

# Respiratory Protection Plan – Form 6: 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?

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### 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?