

# RESPIRATORY PROTECTION PROGRAM CHECKLIST

Employer \_\_\_\_\_

1. Program Administrator designated? \_\_\_\_\_
2. Specific air contaminant(s) identified? \_\_\_\_\_
3. Specific respiratory protection identified (eg. brand, model, cartridges, filters)? \_\_\_\_\_
4. Procedures for the selection of respirators? \_\_\_\_\_
5. Medical evaluation? \_\_\_\_\_
6. Fit test procedures? \_\_\_\_\_
7. Procedures for the proper use of respirators in routine and emergency situations? \_\_\_\_\_
8. Procedures and schedules for cleaning/disinfecting? \_\_\_\_\_ Storing \_\_\_\_\_,  
Inspecting? \_\_\_\_\_, Repairing? \_\_\_\_\_, Discarding? \_\_\_\_\_,  
Maintaining? \_\_\_\_\_
9. Procedure to ensure the quality of breathing air, quantity, and flow? \_\_\_\_\_
10. Training of employees in the proper use of respirators, putting on/off, limitations on use and maintenance? \_\_\_\_\_
11. Training of employees on the respiratory hazards to which they are potentially exposed during routine and emergency situations? \_\_\_\_\_
12. Procedures for evaluating the effectiveness of the program? \_\_\_\_\_