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? __________
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? __________