

WEST COAST ENVIRONMENTAL

RESPIRATOR FIT TEST

EMPLOYEE NAME Jose Lepe DATE 12/17/99  
SOCIAL SECURITY NUMBER 565-37-5215

RESPIRATORS TESTED

QUANTITATIVE RESULTS

Make/Model North 7700 Size M NIOSH/MSHA # TC-21C-152

Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NIOSH/MSHA # \_\_\_\_\_

TYPE OF TEST

Quantitative \_\_\_\_\_

Qualitative X \_\_\_\_\_

Isoamyl Acetate \_\_\_\_\_

Irritant Smoke X \_\_\_\_\_

TEST EXERCISES

/ Positive/Negative Pressure Test

/ Normal Breathing

/ Deep Breathing

/ Turn Head Side to Side

/ Nod Head Up and Down

/ Reading (Rainbow Passage)

/ Grimace

/ Bend Over and Touch Toes

/ Jogging in Place

/ Breathe Normally

THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.

Employee Signature Jose Lepe

Witnessed By Anthony B. Rayburn

STATE OF CALIFORNIA  
**REGISTRATION FOR AHERA ACCREDITED PERSONS**  
 PURSUANT TO CHAPTER 1601, STATUTES OF 1983  
 SAB 338 (REV. 08/98)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

(See reverse side for instructions)

*The following information is necessary for the Office of Public School Construction (OPSC) to register or renew your registration as an Asbestos Hazard Emergency Response Act (AHERA) accredited inspector, management planner, project designer, abatement contractor, supervisor or worker.*

**PART I**

FIRM NAME West Coast Environmental		APPLICANT NAME Jose Lopez	
ADDRESS 3181 Fitzgerald Road		ADDRESS 3181 Fitzgerald Road	
CITY/ZIP CODE Rancho Cordova 95742	CITY/ZIP CODE Rancho Cordova 95742	CITY/ZIP CODE Rancho Cordova 95742	CITY/ZIP CODE Rancho Cordova 95742
COUNTY Sacramento	STATE CA	COUNTY Sacramento	STATE CA
PHONE NUMBER (916) 852-7200	E-MAIL ADDRESS	PHONE NUMBER (916) 852-7200	E-MAIL ADDRESS

**PART II**

1 DISCIPLINE	2 REGISTRATION REQUEST		3 TRAINING PROVIDER CERTIFICATE NUMBER	4 TRAINING PROVIDER CERTIFICATE EXPIRATION DATE	5 (OPSC USE ONLY)	
	New	Renewal			OPSC REGISTRATION NUMBER	OPSC DATE
a. <input type="checkbox"/> Inspector						
b. <input type="checkbox"/> Management Planner						
c. <input type="checkbox"/> Project Designer						
d. <input type="checkbox"/> Abatement Contractor						
e. <input checked="" type="checkbox"/> Abatement Supervisor		X	HEES-17074	3/7/01	2000-144	3/23/00
f. <input type="checkbox"/> Abatement Work						

**\*PART III** Must be completed by abatement contractor for registration to be valid.

OPSC/DIR REGISTRATION NUMBER 633	CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER 718733
-------------------------------------	---

*I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.*

SIGNATURE (Original signature of applicant is required) 	DATE 3-3-00
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HAZARDOUS ENVIRONMENTAL EDUCATION  
SERVICES



Jaime Razo

NAME

2291 Eden Roc Ln. #1

ADDRESS

Sacto., CA 95825

CITY

STATE

ZIP

Asbestos C/S Initial

TRAINING COURSE

6/7-11/99 (psd)

TRAINING DATE

6/11/2000

EXPIRATION DATE

HEES-16747

CERTIFICATE NUMBER

520-19-5652

SSN#

This is to certify that the person named has successfully  
completed the EPA/AHERA approved class in compli-  
ance with The Toxic Substances Control Act, Section  
206 (TSCA)

By: HAZARDOUS ENVIRONMENTAL EDUCATION SERVICES  
8188 ALPINE AVE., STE. B  
SACRAMENTO, CA 95825  
(916) 739-0515 • FAX (916) 739-0526

If this identification card is lost or stolen there will be a  
\$10.00 charge for a new card.

*Jaime Razo*  
SIGNATURE

*[Signature]*  
SIGNATURE OF TRAINER

# MED CENTER MEDICAL CLINIC

6651 MADISON AVENUE  
CARMICHAEL, CA 95608

TELEPHONE (916) 965-1111  
FAX (916) 965-5143

## MEDICAL EXAMINATION CERTIFICATE

### Final Report

I certify that I have examined the below named employee in accordance with the provisions of Title 29 Code of Federal Regulations 1926.58 (m) (ii). I have provided their employer with the results of the medical examination and included as part of a written opinion that I have not detected any medical health conditions that 1) would place any of these employees at an increased risk of material health impairment from exposure to airborne asbestos fibers, and 2) would not limit their use of negative pressure respirators. I have informed the employee of the results of the medical examination. I also certify that the employer provided me with all of the information required in 29 CFR 1926.58 (m) (3).

Company West Coast Environmental

Employee Name Jaime Razo

Social Security Number 520-19-5252

Expiration Date 3-8-01

  
Physician Signature

JOHN CHAMPLIN, M.D.  
MEDICAL DIRECTOR  
MED CENTER MEDICAL CLINIC  
6651 MADISON AVE.  
CARMICHAEL, CA 95608  
LIC# G53113

Name/Stamp

Date

3/9/00

WEST COAST ENVIRONMENTAL

RESPIRATOR FIT TEST

EMPLOYEE NAME Jaime Razo DATE 2-29-00  
SOCIAL SECURITY NUMBER 520-18-5652

RESPIRATORS TESTED

QUANTITATIVE RESULTS

Make/Model North 7700 Size M NIOSH/MSHA # TC-21C-152

Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NIOSH/MSHA # \_\_\_\_\_

TYPE OF TEST

Quantitative \_\_\_\_\_

Qualitative X \_\_\_\_\_

Isoamyl Acetate \_\_\_\_\_

Irritant Smoke X \_\_\_\_\_

TEST EXERCISES

☒ Positive/Negative Pressure Test

☒ Normal Breathing

☒ Deep Breathing

☒ Turn Head Side to Side

☒ Nod Head Up and Down

☒ Reading (Rainbow Passage)

☒ Grimace

☒ Bend Over and Touch Toes

☒ Jogging in Place

☒ Breathe Normally

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Employee Signature Jaime Razo

Witnessed By Anthony B. Rafael

STATE OF CALIFORNIA  
**REGISTRATION FOR AHERA ACCREDITED PERSONS**  
 PURSUANT TO CHAPTER 1601, STATUTES OF 1988  
 SAs 838 (REV. 08/98)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

(See reverse side for instructions)

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**PART I**

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ADDRESS 3181 Fitzgerald Road		ADDRESS 3181 Fitzgerald Road	
CITY/ZIP CODE Rancho Cordova 95742	CITY/ZIP CODE Rancho Cordova 95742		
COUNTY Sacramento	STATE CA	COUNTY Sacramento	STATE CA
PHONE NUMBER (916) 852-7200	E-MAIL ADDRESS	PHONE NUMBER (916) 852-7200	E-MAIL ADDRESS

**PART II**

1	2		3	4	5	
DISCIPLINE	REGISTRATION REQUEST		TRAINING PROVIDER CERTIFICATE NUMBER	TRAINING PROVIDER CERTIFICATE EXPIRATION DATE	(OPSC USE ONLY)	
	New	Renewal			OPSC REGISTRATION NUMBER	OPSC DATE
a. <input type="checkbox"/> Inspector						
b. <input type="checkbox"/> Management Planner						
c. <input type="checkbox"/> Project Designer						
d. <input type="checkbox"/> Abatement Contractor						
e. <input type="checkbox"/> Abatement Supervisor						
f. <input checked="" type="checkbox"/> Abatement Work		X	AES 16747	6/1/00		

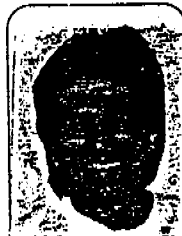
**\*PART III** Must be completed by abatement contractor for registration to be valid.

DOSH/DIR REGISTRATION NUMBER 633	CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER 718733
-------------------------------------	---

*I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.*

SIGNATURE (Original signature of applicant is required) Jaime Razo	DATE 3/31/00
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# HAZARDOUS ENVIRONMENTAL EDUCATION SERVICES



NAME Jose P. Medrano  
 ADDRESS 2850 Paseo Rio Wy#3  
 CITY SACRAMENTO STATE CA ZIP 95827  
 TRAINING COURSE Asbestos Worker ref.

TRAINING DATE 7/24/99 EXPIRATION DATE 7/24/2000  
 CERTIFICATE NUMBER HEES-16923 612-05-7319

## HEALTHSOUTH

### Respiratory Compliance Letter for Asbestos Physicals

Date of Examination: 4-30-99  
 Name of Employer: WEST COAST ENVIRONMENTAL  
 Name of Employee: Medrano, Jose  
 Social Security Number: 612-05-7319  
 Date of Birth: 09-24-60

In accordance with Federal OSHA 29 CFR 1910.134 "Respiratory Protection" and 29 CFR 1926.1101 "Asbestos, persons should not be assigned to tasks requiring the use of respirators unless it has been determined that they are physically able to perform the work while using the required respiratory equipment.

- ☒ (A) This employee does not have any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos, tremolite, anthophyllite, or actinolite.
- ☒ (B) There is no limitation on the employee or upon the use of personal protective equipment such as clothing or respirators.
- ☒ (C) The employee has been informed by the physician of the results of the medical examination and of any medical conditions that may result from exposure to asbestos, tremolite, anthophyllite, or actinolite.
- ☒ (D) The employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos.

SHARON JACKSON, M.D.  
 Name of Physician (Print)

5.21.99  
 Date

[Signature]  
 Signature of Physician

### WEST COAST ENVIRONMENTAL

#### RESPIRATORY FIT TEST

EMPLOYEE NAME JOSE MEDRANO DATE 8-04-99  
 SOCIAL SECURITY NUMBER 612-05-7319

RESPIRATORS TESTED QUANTITATIVE RESULTS  
 Make/Model North 7700 Size M NTOSH/MSHA # TC-27C-152  
 Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NTOSH/MSHA # \_\_\_\_\_

#### TYPE OF TEST

Quantitative \_\_\_\_\_  
 Qualitative X  
 Isocyanol Acetate \_\_\_\_\_  
 Irritant Smoke X

#### TEST EXERCISES

- ☒ Positive/Negative Pressure Test
- ☒ Normal Breathing
- ☒ Deep Breathing
- ☒ Turn Head Side to Side
- ☒ Nod Head Up and Down
- ☒ Running (Rainbow Passage)
- ☒ Grinace
- ☒ Bend Over and Touch Toes
- ☒ Jogging in Place
- ☒ Breathe Normally

THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.

Employee Signature [Signature]  
 Witnessed By Anthony B. Rafael

STATE OF CALIFORNIA  
**REGISTRATION FOR AHERA ACCREDITED PERSONS**  
 PURSUANT TO CHAPTER 1601, STATUTES OF 1983  
 SAB 833 (REV. 02/93)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

(See reverse side for instructions)

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**PART I**

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ADDRESS 3181 Fitzgerald Road		ADDRESS 3181 Fitzgerald Road	
CITY/ZIP CODE Rancho Cordova, CA 95742		CITY/ZIP CODE Rancho Cordova, 95742	
COUNTY Sacramento	STATE CA	COUNTY Sacramento	STATE CA
PHONE NUMBER (916) 852-7200	EMAIL ADDRESS	PHONE NUMBER (916) 852-7200	EMAIL ADDRESS

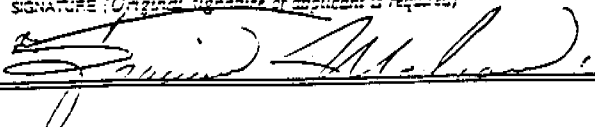
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	New	Renewal			OPSC REGISTRATION NUMBER	OPSC DATE
a. <input type="checkbox"/> Inspector						
b. <input type="checkbox"/> Management Planner						
c. <input type="checkbox"/> Project Designer						
d. <input type="checkbox"/> Abatement Contractor						
e. <input type="checkbox"/> Abatement Supervisor						
f. <input checked="" type="checkbox"/> Abatement Work		X	HEES-16923	7/24/00	99-416	9-15-99

**\*PART III** Must be completed by abatement contractor for registration to be valid.

OPSC/OPR REGISTRATION NUMBER 633	CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER 718733
-------------------------------------	---

*I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.*

SIGNATURE (Original signature of applicant is required) 	DATE SEP - 7 - 99
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# HAZARDOUS ENVIRONMENTAL EDUCATION SERVICES



Jose Luis Ortega  
13299 Stockton Blvd.

Asbestos Worker PEP

7/24/99  
TRAINING DATE

HEES-16922  
CERTIFICATE NUMBER

7/24/2000  
469-78-5107  
SSN

## PHYSICAL EXAM REPORT - ASBESTOS

### HEALTHSOUTH

Medical Clinic

EMPLOYEE: Ortega, Jose SOCIAL SEC.# 469-78-5107

EMPLOYER: DR. J. COOKE - Sacramento

In accordance with 29 CFR 1910 and 1926 (Occupational Exposure to Asbestos, Tremolite, Anthophyllite and Actinolite), and Standards 8 CAC 3208 - Asbestos Standards, 29 CFR 1925.58 and 1910.1001, 40 CFR 763 - EPA Worker Protection Rule, the above named individual was examined this date 8/17/99

The medical exam report is as follows:

#### EXAMINATIONS PERFORMED:

- A) ☒ Examination by Physician
- B) ☒ Pulmonary Function Testing
- C) N/A Posterior/Anterior and Right and Left Oblique views of the chest

1. The employee has been advised of the results of the physical examination and of possible medical conditions that may result from the above mentioned exposures, i.e. respiratory, gastrointestinal problems.
2. The employee ☒ IS physically capable ☐ IS NOT capable of using protective respiratory equipment.
3. Based on the components of the physical examination and testing, appears to be in good health.
4. The following recommendations are made: \_\_\_\_\_
5. Work restrictions: \_\_\_\_\_

#### WEST COAST ENVIRONMENTAL

#### RESPIRATORY TEST

EMPLOYEE NAME: Jose L. Ortega DATE 8-18-99  
SOCIAL SECURITY NUMBER 469-78-5107

#### RESPIRATORS TESTED QUANTITATIVE RESULTS

Make/Model North 7700 Size M NTOSH/MSHA # TC-21C-152

Make/Model \_\_\_\_\_ Size NTOSH/MSHA #

#### TYPE OF TEST

Quantitative \_\_\_\_\_  
Qualitative X  
Isocyanate \_\_\_\_\_  
Isotocyanate \_\_\_\_\_  
Isotocyanate Smoke X

#### TEST PROCEDURE

- ☒ Positive/Negative Pressure Test
- ☒ Normal Breathing
- ☒ Deep Breathing
- ☒ Turn Head Side to Side
- ☒ Nod Head Up and Down
- ☒ Raising (Rainbow Passage)
- ☒ Grimace
- ☒ Bend Over and Touch Toes
- ☒ Jogging in Place
- ☒ Breathe Normally

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Employee Signature Jose Luis Ortega

Witnessed By Anthony B. Rafael

B. Smith M.D.

Physician's Name

Physician's Signature

Date

9251 Folsom Blvd., Suite 200 • Sacramento, CA 95825 • 916 364-1733 • Fax 916 364-5255

STATE OF CALIFORNIA  
**REGISTRATION FOR AHERA ACCREDITED PERSONS**  
 PURSUANT TO CHAPTER 1601, STATUTES OF 1923  
 SAB 533 (REV. 08/98)

STATE ALLOCATION BOARD  
 OFFICE OF PUBLIC SCHOOL CONSTRUCTION

(See reverse side for instructions)

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CITY/ZIP CODE Rancho Cordova, CA 95742		CITY/ZIP CODE Rancho Cordova, 95742	
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b. <input type="checkbox"/> Management Planner						
c. <input type="checkbox"/> Project Designer						
d. <input type="checkbox"/> Abatement Contractor						
e. <input type="checkbox"/> Abatement Supervisor						
f. <input checked="" type="checkbox"/> Abatement Work		X	HEES 16932	7/24/00	99-403	9-2-99

**\*PART III** Must be completed by abatement contractor for registration to be valid.

OPSC/DIR REGISTRATION NUMBER 633	CONTRACTOR'S STATE LICENSE BOARD LICENSE NUMBER 718733
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*I certify that I have met all the requirements for accreditation and registration, and the statements I have made are true and correct. The attached Training Provider's Certificate is a copy of the original certificate.*

SIGNATURE (Original signature of applicant is required) Jose Luis Ortega	DATE 8/18/99
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RESPIRATORY PROTECTION  
PROGRAM

## **RESPIRATORY PROTECTION**

### **PURPOSE**

This standard establishes uniform guidelines for complying with the requirements of the Occupational Safety and Health Administration (OSHA) for Respiratory Protection, Title 29, Part 1910, Section 134 of the Code of Federal Regulations, and 29 CFR 1910.1001 and provides organization-wide procedures for proper selection, use and care of respiratory protective equipment.

### **SCOPE**

This standard applies to all West Coast Environmental operating procedures.

### **POLICY**

Every consideration will be given to the use of effective engineering controls to eliminate or reduced exposure to respiratory hazards to the point where respirators are not required; however, when feasible engineering controls are not effective in controlling toxic substances, appropriate respiratory protective equipment will be provided by the company at no charge to the employee.

These respiratory protective devices will be of the type approved by the Mine Safety and Health Administration (MSHA) and the National Institute for Occupational Safety and Health (NIOSH) or acceptable to the U.S. Department of Labor (OSHA) for the specific containment to which the employee is exposed.

Respiratory protective devices will be appropriate for the hazardous material(s) involved and the extent and nature of the requirements and conditions.

Employees required to use respiratory protective devices because of the exposure to toxic substances will do so as a condition of employment. Employees required to use respirators will be properly fitted, appropriately tested, medically screened, and thoroughly trained in their use.

### **CODES AND REGULATIONS**

General applicability of Codes and Regulations. Except to the extent that more explicit, or more stringent requirements are written directly into this standard, all applicable codes and regulations have the same force and effect as if copied directly into this standard.

Federal Regulation. Those standards governing the development of this program include but are not limited to the following:

Asbestos Regulations - Industrial  
Title 29, Part 1910, Section 1001 of the Code of Federal Regulations.

Asbestos Regulations - Construction

Title 29, Part 1926, Section 58 of the Code of Federal Regulations.

Respiratory Protection Title 29, Part 1910, Section 134 of the Code of Federal Regulations.

Access to Employee Exposure and Medical Records  
Title 29, Part 1910, Section 20 of the Code of Federal Regulations

NIOSH/MSHA Approvals for Respirators  
Title 30, Part II of the Code of Federal Regulations

American National Standards Institute (ANSI)

American National Standard: Practices for Respiratory Protection, Z88.2-1980

## **DESIGNATION OF ADMINISTRATOR**

A program administrator must be designated by name. This should be a competent person who will have responsibility for implementation of, and adherence to, the provisions of this respiratory protection program. It is usually a good idea to also designate each person who is responsible for enforcement of the program at the job site. This is usually the site superintendent or general foreman.

In order to comply with OSHA's "competent person" requirements, the person designated must have two qualifications. He or she, should have an excellent working knowledge of the respiratory protective equipment and should have sufficient authority to promptly prevent and correct hazardous conditions.

## **PURCHASE OF APPROVED EQUIPMENT**

In order to comply with the provisions of OSHA's standard on Respiratory Protection, 29 CFR 1910.134, all respiratory equipment purchased by West Coast Environmental will have been tested by the National Institute for Occupational Safety and Health and will carry a joint NIOSH/MSHA approval number for that specific respirator assembly.

## **RESPIRATOR SELECTION**

In selecting the correct respirator for a given circumstance, the following factors must be taken into considerations:

**Nature of the Hazard.** In order to make subsequent decisions, the nature of the hazard must be identified to ensure that an overexposure does not occur. These include oxygen deficiency, physical properties of the hazards, chemical properties of the hazard, physiologic effects on the body, actual concentrations of the toxic substances, the Permissible Exposure Limits (PEL), and the warning properties.

**Nature of the Hazardous Operation.** For proper respirator selection, it is necessary to know the details of the operations which require employees to use respiratory devices. These include operation or process characteristics, work area characteristics, materials used or produced during the process, the employee's duties and actions, and any abnormal situation characteristics which may necessitate alternate respirator selection.

**Location of the Hazardous Area.** This is important in the selection process so that a backup system may be planned if necessary. Respirable air locations must be known prior to entry into a hazardous area so escape or emergency operations may be planned.

**Time Respiratory Protection is Required.** The length of time a respirator will have to be worn by an employee is a factor which must be evaluated. This is most pronounced when using SCBA equipment, where, by definition, the air supply is finite. However, time is also a factor during routine use of air-purifying respirators when the employees breathing and comfort become affected by clogged filter cartridge which needs changing.

**Employee's Health.** Effective usage of a respirator is dependent on an individual's ability to wear a respirator, as determined by a physician. Most respiratory devices increase physical stress on the body, especially the heart and lungs. Care should be taken to ensure that a medical determination has been made that an individual is capable of wearing a respirator for the duration of the work assignment.

**Work Activity.** The type of work activities to be performed while wearing a respirator is vitally important in the respirator selection. The proper respirator will be one which is least disruptive to the task being conducted yet providing the desired protection.

The protection afforded by respirators is dependent upon the seal of the facepiece to the face, leakage around valves, and leakage through or around cartridges or canisters. Depending on these criteria, the degree of protection may be ascertained and a relative safety factor assigned. Protection factors are only applicable if all elements of an effective respirator program are in place and being enforced.

## **SELECTION**

Where respirators are used, West Coast Environmental will select and provide, at no cost to the employee, the appropriate respirator, and will ensure that the employee uses the respirator provided.

Note: West Coast Environmental will provide a Powered Air Purifying Respirator (PAPR) in lieu of any negative-pressure respirator specified whenever an employee chooses to use this type of respirator.

## **COMFORT**

Once the type of respirator has been selected that is applicable and suitable for the purpose intended, the selection process should give consideration to the fit and comfort of the respirator.

The employee should be given the opportunity to select a respirator which provides the most comfortable fit. Since each respirator represents a different size and shape, a respirator which fits better during selection will provide better protection after fit testing. For this purpose, the employee should be allowed to select a respirator from an array of various sizes and manufacturers that include at least three sizes and two manufacturers. The employee should be shown how to assess a comfortable device and should eliminate those which are obviously ill-fitting.

An assessment of comfort should include the following points:

- \* Chin properly placed.
- \* Positioning of mask on nose.
- \* Strap tension.
- \* Room to talk.
- \* Cheeks filled out.
- \* Fit across nose bridge.
- \* Room for safety glasses.
- \* Distance from nose to bridge.
- \* Tendency to slip.
- \* Hindrance to movement.

## **ISSUANCE OF EQUIPMENT**

When practical, respirators should be assigned to individual employees for their exclusive use and labeled for identification in such a way as not to affect the performance of the respirator.

## **FITTING**

After the employee has been shown how to assess a respirator, he/she should be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension, and how to determine a proper fit.

Note: This instruction should take the form of a review and should not be considered the employees formal training.

The employee should hold each facepiece up to the face and eliminate those which obviously do not give a comfortable or proper fit. Normally, fitting should start with a half-face mask and if a good fit can not be found, the employee should then try a full-face mask.

## **FAMILIARIZATION**

Once the proper fitting respirator has been selected, the employee should don the device, adjusting the facepiece and tensioning the straps. He/she should wear the mask for at least five minutes before taking it off and putting it on several times, adjusting the straps each time to become familiar with the respirator and adept at setting the proper tension on the straps.

## **FIT-TESTING REQUIREMENTS**

OSHA requires that respirators be fitted properly, and that they be tested for their facepiece-to-face seal. There are currently two methods acceptable for conducting these tests. Qualitative and Quantitative Fit-Testing. The Qualitative method is a fast, easily conducted test that can be performed almost anywhere, while the Quantitative method requires the use of bulky test chambers and very expensive electronic equipment. The Quantitative method applies only to negative pressure non-powered air-purifying respirators.

Due to the high potential for exposure in the type of work in which West Coast Environmental is presently involved, and the numerous field locations in which fit-testing be accomplished, the Qualitative fit-testing method will be utilized through-out the West Coast Environmental organization. In keeping with West Coast Environmental high regard for employee safety, corporate policy will continue to require Qualitative fit-testing for both negative pressure and powered air-purifying respirators (PAPR).

Note: When full facepiece negative pressure non-powered air-purifying respirators are used in exposures which are in excess of 2 f/cc, they can only be fit-tested using the Quantitative method. Full-facepiece negative pressure respirators in exposures above 2 f/cc cannot be qualitative fit-tested.

Qualitative fit-testing is based on the wearer's subjected response to the test agent or chemical, of which the three most popular tests are, the irritant smoke test, the odorous vapor test, and the taste test. The following represents a brief summary of how to conduct each of these tests.

**Irritant Smoke Test:** The irritant smoke test is performed by directing an irritant smoke, usually either stannic chloride or titanium tetrachloride, from a smoke tube towards the respirator being worn. If the wearer cannot detect the irritant smoke, a satisfactory fit is assumed to be achieved.



The respirator wearer will react involuntarily, usually by coughing or sneezing, to a leakage around or through the respirator. Since this type of test provokes an involuntary response from the employee, it is preferred testing method when available. In this type of qualitative test, the person administering the test should be interested in any response to the smoke and not necessarily to the degree of response.

When an air-purifying respirator is being tested in this method, it has to be equipped with a high efficiency filter cartridge.

Note: The test substances are irritants to the eyes, skin and mucous membranes. Therefore, the respirator wearer should keep his/her eyes closed during testing.

**Odorous Vapor Test:** The odorous vapor test relies on the respirators wearers ability to detect an odorous material, usually isoamyl acetate (banana oil) inside the respirator. The test is performed by passing an isoamyl acetate saturated material around the outside of the respirator. If the wearer is unable to smell the chemical, then a satisfactory fit is assumed to be achieved.

When an air-purifying respirator is tested by this method, it should be equipped with an organic-vapor cartridge which removes the test vapor from the air.

Note: This test is solely dependent upon the employees honest response, since there is no involuntary reaction. For that reason, it is not to be preferred.

**Taste Test:** The taste test relies upon the wearers ability to detect a chemical substance, usually sodium saccharin, by tasting it inside the respirator. The test is performed by placing an enclosure over the respirator wearer's head and shoulders and spraying the test agent into the enclosure with a nebulizer. If the wearer is unable to taste the chemical, then a satisfactory fit is assumed to be achieved.

Note: This test is totally dependent on the wearer's honest indication of taste. There is no involuntary response, and therefore is not preferred as a method of testing. When conducting this type of test, the person being tested must not be allowed to eat, drink, or chew gum or tobacco for at least 15 minutes prior to taking the test.

## **FIELD TEST**

There are two tests that are in the field to check the seal of the respirator. These are known as the positive and negative pressure sealing test. Each of these two tests must be performed every time a respirator is put on and prior to entering a contaminated area.

Note: Although both the positive and negative pressure tests are considered essential to a good respiratory protection program and should always be used prior to entering an area of exposure, they are recognized solely as a field test and cannot be substituted for the qualitative fit test.

### **Positive Pressure Test:**

- \* This test only applies to those respirators which have an exhalation valve which can be blocked. The exhalation valve cover may have to be removed for the test.
- \* Close or "block off" the exhalation valve.
- \* Exhale gently into the facepiece.
- \* If a slight positive pressure is built up with no apparent outward leakage around the seal, then the facepiece-to-face is satisfactory.

### **Negative Pressure Test:**

- \* This test only applies to those respirators which have an exhalation valve which can be blocked. The exhalation valve cover may have to be removed for the test.
- \* Close or "block off" the exhalation valve.
- \* Exhale gently into the facepiece.
- \* If a slight positive pressure is built up with no apparent outward leakage around the seal, then the facepiece-to-face seal is satisfactory.
- \* Close the inlet opening or hose of the respirator facepiece with the hand(s), tape, or other means.
- \* Inhale gently so that the facepiece collapses slightly and hold the breath for ten seconds.
- \* If the facepiece remains slightly collapsed and no inward leakage occurs, then the facepiece-to-face seal is probably satisfactory.

## **RECORD KEEPING OF THE TEST RESULTS**

A summary of the test results for each employee on whom a qualitative fit test was conducted, will be documented on the Respirator Test Summary. This record will then become a part of the employees' medical record and will be retained for same time period as the medical records.

## **TRAINING**

Respirators will not be issued to individuals (including company officials, sub-contractors, or visitors) who have not received appropriate respirator training and a medical clearance.

## **TRAINING PROGRAM**

The extent and frequency of employee training depends primarily on the nature and extent of the hazard. As a minimum, all employees and supervisory personnel will be trained in basic respirator practices. It must be remembered that respirators are effective only when they are acceptable to the employee and worn properly by him/her. Because proper use depends especially upon the wearers motivation, it is important that the need for the respirator be explained fully.

The basic respirator training program must include:

- \* A discussion of the nature of airborne contaminants against which the employee must be protected, and why engineering controls have not been effective in controlling exposure to the point where respirators are not required.
- \* A discussion of why the respirator which has been selected for this job is the proper device for this particular purpose.
- \* An explanation of the differences between air-purifying and supplied air respirators and how their use is controlled by the amount of exposure.
- \* Instruction on the respirators limitations, emphasizing such things as oxygen deficiency, toxic contaminants which are immediately dangerous to life or health, particulates, such as asbestos, which are not immediately dangerous to life or health, and the need to change filter cartridges when indicated to do so by testing, or when breathing resistance increases to an uncomfortable level.
- \* Instructions in how to inspect the respirator and insure that it is in proper working condition.
- \* Instructions on how to put on the respirator, how it should be positioned on the face, how to set strap tension, and how to wear the respirator comfortably.
- \* Instructions on the method of fit testing used and the proper way to conduct positive and negative pressure tests each time the respirator is put on. During this instruction the wearer must be made to understand that the respirator cannot be used when conditions prevent a satisfactory facepiece-to-face seal. If this condition cannot be corrected, the employee cannot be allowed into the area requiring the use of a respirator.
- \* Instructions in the proper care and maintenance of the respirator.
- \* A discussion on the value of medical surveillance and air sample monitoring.
- \* Field training to recognize and cope with any type of emergency while using a respirator.

## **RESPIRATOR TRAINING RECORDS**

Upon completion of the basic respirator training program, the employee will be required to read and sign a Respirator Training Record attesting to the fact they have received the basic training program and feel confident in their ability to use the respirator properly.

The signed and dated Respirator Training record will then become a part of the employees' medical records and will be retained for the same period of time as those records.

## **CARE AND MAINTENANCE**

Personnel involved in respirator maintenance must be thoroughly trained. Substitution of parts from different brands or types of respirators invalidates approval of the device. Repairs and adjustments should never be made beyond the manufacturers recommendations.

## **CLEANING THE RESPIRATOR**

Respirators must be cleaned and disinfected after each day's use when they are assigned to one individual, or after each use if they are assigned to more than one person. The following procedures are recommended for cleaning and disinfecting respirators:

- \* If required, remove and discard any filters or cartridges.
- \* Wash facepiece and breathing tube in detergent and warm water (120deg) or a cleaner/disinfectant solution. Use a soft brush to facilitate removal of dirt. Cleaner/disinfectant solutions are available from respirator manufacturers or can be made by using a solution of water and household chemicals, such as two tablespoons of chlorine bleach to one gallon of water, or one teaspoon of tincture of iodine to one gallon of water. A two minute immersion of the respirator into either solution is sufficient for disinfection.
- \* Rinse completely in clean, warm water.
- \* Air dry in clean air.
- \* Clean out other parts as recommended by the manufacturer.
- \* Inspect the valves, headstraps, and other parts and replace with new parts if defective.
- \* Place facepiece in a plastic bag or container for storage in an assigned area.
- \* Insert new filters or cartridges prior to use, making sure the seals are tight.

## **STORING THE RESPIRATOR**

When they are not being used, respirators should be individually sealed in plastic bags and stored at convenient locations in order to protect them against dusts, sunlight, extreme temperatures, excessive moisture, or damaging chemicals. They should be stored in such a way, that facepiece and exhalation valves are not being distorted.

## **INSPECTING THE RESPIRATOR**

All respirators should be inspected before and after use, and at least monthly by a competent person to assure that they are in satisfactory working condition. A general inspection check list should include:

- \* Tightness of the connections.
- \* Condition of facepiece, straps, connecting tubes, and cartridges.
- \* Condition of the exhalation and inhalation valves. If the sides of the exhalation valve gap even slightly, it must be replaced with a new valve.
- \* Pliability and flexibility of rubber parts. Deteriorated rubber parts must be replaced. Unused rubber parts should be worked, stretched and manipulated with a massaging action.
- \* Condition of lenses should be checked. Lenses must be tight and if scratched or damaged, lenses must be replaced.
- \* On self-contained breathing apparatus, the charge of the compressed air cylinders should be checked and fully charged.

- \* Proper functioning of regulators and warning devices.
- \* On Type C respirators, the compressor, warning devices, hoses and attachments.

Respirators protection is no better than the condition of the respirator in use, even though it is worn conscientiously. Frequent random inspections must be conducted by a qualified individual to assure that respirators are properly selected, fitted, used, and cleaned and maintained.

## **CARE AND MAINTENANCE RECORDS**

A written record should be maintained of the Care and Maintenance Program within each individual company. Information maintained on this record should include inspection reports, replacement parts used and the names of the persons doing the work. The respirator should be identified by the manufacturer, model and approval number. Records should be retained for a period of five years.

## **MEDICAL REQUIREMENTS**

Employees of West Coast Environmental will not be assigned to tasks requiring the use of a respirator unless it has been determined that they are physically able to perform the work and use the respirator.

## **MEDICAL EXAMINATIONS**

Employees who are working at or above the Action Level of a toxic substance for thirty (30) days or more per year, or who are using a negative pressure respirator, will be required to undergo a medical evaluation of the following frequency:

- \* Prior to assignment of a respirator for those employees who will be issued a negative pressure respirator.
- \* Within ten (10) working days following the thirtieth day of exposure for those employees who are using positive pressure or PAPR respirator and have been exposed to a toxic substance at or above the Action Level for a period of thirty days or more.
- \* At least annually thereafter.

Each procedure of the medical examination and evaluation will be performed under the supervision of licensed physician and will include, as a minimum, a chest x-ray both posterior and anterior, a medical and work history with special emphasis directed to the pulmonary, cardiovascular, and gastrointestinal systems to determine the presence of any possible respiratory diseases, and a pulmonary function test which will include both the maximum amount of air that can expired from the lungs after full inhalation (FVC) and the amount of air forcibly expired in one second after inhalation (FEV 1.0).

The only exception to this requirement for an initial medical examination is if the employee or company can provide adequate records to show that he/she has been examined in accordance with the provisions of this program within the past one (1) year period.

## **MEDICAL FORMS**

When conducting the initial medical examination, the standardized medical questionnaire must be used. During the annual reexamination, the abbreviated standardized medical questionnaire should be used. In addition to the standardized questionnaires, the physician must also be furnished with a copy of the latest OSHA Standard governing the type of exposure the employee will be involved in, for example, if the employee is in asbestos abatement work, the physician must be given a copy of the standard 29 CFR 1926.58 Asbestos. A description of the employees duties as they relate to the exposure, the anticipated exposure level, a description of the respiratory protection equipment to be used, and any available information from previous medical examinations of the employee must also be furnished to the physician.

At the conclusion of the examination, the physician will submit a written opinion to West Coast Environmental. This will contain the results of the examination, any conditions discovered by the physician that will prohibit the employee from using a respirator and any recommendations from the physician regarding the employees limitations. It will also contain a statement from the physician that he/she has informed the employee of the results of the examination.

A copy of the physicians opinion must be furnished to the employee, by West Coast Environmental within thirty (30) days of its receipt by West Coast Environmental.

## **CORRECTIVE GLASSES**

Providing respiratory for individuals wearing corrective glasses is a serious problem. If corrective glasses are required, they must be worn so as not to affect the fit of the facepiece. Proper selection of equipment will minimize or avoid this problem.

NOTE: Under no circumstances will anyone be allowed to wear contact lenses while using a respirator in a contaminated atmosphere.

## **WORK AREA SURVEILLANCE**

All though not specifically discussed in the Asbestos Standard, 29 CFR 1926.58, or the Respiratory Protection Standard, 29 CFR 1919.134, both standards require "appropriate surveillance". This should include identification of the contaminant, nature of the hazard, concentration at the breathing zone, and, if appropriate, biological monitoring. The Industrial Hygienist who is conducting the air sampling, should carefully and fully document any apparent deficiencies in surveillance and necessary to the respirator program.

## **PROGRAM EVALUATION**

The program administrator should periodically assess the effectiveness of the respiratory protection program during all phases of operation in which respirators are being used. Frequent walk-through inspections during these activities should be conducted to monitor and document supervisor and worker compliance with the requirements of the program. In addition to general assessment of the overall respiratory protection program, specific evaluations of the respirator cleaning, inspection, maintenance, repair, storage, and use procedures should be frequently conducted to ensure that the desired results of these operations are consistently achieved.

## **VIOLATION AND DISCIPLINARY ACTION**

Due to West Coast Environmental's heavy involvement in the Asbestos Abatement industry, respiratory protection is a crucial part of West Coast Environmental's overall safety program. As such, mandatory compliance with all aspects of this program by those employee's required to use a respirator, is a condition of continuing employment.

## **DISCIPLINARY ACTION**

When it has come to the attention of a supervisor that an employee has deliberately remove his/her respirator, or broken the facepiece-to-face seal, while in the contaminated area, the employee will be immediately suspended from work and instructed to leave the job site pending final disposition.

Random spot checks will be conducted to determine the effectiveness of the employee's fit test. Should the check, which will be a positive or negative pressure test conducted under the direction of a supervisor, indicate that the employee's respirator does not have a satisfactory seal, the employee will be advised accordingly and instructed to leave the contaminated area. A written citation will be issued to the employee the first time he/she fails a random check. Two such citations on the same job will be sufficient cause for dismissal.

NOTE: Should an employee request permission to leave the contaminated area to remove his/her respirator for the purpose of washing either the facepiece or their face, this permission must be granted. However, the employee should be reminded that the positive and/or negative pressure test must be conducted before returning to the contaminated area.

## **REPORTING RESPIRATOR PROBLEMS**

Occasionally, West Coast Environmental may find a defect in the design or performance of a respirator. The best course to follow is to report these findings to the administrator of the company's respiratory protection program, who in turn, should report these findings to the West Coast Environmental Corporate Manager of Safety. If the respirator carries the

approval of the Mine Safety and Health Administrator (MSHA) and the National Institute for Occupational Safety and Health (NIOSH), the Corporate Manager of Safety will report these findings to NIOSH. The report will include the following:

- \* The name, address and telephone number of West Coast Environmental.
- \* The name of the respirators manufacturer.
- \* The model and part number of the respirator.
- \* The name and part number (if possible) of the defective part.
- \* The lot number and/or serial number of the respirator and/or defective part.
- \* A brief description of the respirators use when the defect was discovered.
- \* A brief description of the defect.
- \* A description of the defects adverse effect on the respirators performance.

This report should be addressed to the NIOSH Division of Safety Research, Testing and Certification Branch, 944 Chestnut Ridge Road, Morgantown, West Virginia 26505.

## **RESPIRATORY TRAINING MANUAL**

### **General**

West Coast Environmental shall provide respirators, and ensure that they are used, where required by this section. Respirators shall be used in the following circumstances:

- \* During the interval necessary to install or implement feasible engineering and work practice controls.
- \* In work operations such as maintenance and repair activities, or others activities for which engineering and work practice controls are not feasible.
- \* In work situations where feasible engineering and work practice controls are not yet sufficient to reduce exposure to or below the exposure limit.
- \* In emergencies.

### **Respirator Selection**

Where respirators are used, West Coast Environmental shall select and provide, at no cost to the employees, the appropriate respirator and shall ensure that the employee uses the respirator. West Coast Environmental shall select respirators from among those jointly approved as being acceptable for protection by the Mine Safety and Health Administration (MSHA) and the National Institute for Occupational Safety and Health (NIOSH) under the provisions of 30 CFR part 11. The employer shall provide a powered, air-purifying respirator in lieu of any negative-pressure respirator whenever:

- \* An employee chooses to use this type of respirator and
- \* This respirator will provide adequate protection to the employee.



## **Respirator Program**

\* West Coast Environmental shall permit each employee who uses a filter respirator to change the filter elements whenever an increase in breathing resistance is detected and shall maintain an adequate supply of filter elements for this purpose.

\* Employees who wear respirators shall be permitted to leave work areas to wash their faces and respirator facepieces whenever necessary to prevent skin irritation associated with respirator use.

\* No employee shall be assigned to tasks requiring the use of respirators if, based on his or her most recent examination, an examining physician determines that the employee will be unable to function normally wearing a respirator or that the safety or health of the employee or of other employees will be impaired by the use of a respirator. Such employee shall be assigned to another job or given the opportunity to transfer to a different position the duties of which he or she is able to perform with the same employer, in the same geographical area, and with the same seniority, status, and rate of pay he or she had just had prior to such transfer, if such a different position is available.

## **Respirator Fit Testing**

West Coast Environmental shall ensure that the respirator issued to the employee exhibits the least possible facepiece leakage and that the respirator is fitted properly.

West Coast Environmental shall perform either quantitative or qualitative face fit tests at the time of initial fitting and at least every 6 months thereafter for each employee wearing a negative pressure respirator. The qualitative fit tests may be used only for testing the fit of half mask respirators where they are permitted to be worn, and shall be conducted in accordance with Appendix 29 CFR 1926.58.

## **Respiratory Protection**

OSHA regulations require that employers provide medical examinations for employees prior to the assignment of negative pressure respirators and examinations are to be repeated annually. Qualitative or Quantitative fit tests must also be provided by the employer and repeated every 6 months.

Respirator selection, for adequate employee protection, is based on OSHA (PEL) Permissible Employee Limit. Half-face negative pressure respirators are rated 10 times the PEL or 1.00 f/cc. Full face respirators are rated at 50 times the PEL with a quantitative fit test.

## **AIR-PURIFYING RESPIRATORS**

West Coast Environmental employees are required to perform the following procedures when wearing negative pressure respirators.

### **Respirator Fitting and Cleaning**

#### **Fitting**

Position respirator on your face, wide portion under chin and narrow portion over nose, wearing the respirator as low as possible. Place upper headband above ears to top of head, lower headband goes below ears to the back of the neck. Now adjust the straps on headbands for a tight fit. It is essential, when wearing any negative pressure respirator, to maintain a good face seal. Improper size, or loose deteriorated straps, obstructions: e.g., glasses can prevent a proper seal. Facial hair or beards that may prevent a proper face seal are prohibited. Contact lenses may not be worn with the use of any type of respirator.

#### **Testing**

##### **Positive Pressure Test**

Test for proper seal of face piece as follows:

- \* Remove exhalation valve guard.
- \* Close exhalation valve with hand and exhale gently (10 seconds).
- \* You should feel a positive pressure build up inside the face piece.
- \* If air leakage is detected, readjust headbands until leakage is stopped.

##### **Negative Pressure Test**

- \* Place hands over cartridge and filters (hold 10 seconds).
- \* Inhale gently. Face piece should draw up tight against face and collapse slightly. If it does not, readjust headbands to get a tight fit.
- \* Spray sweetener around edges of respirator. If no smell is detected, the fit is adequate.
- \* The above positive and negative fit tests are to be performed prior to entering any restricted area.
- \* The Qualitative or Quantitative fit tests are required prior to the assignment of the respirator in use.

##### **Respirator Use and Replacement**

- \* West Coast Environmental shall maintain an adequate supply of filter changes in the clean room. Employees should change the filter elements whenever an increase in breathing resistance is detected.

- \* To replace filter discs, lift louvered filter cover, discard old filter and remount with a new filter.
- \* Check for dents or scratches in filter disc that would prevent proper seal. Do not cross thread.
- \* Replace filter cartridge by unscrewing and discarding the old one and replacing with a new one. The discarded filter is contaminated and shall be disposed in the same manner as asbestos material.
- \* Substitution of parts from a different brand or type of respirator is prohibited.
- \* Filters are never changed in the restricted area.
- \* Employees should leave the restricted area if any defect in the respirator is detected.
- \* Respirator hygiene and entry and exit procedures into the restricted area are to be followed.
- \* Removal of respirators in the work area for any purpose (e.g., eating, drinking, or smoking) are strictly prohibited.
- \* Employees should never take risks associated with the use of respirators.

### **Cleaning and Sanitizing**

Respirators must be cleaned and sanitized after each days use. OSHA requires you to check your respirator for defects when cleaning and again before you put it on.

- \* Disassemble respirator, remove cartridges, filters and headbands.
- \* Clean masks and parts (except filters and cartridges) by immersing in the detergent solution, and swab or sponge until clean.
- \* Rinse in clean water and air dry.
- \* Inspect exhalation valve and seat to be sure that it is clean, smooth and free of grit or other foreign particles.
- \* Disinfect any respirator that has been previously used. Soak for two minutes in household bleach (Clorox) solution that is mixed with 2 tablespoons of Clorox to 1 gallon of water.
- \* When respirator is completely dry, place in a plastic bag and seal it.

### **Storage of Respirators**

Respirators should be stored in your assigned locker or in a clean and sanitary location. Be careful to store away from heavy tools, grease or contaminated materials. Care must be taken to prevent respirators from exposure to direct sunlight, harmful chemicals, mechanical damage and excessive heat and cold.

### **Respirator Maintenance**

Each employee should perform maintenance on their own respirator to ensure their personal safety.

- \* Maintenance and filter change records are required and the information is to be logged on a daily basis.
- \* Check for defects in straps and facepiece.
- \* Make sure valves are clean and not sticking and there are no distortions in valve or sealing surfaces.
- \* Check for any physical distortion that may affect fit.
- \* Check for missing or worn gaskets or seals.
- \* Examine the entire respirator for cuts, rips, punctures, loose seams, or other physical damage.
- \* Check integrity of facepiece lenses.

If the respirator cannot be repaired or adjusted to "Like New" condition, it must be immediately removed from service. Never, under any circumstances, use a defective respirator.

You have been trained in the proper use of air-purifying respirators. You are aware that asbestos is a carcinogen and have been trained in the proper use of the respiratory protection equipment to be worn when removing asbestos contaminated material. Respirators must be worn whenever inside asbestos regulated areas.

Any violation of these rules is terminable offense and violators are subject to immediate dismissal.

## **AIR-SUPPLIED RESPIRATORS**

### **Assembly Preparation**

Three types of air supplied respirators may be used:

- \* Continuous flow to the mask which maintains the mask under positive pressure.
- \* Demand air flow, which supplies the mask with air only when the wearer inhales.
- \* Pressure demand, which keeps the mask under positive pressure and air is regulated.

All air-line respirators should be equipped with a safety egress escape feature, (HEPA filter or S.C.B.A.).

### **Air-Line**

- \* The maximum length of air-line hose to be used is 300 feet.
- \* The maximum inlet pressure is 125 PSIG.
- \* Hoses and parts may not be interchanged from different manufacturers.
- \* All air purification assemblies must be situated to protect from possible Carbon Monoxide contamination.
- \* Check to be sure C.O. monitor is functioning prior to donning any Type "C" respirator.

Position respirator on your face with the portion that has the flex hose coming out of it on your chin. Holding the respirator on your face, pull the cradle straps over your head. Tighten the straps for a snug fit against your face.

### **Testing**

Test for proper seal on your face as follows:

- \* Remove exhalation valve guard.
- \* Close exhalation valve guard and flex hose with your hands and exhale gently.
- \* If air leakage is detected, readjust headband until leakage is stopped.
- \* Replace exhalation valve guard.
- \* Place hand over open end of flex hose. Inhale gently. Hose should collapse and face piece tighten up against face. If it does not, there is a leak and the headbands should be readjusted to insure a tight fit.
- \* Connect flex hose to air supply hose from pump. (Make sure pump is turned on and supply air to hoses).
- \* Adjust air flow regulator so that air flow is comfortable to you.
- \* Spray sweetener around edges of respirator. If no smell is detected, the fit is adequate.

### **Removal**

- \* Enter the detoxification area with the respirator still on your face.
- \* Remove all protective clothing except respirator in the dirty room.
- \* Still connected to the air supply system proceed to the shower.
- \* Thoroughly clean the outside of the respirator and exposed area of face prior to removal of facepiece.
- \* Remove facepiece and hang in shower area. Continue to soap, shower and rinse.
- \* Take respirator and rinse completely, disconnect from air supply system and thoroughly rinse entire respirator assembly.
- \* Place respirator in clean room and exit shower.
- \* On re-entry, rinse the quick disconnect prior to connecting respirator.

### **Cleaning and Sanitizing**

Respirators must be cleaned and sanitized after each use.

- \* Disconnect respirator from air lines.
- \* Cleanse masks and flex hose by immersing in sanitizing solution, and swab or sponge until clean.
- \* Rinse in clean water and air dry.
- \* Inspect exhalation valve and seat to be sure that it is clean, smooth and free of grit or other foreign particles.
- \* Place respirator in a plastic bag and seal it. Make sure respirator is completely dry before storage.

## **Air Pump**

The job foreman will be responsible for shutting down and dismantling of the air pump or purification assembly.

You have trained in the proper use of air-supplied respirators. You are aware that asbestos is a carcinogen and have been trained in the proper use of the respiratory protection equipment to be worn when removing asbestos isolated areas. In addition, no one but the job foreman is allowed to adjust or tamper with the air pumps.

Any violation of these rules is a terminable offense and violators are subject to immediate dismissal.

**WEST COAST ENVIRONMENTAL**

**RESPIRATOR FIT TEST**

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_

**RESPIRATORS TESTED**

**QUANTITATIVE RESULTS**

Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NIOSH/MSHA # \_\_\_\_\_

Make/Model \_\_\_\_\_ Size \_\_\_\_\_ NIOSH/MSHA # \_\_\_\_\_

**TYPE OF TEST**

Quantitative \_\_\_\_\_

Qualitative \_\_\_\_\_

    Isoamyl Acetate \_\_\_\_\_

    Irritant Smoke \_\_\_\_\_

**TEST EXERCISES**

\_\_\_\_\_ Positive/Negative Pressure Test

\_\_\_\_\_ Normal Breathing

\_\_\_\_\_ Deep Breathing

\_\_\_\_\_ Turn Head Side to Side

\_\_\_\_\_ Nod Head Up and Down

\_\_\_\_\_ Reading (Rainbow Passage)

\_\_\_\_\_ Grimace

\_\_\_\_\_ Bend Over and Touch Toes

\_\_\_\_\_ Jogging in Place

\_\_\_\_\_ Breathe Normally

**THIS CERTIFIES THAT THE ABOVE NAMED TEST SUBJECT HAS BEEN INFORMED OF THE HAZARDS INVOLVED IN WORKING WITH ASBESTOS, AND HAS BEEN GIVEN INSTRUCTION IN THE USE AND CARE OF THE RESPIRATOR SELECTED.**

Employee Signature \_\_\_\_\_

Witnessed By \_\_\_\_\_

## **DOCUMENT OF EMPLOYEE ACKNOWLEDGMENT**

EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYEE ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

JOB POSITION: \_\_\_\_\_

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS FIFTY(50) TIMES GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

WEST COAST ENVIRONMENTAL REQUIRES THAT: 1) AN EMPLOYEE SHALL BE SUPPLIED WITH A RESPIRATOR AND BE TRAINED IN ITS USE. 2) THE EMPLOYEE SHALL BE TRAINED IN SAFE WORK PRACTICES AND IN THE USE OF THE EQUIPMENT FOUND ON THE JOB. 3) THE EMPLOYEE SHALL RECEIVE A MEDICAL EXAMINATION. THESE THINGS WILL BE DONE AT NO COST TO THE EMPLOYEE. BY SIGNING THIS DOCUMENT YOU ARE ASSURING THAT WEST COAST ENVIRONMENTAL HAS MET THESE OBLIGATIONS TO YOU.

### **RESPIRATOR PROTECTION**

I HAVE BEEN TRAINED IN THE PROPER USE OF RESPIRATORS, AND INFORMED OF THE TYPE OF RESPIRATOR TO BE USED. I HAVE A COPY OF THIS WRITTEN RESPIRATOR PROTECTION MANUAL ISSUED BY WEST COAST ENVIRONMENTAL. I HAVE BEEN EQUIPPED AT NO COST WITH A RESPIRATOR TO BE USED SOLELY BY MYSELF.

### **TRAINING COURSE**

I HAVE BEEN TRAINED IN THE DANGERS INHERENT IN HANDLING ASBESTOS AND BREATHING ASBESTOS DUST AND IN PROPER WORK PROCEDURES AND PERSONAL AND AREA PROTECTIVE MEASURES. THE TOPICS COVERED IN THE COURSE INCLUDED THE FOLLOWING:

1. PHYSICAL CHARACTERISTICS OF ASBESTOS.
2. RESPIRATORY PROTECTION.
3. NEGATIVE AIR SYSTEMS.
4. PERSONAL DECONTAMINATION PROCEDURES.
5. INSPECTION TECHNIQUES.



6. FEDERAL AND STATE REGULATIONS.
7. HEALTH HAZARDS ASSOCIATED WITH ASBESTOS.
8. USE OF PROTECTIVE EQUIPMENT.
9. WORK PRACTICES INCLUDING ON-THE-JOB TRAINING.
10. AIR MONITORING, PERSONAL AND AREA.

**MEDICAL EXAMINATION**

I HAVE HAD A MEDICAL EXAMINATION WITHIN THE LAST TWELVE (12) MONTHS. THIS EXAMINATION INCLUDED: A CHEST X-RAY (INTERPRETED BY A B READER) HEALTH HISTORY, AND PULMONARY FUNCTION TESTS.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_  
WITNESS \_\_\_\_\_

## **RESPIRATOR SELECTION RECORD**

EMPLOYEE NAME: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
DATE OF SELECTION: \_\_\_\_\_ PERFORMED BY: \_\_\_\_\_

### **1. UNACCEPTABLE RESPIRATORS:**

	TYPE	SIZE	MANUF.	NIOSH #	REASONS
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

### **2. ACCEPTABLE RESPIRATORS:**

	TYPE	SIZE	MANUF.	NIOSH #	REASONS
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

3. ACKNOWLEDGMENT: I HAVE BEEN PROVIDED AT LEAST 5 SIZES OF RESPIRATORS FROM TWO OR MORE MANUFACTURERS, AND PERFORMED THE RESPIRATOR SELECTION PROCEDURES AS SPECIFIED IN THE OSHA GUIDELINES 1926.58, APPENDIX A. THE ASSIGNMENT OF COMFORT INCLUDED: POSITIONING OF MASK ON NOSE, ROOM FOR EYE PROTECTION, ROOM TO TALK AND THE POSITIONING OF RESPIRATOR ON FACE AND CHECKS.

BY: \_\_\_\_\_  
EMPLOYEE

BY: \_\_\_\_\_  
SELECTION SUPERVISOR

MEDICAL SURVEILLANCE  
PROGRAM

## **MEDICAL SURVEILLANCE PROGRAM**

Employees will be provided medical examinations prior to the assignment of any negative pressure respirator or assignment of asbestos related work where the employee may be exposed to asbestos fibers above the "action level" 0.1 f/cc.

Medical examinations are provided for the employee on an annual basis at no cost to the employee. Additional examinations are provided upon physicians request.

The physician is requested to provide a written opinion as to whether the employee has any condition that would increase his or her health risk due to asbestos exposure or use of a respirator.

The examining physician is requested to provide a statement that the employee has been informed of the results of the exam and of any medical conditions that may be related to asbestos exposure or inability to perform assigned duties.

Medical records are made available to all employees and employees are notified of their rights annually. These records are also made available to the director of OSHA on request.

OSHA will be notified 90 days prior to termination of business and employee records will be transferred to the director if requested.

The following information will be provided to the examining physician:

- \* A copy of the asbestos standard.
- \* A description of the employee's duties as they relate to asbestos and representative or anticipated exposure.
- \* Information of the type of respirator used on the job.
- \* Any available information from previous occupational medical records.
- \* The employee will be provided a copy of the physicians written opinion within 15 days of receipt.

Employees will be provided copies of the standardized medical questionnaire before the initial examination and separate follow-up form for the annual medical requirement.

Employees are required to complete work history form and include past occupational exposure information.

The medical examination will consist of a pulmonary function test including the Forced Vital Capacity (FVC) and the Forced Expiratory Volume (FEV) in one second.

The physical examination will have chest x-ray by a licensed physician, to establish baseline medical data.

The employee will be provided a medical examination upon termination if he has been exposed at or above the action level 0.1 f/cc. This will be provided within 30 days before or after termination.

No medical examinations will be provided if the employee has been provided the medical requirements above within one year.