

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 222 of 558
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SP 27 Respiratory Protection

1.0 PURPOSE:

1.1 This document provides the directions necessary to satisfy regulations regarding the appropriate use of respiratory protection. Engineering controls, such as ventilation and substitution of materials, are the first lines of defense: however engineering controls may not always be feasible for some operations, or have not always completely controlled the identified hazard. In these situations, respirators and other protective equipment must be used. Respirators may also be needed to protect employees' health during emergencies.

2.0 SCOPE:

2.1 This program applies to all Kuesel Group employees who may be required to wear respirators.

3.0 RESPONSIBILITIES:

3.1 **Project Managers/Jobsite Supervisors:** Managers must ensure that the program is understood and followed by employees under their charge. Duties of the Manager include:

- 3.1.1 Ensuring employees under their supervision have received appropriate training, fit testing and annual medical evaluation.
- 3.1.2 Ensuring availability of appropriate respirators and accessories.
- 3.1.3 Being aware of tasks requiring the use of respiratory protection.
- 3.1.4 Enforcing the proper use of respiratory protection when necessary.
- 3.1.5 Ensuring that respirators are properly cleaned, maintained, and stored according to program.
- 3.1.6 Ensuring that respirators fit well and do not cause discomfort.
- 3.1.7 Continually monitor work areas and operations to identify respiratory hazards.
- 3.1.8 Coordinate with the Program Administrator on how to address hazards or other concerns regarding the program.

3.2 **Employees:** The employee shall use the respiratory protection in accordance with this procedure and training received:

- 3.2.1 The employee shall use respiratory protection to prevent exposure to hazardous chemical vapors and airborne particles when engineering controls are not feasible.
 - 3.2.2 The employee shall report any malfunction of the equipment to supervision.
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THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 223 of 558
---------------------------------	--------------------------------------	---

3.2.3 The employee shall report any lost or damaged respiratory protection equipment to supervision.

3.3 **Program Administrator:** The Program Administrator must be knowledgeable of the complexity of the program, conduct evaluations and be properly trained. The Program administrator is responsible for the implementation of the program. Duties include:

3.3.1 Identifying activities, operations and evaluate hazards that require workers to wear respirators.

3.3.2 Monitor respirator use to ensure that respirators are selected and used in accordance with their capabilities.

3.3.3 Provide guidance on the cleaning, inspection, storage, and maintenance of respirators.

3.3.4 Arrange for and/or conduct training and fit testing.

3.3.5 Coordinate the medical surveillance program.

3.3.6 Audit the respiratory program and work areas periodically to ensure compliance with standards and procedures.

3.3.7 Maintain records required by program.

4.0 GENERAL:

4.1 Engineering systems will be the primary means of limiting the need for respiratory protection. Respirator shall be used when engineering control measures are not feasible or during emergencies with high exposure.

4.2 Respiratory protection shall be worn when any permissible exposure limits (PEL) (or any other standard criteria available) are exceeded, or expected to be exceeded, as measured by industrial hygiene sampling for harmful vapors, dusts, mists, gases, oxygen deficient environments, etc.

4.3 Respirators will be worn, when necessary, by trained and certified fit-tested individuals, except those who have written notification to the contrary by the company physician.

4.4 Each user or potential user of a respirator will be fit-tested to determine the proper face-to-facepiece seal. The fit-tests will be the basis for the selection of personal respirators. If glasses are normally worn, and a full-face respirator is required, the individual will be issued modified spectacles that fit into the facemask.

4.5 All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification. In addition, all

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 224 of 558
---------------------------------	--------------------------------------	---

filters, cartridges, and canisters must be labeled with the appropriate NIOSH approval. The label must not be removed or defaced while it is in use.

- 4.6 An employee will be allowed to perform a job requiring a respirator only if successfully fit-tested, trained, and verified on the use of the specific type of respirator.
- 4.7 All respirators will be inspected before and after each use by the user. Those not used routinely will be inspected at least once per month.
- 4.8 Respirators will be cleaned and disinfected after each day's use or after each use if worn by more than one person in a single day. A disinfectant solution will be used. Alcohol must not be used for cleaning as it can cause the rubber areas to become brittle.
- 4.9 Maintenance on respirators will be performed by trained personnel.
- 4.10 Respirators must be stored in a carrying case or plastic bag to protect them from dust, sunlight, heat, extreme cold, excessive moisture, damaging chemicals, and physical damage.
- 4.11 Respirators, training, fit testing, and medical evaluations are provided at no cost to the employees.

5.0 SELECTION OF RESPIRATORS:

5.1 Types of Respirators

5.1.1 Air Purifying Respirators (APR) are used to purify the air when it contains a known concentration of particulates, gases or vapor contaminants. These respirators have time and concentration limitations. They cannot be used in oxygen deficient atmospheres. APR's shall not be used for emergency response purposes where the contaminant or concentration is unknown.

5.1.1.1 Cartridges must be selected and used according to the type of air contaminants present.

5.1.1.2 A cartridge change-out schedule must be developed to ensure proper cartridge effectiveness. Change-out schedules are based on length of exposure, concentration of contaminant and manufacturer's instructions.

5.1.1.2.1 At minimum, all vapor cartridges shall be replaced at the completion of the job or end of each shift.

5.1.1.2.2 Cartridges shall be changed more frequently depending on the concentration. Review sampling data and adjust change schedule accordingly. (Use manufacturer's information.)

5.1.1.2.3 Cartridges shall be changed immediately if vapor or gas breakthrough is detected or there is a change in breathing resistance.

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 225 of 558
---------------------------------	--------------------------------------	---

5.1.2 Atmosphere Supplying Respirators include Supplied Air Respirators (Pressure Demand and 5 min. escape)/and Self Contained Breathing Apparatus (SCBA).

5.1.2.1 These respirators are to be used:

5.1.2.1.1 When there is a potential IDLH exposure

5.1.2.1.2 When there is an unknown concentration of a contaminant

5.1.2.1.3 When there is a potentially oxygen deficient atmosphere

5.1.2.1.4 When APR's are inadequate or the protection factor is exceeded

5.1.2.2 SCBA's shall be pressure demand and have an audible low air alarm.

5.1.2.3 Carbon Monoxide monitors are to be in place and set to alarm at 10 ppm or monitored frequently.

5.1.2.4 For supplied air respirators, only Grade D breathing air shall be used in the cylinders. The Program Administrator will ensure that all breathing air meets this standard.

5.1.2.5 Air cylinders used on SCBA's shall be hydrostatically tested every 3 years for composite (fiberglass) cylinders and every 5 years for steel cylinders.

5.1.2.6 Ensure proper fittings shall be compatible with respirable gases and containers.

5.1.2.7 A Compressor located in a "clean" atmosphere, with in-line purification and tagged to indicate date or change out.

5.1.3 Filtering face pieces (dust masks) - N95 dust masks should only be used in a low hazard particulate environment or worn for comfort. Typically, these masks have a protection factor of around 5, if properly fitted. If clouds of dust are present, employees should use, at a minimum, a half-face APR with P100 particulate filter cartridges. Employees shall be trained on their proper use, fit and limitations.

5.2 Selection

5.2.1 Each area of the jobsite must be assessed of its need for respirators. The selection of a respirator shall be based upon the hazards identified at the worksite and those hazards that affect respirator performance. A hazard evaluation of work activities, where airborne contaminants may be present or during emergencies where hazards may be released would indicate what type of respiratory protection would be required. A hazard evaluation should consider:

5.2.1.1 Identify any hazardous substances that are used in the workplace,

5.2.1.2 Estimate potential exposures and contaminant information,

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 226 of 558
---------------------------------	--------------------------------------	---

5.2.1.3 Review of work processes to determine where potential exposure to these hazardous substances may occur.

5.2.1.4 Exposure monitoring to quantify potential hazardous exposures.

5.2.1.5 Duration of exposure.

5.2.2 When working at a client jobsite where respirators may be required, the site supervisor shall obtain information on potential exposures from the client.

5.2.3 The Program Administrator will select respirators to be used onsite based on the hazards to which workers are exposed and in accordance with all OSHA standards. The type of respiratory protection necessary will depend on the type of respiratory hazard. There are three general categories of respiratory hazards.

5.2.3.1 Oxygen deficiency, less than 19.5 % and/or Oxygen enrichment, greater than 23.5%

5.2.3.2 Gas or vapor contamination

5.2.3.3 Particulate contamination (aerosols including dust, fog, mist, smoke, and sprays)

5.2.4 Selection of the appropriate respirator should include:

5.2.4.1 The type of hazard.

5.2.4.2 Respiratory protection factor, concentration of the contaminant, and permissible exposure limits.

5.2.4.3 Characteristics and limitations of respirators (see 5.1).

5.2.4.4 Type of work being performed.

5.2.5 Voluntary Respirator Use:

5.2.5.1 Respirators may be used when exposures are below the exposure limit to provide an additional level of comfort and protection for employees. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the employee. Sometimes, employees may wear respirators to avoid exposures to hazards, even if the amount of a hazardous substance does not exceed the limits set by OSHA standards.

5.2.5.2 Employees who voluntarily choose to wear an air-purifying respirator when not required must comply with the procedures for medical evaluation, respirator use, cleaning, maintenance, and storage.

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 227 of 558
---------------------------------	--------------------------------------	---

5.2.5.3 The use of filtering face pieces (dust masks) on a voluntary basis will not be required to comply with procedures described above. Hazard assessments should indicate what activities constitute voluntary respiratory use.

NOTE: SEE APPENDIX B: VOLUNTARY RESPIRATOR USE FORM. REQUIRED WHEN EMPLOYEES USE RESPIRATORS VOLUNTARILY.

5.2.6 Immediately Dangerous To Life and Health Atmospheres (IDLH)

5.2.6.1 In the unlikely situation where The Kuesel Group employees would have to enter an IDLH atmosphere, procedures shall be developed to ensure proper employee protection. These procedures shall address:

5.2.6.1.1 Outside standby persons

5.2.6.1.2 Maintaining communication (visual, voice, signal line, etc.)

5.2.6.1.3 Proper training, PPE, and equipment (including rescue/retrieval equipment)

5.2.6.1.4 Pre-entry notification procedures

5.2.6.1.5 Rescue procedures

6.0 RESPIRATOR MEDICAL EVALUATION PROGRAM:

6.1 Employees who are either required to wear tight-fitting face piece respirators, or who choose to wear respirators voluntarily, must pass a medical exam before being permitted to wear a respirator on the job or before fit testing. Employees are not permitted to wear respirators until it has been determined that they are medically able to do so. Any employee refusing the medical evaluation will not be allowed to work in an area requiring respiratory use.

6.2 Medical evaluation procedures are as follows:

6.2.1 The medical evaluation will be conducted using a standard respiratory user questionnaire (See Appendix A). The Program Administrator will provide a copy of this questionnaire to all employees requiring medical evaluations.

6.2.2 All affected employees will be given a copy of the medical questionnaire to complete. Employees will be permitted to complete the questionnaire on company time.

6.2.3 The questionnaire shall be convenient and easy to understand. Non-English versions shall be provided for employees whose primary language is other than English. Completed questionnaires shall be kept confidential

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 228 of 558
---------------------------------	--------------------------------------	---

- 6.2.4** Follow-up medical exams will be granted to employees as required by the standard and/or as deemed necessary by the Physician or Licensed Health Care Professional, (PLHCP).
- 6.2.5** All employees will be granted the opportunity to speak with the PLHCP about their medical evaluation, if they so request. All examinations and questionnaires are to remain confidential between the employee and physician.
- 6.2.6** The Program Administrator will provide the PLHCP with a copy of this program, a copy of the Respiratory Protection standard, a list of any potentially hazardous substances, and for each employee requiring evaluation: his or her work area or job title, proposed respirator type and weight, length of time required to wear respirator, expected physical work load (light, moderate or heavy), potential temperature and humidity extremes, and any additional protective clothing required.
- 6.2.7** *Medical determination* - In determining the employee's ability to use a respirator, The Kuesel Group shall obtain a written recommendation regarding the employee's ability to use the respirator from the Physician. The recommendation shall provide only the following information:
- 6.2.7.1** Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
- 6.2.7.2** The need, if any, for follow-up medical evaluations.
- 6.2.8** Any employee not approved (for medical reasons) to wear a negative pressure air-purifying respirator will be provided with a powered air-purifying respirator (PAPR).
- 6.2.9** After an employee has received clearance and begun to wear his or her respirator, additional medical evaluations will be provided under the following circumstances:
- 6.2.9.1** Employee reports signs and/or symptoms related to their ability to use a respirator, such as shortness of breath, dizziness, chest pains, or wheezing.
- 6.2.9.2** The Manager informs the Program Administrator that the employee needs to be reevaluated.
- 6.2.9.3** A change occurs in workplace conditions that may result in an increased physiological burden on the employee.
- 6.2.10** Medical records are confidential and maintained at the PLHCP. Employees may gain access to their medical records at any time. Contact the Program Administrator to gain access or request a copy.
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THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 229 of 558
---------------------------------	--------------------------------------	---

7.0 RESPIRATOR FIT-TESTING:

- 7.1** Fit testing is required for employees wearing tight-fitting face piece air purifying respirators (APR's) and supplied air respirators (SAR's). Employees voluntarily wearing APR's may also be fit tested upon request.
- 7.2** Employees who are required to wear APR's & SAR'S will be fit tested:
 - 7.2.1** Prior to wearing any respirator with a tight fitting face piece.
 - 7.2.2** Annually.
 - 7.2.3** When there are changes in the employee's physical condition that could affect respirator fit (e.g. obvious change in body weight, facial scarring, etc.).
- 7.3** Employees will be fit tested with the make, model, and size of the respirator that they will actually wear. Employees will be provided with several models and sizes of respirators so that they may find an optimal fit. Fit testing of SAR's and PAPR's are to be conducted in the negative pressure mode.
- 7.4** The Program Administrator will ensure that fit tests follow approved OSHA Qualitative Fit Testing (QLFT) or Quantitative Fit Testing (QNFT) procedures. Fit-testing must be done by personnel who are qualified in proper fit testing methods.

8.0 RESPIRATOR USE:

- 8.1** Employees will use their respirators under conditions specified by this program, and in accordance with the training they received on the use of each particular model. In addition, the respirator shall not be used in a manner for which it is not certified by NIOSH.
- 8.2** All employees will conduct user checks each time that they don their respirator. At a minimum, employees shall conduct a negative pressure check (place hands over cartridges or inlet and breathe-in). If possible, a positive pressure check should be conducted (place hands over exhalation valve and exhale).
- 8.3** Employees are not permitted to wear tight fitting respirators if they have any condition that prevents them from achieving a good seal. (i.e. facial hair, facial scars, missing dentures, glasses, bandana, etc.)
- 8.4** The wearer of a respirator equipped with a full facepiece, helmet, hood or suit shall not be permitted to wear contact lenses. If glasses, goggles, face shield or welding helmet must be worn with a respirator, it shall be worn so as to not break or adversely affect the seal.

9.0 CLEANING:

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 230 of 558
---------------------------------	--------------------------------------	---

- 9.1 The program administrator must address appropriate surveillance, and ensure employees leave the area to wash, change cartridges, or if they detect break-through or resistance.
- 9.2 Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.
- 9.3 Respirators not individually assigned and those for emergency use shall be cleaned and disinfected after each use by a designated person.
- 9.4 The following procedure shall be used for cleaning and disinfecting respirators:
 - 9.4.1 Remove filters, cartridges, or canisters before washing and discard as necessary. Headbands can also be removed before washing.
 - 9.4.2 Wash all respirator parts in warm water and soap or an approved cleaner/disinfectant.
 - 9.4.3 Rinse well in clean warm water and allow to air dry in a clean area.
 - 9.4.4 Reassemble the respirator.
- 9.5 Individual cleaning pads for respirators, such as "Safety Equipment Wipes," are an acceptable alternative to the above cleaning procedure. Unless approved for respirator cleaning by the manufacturer, do not use any other chemicals, alcohol, or solutions to clean/sanitize respiratory protection equipment.

10.0 INSPECTION AND MAINTENANCE:

- 10.1 All respirators shall be inspected by the user before and after each use and after cleaning to check the respirator function, tightness of connections, condition of the various parts, including, but not limited to, the face piece, head straps, inhalation/exhalation valves, connecting tube, cartridges, canisters or filters, and a check of elastomer parts for pliability and signs of deterioration. The Program Administer shall periodically inspect employee respirators to ensure that they are being properly maintained.
 - 10.2 Respirators maintained for emergency use shall be inspected before and after each use and at least monthly by supervision or a designated person to assure they are in satisfactory working condition. These respirators shall be tagged noting the date of inspection and the initials of the person doing the inspection. An appropriate checklist or log can also be developed.
 - 10.3 Emergency escape respirators shall be inspected before being carried into the workplace for use.
 - 10.4 Respirators that do not pass inspection shall be replaced or repaired immediately. Deficiencies and the completed corrective action should be communicated to the Program Administrator.
 - 10.5 Repair of individual respirators by the user is limited to changing filters, cartridges, canisters, head straps, and inhalation/exhalation valves and covers.
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THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 231 of 558
---------------------------------	--------------------------------------	---

10.6 All other repairs or replacements shall be performed by designated trained personnel with parts designed for the respirator. No attempt shall be made to replace components or make adjustments, modifications, or repairs beyond the manufacturer's recommendations.

11.0 STORAGE:

11.1 After cleaning, inspection, and any necessary repairs, respirators shall be stored in a clean place and in a sealed plastic bag to protect against dust, sunlight, extreme heat or cold, excessive moisture, and damaging chemicals.

11.2 Routinely used respirators shall be stored in a sealed plastic bag/carton and kept in a locker or other cabinet. Respirators shall be stored such that the face piece and exhalation valve rest in a normal position.

12.0 PROGRAM EVALUATION:

12.1 Evaluations of the workplace are necessary to ensure that the written respiratory protection program is being properly implemented. This includes consulting with employees to ensure that they are using the respirators properly. Program evaluation will include discussions with employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:

12.1.1 Respirator fit (including the ability to use the respirator without interfering with effective workplace performance)

12.1.2 Appropriate respirator selection for the hazards to which the employee is exposed

12.1.3 Proper respirator use under the workplace conditions the employee encounters

12.1.4 Proper cleaning, maintenance, and storage practices in place.

12.2 The Program Administrator shall conduct the program evaluations as necessary (typically at least annually) to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective.

13.0 TRAINING:

13.1 Employees shall receive training on this program if they are required to wear a tight-fitting face piece respirator or their normal duties include response to emergencies that may require immediate respirator use. Training will be given by qualified instructors. The respiratory training program shall include:

13.1.1 An understanding of The Kuesel Group's Respiratory Protection Program and 29 CFR 1910.134.

13.1.2 The limitations and capabilities of respiratory protective equipment.

13.1.3 A discussion of the types and proper selection of respirators for each purpose.

THE KUESEL GROUP	<i>Respiratory Protection</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 232 of 558
---------------------------------	--------------------------------------	---

13.1.4 Instruction in the proper use, care, fit, inspection, maintenance and storage of respirators.

13.1.5 How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.

13.1.6 How to deal with emergency situations involving the use of and malfunction of respiratory equipment.

13.2 This training is required annually and prior to employee use of respiratory protection in the workplace. Retraining is required when an employee shows a deficiency in understanding or a new type/brand of respirator is introduced. Training records will be forwarded to the Program Administrator.

14.0 DOCUMENTATION:

14.1 The Program Administrator is required to establish and retain written information regarding medical evaluations, fit tests, and the respirator program. The Program Administrator will be responsible for ensuring the follow records are maintained:

14.1.1 Current written Respiratory Protection Program.

14.1.2 Employee training and fit test records. A training record shall be maintained for each employee required to wear a respirator. Fit test records shall be maintained until the next fit test is performed.

14.1.3 Inspection and maintenance records of emergency respirators.

14.1.4 Voluntary Respirator Use Forms

14.1.5 Periodic program evaluations

14.1.6 The Physician's Statement certifying the employee is physically capable of wearing a respirator.

14.1.7 Records shall be maintained by the Program Administrator at The Kuesel Group office in O'Fallon, MO. Employee medical records shall be made available to the employee in accordance with 29 CFR 1910.1020 at the employee's request

15.0 REVISION REGISTER:

Date	Description of Change	Page No.	Initials

THE KUESEL GROUP	<i>Respiratory Protection – Appendix A: OSHA Respirator Medical Questionnaire</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 234 of 558
---------------------------------	--	---

- a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

- b. _____ Other type (for example, half-or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator? Yes No

If "yes," what type(s) _____

Part A. Section 2.

(PLEASE CHECK THE APPROPRIATE BOX)

YES NO

___ ___ 1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?
If yes please describe:

___ ___ 2. Have you ever had any of the following conditions?

- ___ ___ a. Seizures (fits)
- ___ ___ b. Diabetes (sugar disease)
- ___ ___ c. Allergic reactions that interfere with your breathing
- ___ ___ d. Claustrophobia (fear of closed-in places)
- ___ ___ e. Trouble smelling odors

___ ___ 3. Have you ever had any of the following pulmonary or lung problems?

- ___ ___ a. Asbestosis
- ___ ___ b. Asthma
- ___ ___ c. Chronic bronchitis
- ___ ___ d. Emphysema
- ___ ___ e. Pneumonia
- ___ ___ f. Tuberculosis
- ___ ___ g. Silicosis
- ___ ___ h. Pneumothorax (collapsed lung)
- ___ ___ i. Lung cancer
- ___ ___ j. Broken ribs
- ___ ___ k. Any chest injuries or surgeries
- ___ ___ l. Any other lung problem that you've been told about

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- ___ ___ a. Shortness of breath
 - ___ ___ b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline
 - ___ ___ c. Shortness of breath when walking with other people at an ordinary pace on level ground
 - ___ ___ d. Have to stop for breath when walking at your own pace on level ground
 - ___ ___ e. Shortness of breath when washing or dressing yourself
 - ___ ___ f. Shortness of breath that interferes with your job
 - ___ ___ g. Coughing that produces phlegm (thick sputum)
 - ___ ___ h. Coughing that wakes you early in the morning
 - ___ ___ i. Coughing that occurs mostly when you are lying down
 - ___ ___ j. Coughing up blood in the last month
 - ___ ___ k. Wheezing
 - ___ ___ l. Wheezing that interferes with your job
 - ___ ___ m. Chest pain when you breathe deeply
 - ___ ___ n. Any other symptoms that you think may be related to lung problems
-

(PLEASE CHECK THE APPROPRIATE BOX)

YES **NO**

5. Have you ever had any of the following cardiovascular or heart problems?

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Heart attack |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Stroke |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Angina |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Heart failure |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Swelling in your legs or feet (not caused by walking) |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Heart arrhythmia (heart beating irregularly) |
| <input type="checkbox"/> | <input type="checkbox"/> | g. High blood pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Any other heart problem that you've been told about |

6. Have you ever had any of the following cardiovascular or heart symptoms?

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Frequent pain or tightness in your chest |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Pain or tightness in your chest during physical activity |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Pain or tightness in your chest that interferes with your job |
| <input type="checkbox"/> | <input type="checkbox"/> | d. In the past two years, have you noticed your heart skipping or missing a beat |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Heartburn or indigestion that is not related to eating |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Any other symptoms that you think may be related to heart or circulation problems |

7. Do you currently take medication for any of the following problems?

- | | | | |
|--------------------------|--------------------------|-------------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Breathing or lung problems | Please list: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Heart trouble | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Blood pressure | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Seizures (fits) | _____ |

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9)

- | | | |
|--------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Eye irritation |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Skin allergies or rashes |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Anxiety |

- ___ ___ d. General weakness or fatigue
- ___ ___ e. Any other problem that interferes with your use of a respirator
- ___ ___ 9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?
- ___ ___ 10. Have you ever lost vision in either eye (temporarily or permanently)
- ___ ___ 11. Do you currently have any of the following vision problems?
- ___ ___ a. Wear contact lenses
- ___ ___ b. Wear glasses
- ___ ___ c. Color blind
- ___ ___ d. Any other eye or vision problem
- ___ ___ 12. Have you ever had an injury to your ears, including a broken ear drum?
-

(PLEASE CHECK THE APPROPRIATE BOX)

YES **NO**

13. Do you currently have any of the following hearing problems?

- | | | |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Difficulty hearing |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Wear a hearing aid |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Any other hearing or ear problem |

 14. Have you ever had a back injury? If yes, when? (Date): _____

15. Do you currently have any of the following musculoskeletal problems?

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Weakness in any of your arms, hands, legs, or feet |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Back pain |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Difficulty fully moving your arms and legs |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Pain or stiffness when you lean forward or backward at the waist |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Difficulty fully moving your head up or down |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Difficulty fully moving your head side to side |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Difficulty bending at your knees |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Difficulty squatting to the ground |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Climbing a flight of stairs or a ladder carrying more than 25 lbs |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Any other muscle or skeletal problem that interferes with using a respirator |

PART B.

1. List any second jobs or side businesses you have: _____

2. List your previous occupations: _____

3. List your current and previous hobbies: _____

(PLEASE CHECK THE APPROPRIATE BOX)

YES

NO

4. Other than at Quality Testing Services, Inc. have you ever worked with any of the materials, or under any of the conditions, listed below:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Asbestos |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Silica (e.g., in sandblasting) |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Tungsten/cobalt (e.g., grinding or welding this material) |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Beryllium |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Aluminum |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Coal (for example, mining) |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Iron |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Tin |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Dusty environments |

THE KUESEL GROUP	<i>Respiratory Protection – Appendix A: OSHA Respirator Medical Questionnaire</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 241 of 558
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(PLEASE CHECK THE APPROPRIATE BOX)

YES **NO**

___ ___ j. Any other hazardous exposures. If "yes," describe these exposures:

___ ___ 5. Have you been in the military services?
 If "yes," were you exposed to biological or chemical agents (either in training or combat)

___ ___ 6. Have you ever worked on a community volunteer fire, ambulance, or other emergency
 response team? If "yes" please describe: _____

___ ___ 7. Other than medications for breathing and lung problems, heart trouble, blood pressure,
 and seizures mentioned earlier in this questionnaire, are you taking any other
 medications for any reason including over-the-counter medications. If "yes," name the
 medications if you know them: _____

___ ___ 8. How often are you expected to use the respirator(s)? (Mark "yes" or "no" for all answers
 that apply to you).

___ ___ a. Escape only (no rescue)

___ ___ b. Emergency rescue only

___ ___ c. Less than 5 hours per week

___ ___ d. Less than 2 hours per day

___ ___ e. 2 to 4 hours per day

___ ___ f. Over 4 hours per day

___ ___ 9. Do you wear dentures?

___ ___ 10. Do you have a history of facial injury, surgery or deformity?

___ ___ 11. Do you have a history of hyperventilation (over breathing)?

___ ___ 12. Presently do you feel you have any medical problems that could interfere with proper and safe respirator use?

If yes please describe: _____

Signature: _____

Date: _____

THE KUESEL GROUP	<i>Respiratory Protection – Appendix B: Voluntary Respirator Use Form</i>	Procedure No.: SP-27 Revision No.: Date: Nov. 2018 Page: 243 of 558
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Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U. S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator

CERTIFICATION:

I HAVE BEEN GIVEN A PERSONAL COPY OF THIS FORM. I HAVE READ AND UNDERSTAND ITS CONTENTS:

EMPLOYEE NAME: _____

SIGNATURE: _____ **DATE:** _____