CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS

Facility Name | Person Contacted

Address | Title

City | State | Zip Code | Date of Interview

Phone Number

A written respiratory protection program that is specific to the workplace and covers the following:

☐ Yes ☐ No *Specifications on who (employees of what department or units under what situations) are covered by the respiratory protection program*

☐ Yes ☐ No *Designation of a program administrator qualified to administrator the program*

Written Program	Implemented	
☐ Yes ☐ No	☐ Yes ☐ No	1. Procedures for selecting NIOSH certified respirators based on the hazards and workplace activities.
☐ Yes ☐ No	☐ Yes ☐ No	2. Medical evaluations of employees required to wear respirators reviewed by physician or licensed health care professional using approved questionnaire or clinical exam.
☐ Yes ☐ No	☐ Yes ☐ No	3. Fit testing procedures are performed using the same make, model and size that the employee will be expected to use. *There are a sufficient number of sizes and models to provide acceptable and correct fit for various staff* *Fit testing is performed annually*
☐ Yes ☐ No	☐ Yes ☐ No	4. Procedures for routine and emergency respirator use.
☐ Yes ☐ No	☐ Yes ☐ No	5. Procedures and schedules for cleaning (if not disposable), disinfecting (if not disposable), storing, inspecting, repairing (if not disposable), discarding, and maintaining respirators.
☐ Yes ☐ No	☐ Yes ☐ No	6. Training in respiratory hazards and why it is necessary to wear.
☐ Yes ☐ No	☐ Yes ☐ No	7. Training in proper use to inspect, put on and remove and use the respirator.
☐ Yes ☐ No	☐ Yes ☐ No	8. Program evaluation procedures.
☐ Yes ☐ No	☐ Yes ☐ No	9. Procedures for ensuring that workers who voluntarily wear respirators (excluding filtering face pieces) comply with the medical evaluation, and cleaning storing and maintenance requirements of the standard.
☐ Yes ☐ No	☐ Yes ☐ No	10. Procedures for monitoring employees for compliance with the program.
☐ Yes ☐ No	☐ Yes ☐ No	11. Ensure proper records of medical evaluations and fit testing are maintained.

Print | E-mail to Facility | E-Mail to DOH

CHECKLIST FOR RESPIRATORY PROTECTION PROGRAMS cont.

Facility Name

Number of Beds

Number of Staff

Number of staff who will/may require N-95 respirators

☐ Yes ☐ No Request for training of staff.

☐ Yes ☐ No Request for train the trainer program.

☐ Yes ☐ No Request for fit testing.

☐ Yes ☐ No Request for medical evaluation.

☐ Yes ☐ No Request for review of their written program.

☐ Yes ☐ No Provide template for written program.

☐ Yes ☐ No Request for other assistance. Please describe:

Auditor Name

Report Date

Phone Number

Electronic Signature

Print

E-mail to Facility

E-Mail to DOH