitness to wear the selected respirator?
- _____ Where practical, have respirators been issued to individual users?

2. Training:

- _____ Are users trained in proper respirator use, cleaning and inspection?
- _____ Are employees trained in the health effects of the respiratory hazard present?
- _____ Are users evaluated, using competency-based evaluation, before and after their training?

3. Respiratory Protective Equipment Fitting:

- _____ Are employees given the opportunity to try on several respirators to determine the one with the best fit?
- _____ Is the fit tested before the employee begins using the respirator in the work area, both on initial assignment, and on a daily basis (positive and negative pressure tests)?
- _____ Are employees who wear glasses properly fitted?
- _____ Is the facepiece-to-face seal tested using one of the methods described earlier?
- _____ Are employees prohibited from entering impacted work areas when they have facial hair or other characteristics that prohibit the use of tight-fitting respirators?

4. Respirator Use in the Work Area:

- _____ Are respirators being worn correctly?
- _____ Are employees keeping their respirators on at all times while in the work area?

5. Maintenance of Respiratory Protective Equipment

- _____ Are respirators cleaned and sanitized after each use (when different people use the same device) or as frequently as necessary (for devices issued to individual employees)?
- _____ Are respirators inspected before and after each use and after cleanup?
- _____ Are respirators stored so as to protect them from dust, sunlight, heat, and chemicals?
- _____ Is storage in a locker, tool box or work area permitted only if the respirator is in a carton, carrying case or closed container?
- _____ Are employees instructed in inspection methods?
- _____ Are cartridges and filters changed in accordance with the Plan?
- _____ Are respirators designated as "Emergency Use" inspected at least monthly (in addition to after each use) and is a record kept of such inspections?
- _____ Are replacement parts of the same brand as the respirator?
- _____ Are repairs made by manufacturers or manufacturer-trained persons?

6. Special Use Conditions (if applicable):

- _____ Is there a procedure for respirator use in atmospheres immediately dangerous to life and health?
- _____ Is there a procedure for confined space entry?