Written Program for Respiratory Protection
29 CFR 1910.134
Including Training Guidelines

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Paramount Media Networks
Respiratory Protection Policy

Policy Statement

Paramount Media Networks is committed to maintaining a safe and healthy working environment and, as such, has established a Respiratory Protection Program to help ensure that employees understand the respiratory hazards that may exist in the workplace and how to properly protect themselves. This program meets the requirements of the OSHA General Industry Standard for respiratory protection (29 CFR 1910.134).

Every employee will be given the information and training needed to safely perform their duties in regard to Respiratory Protection on Paramount Media Networks productions.

All employees whose job classification may require working with contaminants or in a contaminated area, shall be required to successfully complete a respiratory training class. This will be determined by performing a Job Hazard Analysis.

Except for emergency situations employees shall be assigned a respirator only after it has been determined they are physically able to use the equipment and perform the assigned work tasks. Employees issued a respirator will be given a qualitative fit test by a designated respiratory instructor to insure proper fit and seal.

This transmittal of information is to be accomplished by means of a comprehensive program and employee training.

This program has been created to work in conjunction with similar programs established by our partner employers.

Table of Contents

I. Scope

This policy applies to all employees working on all Paramount Media Networks productions. This includes Paramount Media Networks employees, partner employees, and contractors.

II. Responsibility

Authority: Vice President, PMN Production Safety
Administration: Safety Consultants
Application: Production Management and Heads of Department

III. Application

The Respiratory Protection Program will inform employees about the following:

A. The hierarchy of hazard control.
B. The limitations of cartridge filter masks and N-95 dust masks.
C. The requirements that must be met before using a fitted respirator.
D. How to properly use and maintain a respirator.
E. Selection of the correct respirator for the identified hazards.

IV. Technical Responsibilities

- Vice President, Production Safety - Responsible for implementing the provisions of this program.

- Safety Consultants – Responsible for working with Heads of Department to identify hazardous work environments, determining the hazard controls, and identifying technicians who shall participate in the Respiratory Protection Program.
- Third Party Vendor - Responsible for providing training and qualitative fit testing for technicians.

- Department Heads – Responsible for ensuring compliance with the Respiratory Protection Program.

- Employee – Responsible for adhering to the Respiratory Program and reporting any unsafe conditions to their supervisor or to the Safety Consultant. See complete list of Employee Responsibilities in Section XII.

- It is the responsibility of Paramount Media Networks and its partner employers to provide a safe and healthy workplace for employees.

V. Training

A. Each production that requires the respiratory production program will work with the Production Safety Department to identify a local or national vendor who can provide the training, medical evaluation, fit testing, and product.

B. Classes are conducted using a comprehensive training program which includes instructions and demonstrations on how to use and adjust any respirators worn, according to manufacturer's instructions. Each employee participating in the class will practice the required procedures during the training session. A record of employee class attendance will be kept for evaluation on an individual basis as to the need for retraining. This will be communicated to the production and the Production Safety Department.

C. All affected employees will be given awareness training in Respiratory Protection through the JJ Keller online training program. This does not need to be repeated unless the employee is included in the Respiratory Protection Program, or Technical Management deems additional training necessary.

D. The following is the list of steps to complete before working in a hazardous environment with a respirator.

1. Candidates shall be identified by Production Management through a Job Hazard Analysis and the Safety Consultant will be informed of the need for a respirator evaluation.
2. The employee must fill out the Medical Questionnaire included in this policy. All answers shall be kept confidential. The questionnaire shall be sealed in an envelope and delivered to the training vendor. The questionnaire can also be delivered by the technician on the day of the medical evaluation.

3. Physicians working for the training vendor will determine if the candidate is able to continue, based on the answers in the questionnaire.

4. If approved, the employee may be asked to go for a Medical Evaluation. The results will be e-mailed to the Safety Consultant. The only results that shall be communicated to Production Safety and Production Management shall be a pass or fail, indicating that the employee can or cannot wear a fitted respirator.

5. Once approved to wear a respirator, the employee will attend a training session with the training vendor. This training shall include:

    i. Instructor led class.
    ii. Fit Testing with a respirator that will then be issued to that employee.
    iii. Practical evaluation

6. Each employee in the Respiratory Protection Program shall receive an annual Fit Test and shall take the Online Respiratory Awareness class.

VI. **Respirator Use**

The respirator protection program was established to coordinate the use and maintenance of respiratory protection equipment as determined necessary to allow employees to work safely in hazardous environments.

- Hierarchy of controls

Engineering controls and process designs, including identifying substitute chemicals that present less of a hazard, are usually the most effective means of controlling air borne contaminants. However, respiratory protection must be used by every employee when assigned to work with hazardous materials. All technical departments have technicians who may be required to wear a respirator when working with hazardous chemicals.
A Job Hazard Analysis shall be performed to evaluate potentially hazardous environments. This will include identifying the chemicals to be used, evaluating the information on the SDS, and possibly conducting atmospheric testing through a third party. The results of the Job Hazard Analysis will determine the style of respirator and the type of cartridge to be used.

VII. **Air Purifying Respirators**

- Fitting

1. Position the respirator on the face with the narrow portion over the nose.

2. Pull both headbands over the head with the lower headband positioned below the ears and the upper headband above the ears. Place chin against the chin strap.

3. Adjust the headbands for fit, increasing or decreasing their length. This is accomplished by changing the location of the headband attachment to the mask.

4. A negative and/or positive pressure test shall be performed in the field by the respirator wearer during each use.

NEGATIVE PRESSURE TEST

The wearer can perform this test alone in the field. This consists of:

a. Closing off the inlet of the cartridge or filter by covering with the palm of the hand, so air cannot pass.
b. Inhaling gently so the face piece collapses slightly
c. Holding one's breath for 10 seconds

If the face piece remains slightly collapsed and no inward leakage is detected, the respirator is probably tight enough. This test can only be used on respirators with tight-fitting face pieces.

Although this test is simple, it has drawbacks, primarily that the wearer must handle the respirator after it has supposedly been positioned on their face. It is strongly recommended that the test be used only as a very general determination of fit when the respirator is to be used in a

relatively toxic atmosphere. The wearer should use this test just before entering any toxic atmosphere.

NOTE: Modification of a NIOSH/MSHA approved respirator, unauthorized by the approving agencies, automatically voids the respirator approval and may seriously jeopardize the health and safety of employees.

POSITIVE PRESSURE TEST

This test is very similar to the negative pressure test, and it has the same advantages and limitations. It is conducted by closing off the exhalation gently into the face piece. The fit is considered satisfactory if slight positive pressure can be built up inside the face piece without any evidence of outward leakage.

EXERCISES FOR TESTING A RESPIRATOR

The series of exercises for testing a respirator equipped with a face piece should include, but not be limited to, the following:

* Normal breathing
* Deep breathing
* Turning head from side to side
* Nodding head front and back
* Talking

The series of exercises for testing a respirator equipped with a helmet, hood or suit should include, but not be limited to the following:

* Standing still, arms hanging downward along sides of body, normal breathing
* Bending forward and touching toes
* Raising arms above head and looking upward
* Bending knees and squatting
* Running in place

MAINTENANCE AND SANITIZING

* Respirators are to be sanitized before and after each use.
* Every employee will clean the respirator according to the manufacturer's instructions or as shown in the training course.
* Respirators found to have deteriorated or missing parts shall be reported to the respirator. trainer and replaced according to the manufacturer's instructions.
* A written record of repairs shall be maintained by the respirator trainer.

STORAGE AND REPAIRS

REPAIRS - Replacement of worn parts or repairs shall only be done by experienced persons as designated by the respirator trainer. No attempt shall be made to replace components or to make adjustments or repairs beyond the manufacturer's recommendations.

STORAGE - After inspection, cleaning and necessary repair, respirators shall be stored properly to protect against dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.

1. Respirators, such as dust respirators, will be placed in plastic bags or other suitable containers in designated areas. Respirators should not be stored in such places as vehicles (trunks) or toolboxes unless they are in carrying cases or cartons.

2. Respirators should be packed or stored so the face piece and exhalation valve will rest in a normal position and function will not be impaired by the elastomer setting in an abnormal position.

3. Respirators shall only be cleaned and disinfected with the products approved by the authorized respirator trainer.

4. These respirators do not protect exposed areas of the body against toxic contaminants that irritate the skin or may be absorbed by the body through skin penetration.

Cartridge Selection and Useful Life

1. The type of cartridge to be used will be determined by the Job Hazard Analysis and the information from the SDS.

2. The length of time a chemical cartridge or filter will provide protection depends on the conditions of use (type of contaminants and concentration, wearers' breathing rate and humidity). When the filter becomes clogged, the resistance to breathing increases appreciably until it becomes objectionable to the wearer. If either of the above is noticed, the cartridge or filter should be changed.

VIII. **Supplied-Air Respirators**

A. DESCRIPTION - A continuous air-flow respirator, which provides face and eye protection. NIOSH Approved.

B. APPLICATION - For respiratory protection against dusts produced during abrasive blasting operations and toxic painting operations.

C. INSPECTION - The following procedures shall be performed before each use:

* Examine the hood and protective covering for rips, tears and seam integrity.
* Examine the protective headgear for general condition with emphasis on the suspension inside.
* Examine the protective face shield for cracks and breaks or impaired vision, and the protective screen is intact and secured correctly over the face shield of the hood.
* The respirator shall be sanitized and cleaned according to the manufacturer's instructions.

Note: When self-contained breathing apparatus or hose masks with blowers are used in an atmosphere immediately dangerous to life or health, standby persons must be present with suitable rescue equipment.

IX. Medical Evaluation

Management and the authorized respiratory trainer shall determine which respiratory job tasks are required to incorporate a physical and medical history program based on OSHA's (29 CFR 1910 SUBPART Z) health standards.

Once it has been determined that an employee shall require a medical physical, the physician shall determine what health and physical conditions are pertinent, and the physician must certify in writing that the employee is able to wear respirator equipment protection (air purifying) in work required situations.

Determination Form:
Included in the Respiratory Program is a Medical Evaluation Questionnaire to be filled out by the Employee.
This form shall be used to help evaluate if an individual employee needs to be examined by a physician as to being medically able to wear respiratory protective equipment as part of/her job function.

X. Employee Responsibilities

Each employee shall be responsible for the following:

1. Use and maintenance of respiratory protection equipment.

2. Cooperation with the authorized respirator trainer in proper fitting.

3. Wearing only those respirators for which one has been fitted.

4. Conducting a quick visual inspection of respiratory protection equipment for defects before putting the equipment to use.

5. Performing a negative and positive pressure test prior to using a respirator to ensure a good seal on the face.

6. Reporting any malfunction of the respirator to the department authorized respirator trainer.

7. Protecting respiratory protection equipment from damage and abuse.

8. Informing the department authorized respirator trainer of any problems developing from the use of respiratory protection equipment.

9. Employees shall ensure they are clean shaven when required to wear an air purifying respirator and facial hair such as mustache, sideburns or beards do not protrude under the seals surface.

10. Contact lenses shall not be worn while wearing any type of respiratory protection device. Chemicals inadvertently splashed into eyes while wearing a half mask may cause damage as the chemical becomes trapped between the contact lens and the surface of the eye. If corrective eye wear must be worn while wearing a respirator; notify the company authorized respiratory trainer so that the proper accommodation can be made if necessary.

11. Participating in the Medical Evaluation Program when required.

XI. Respirator Inspection Sheets

Respirator inspections must occur before each use and during cleaning.

Respirator maintenance must be an integral part of the overall respirator program. Wearing a poorly maintained or malfunctioning respirator is, in one sense, more dangerous than not wearing a respirator at all. Individuals wearing defective devices think they are protected when, in reality, they are not. Emergency escape and rescue devices are particularly vulnerable to poor maintenance as they generally are used infrequently, and then in the most hazardous and demanding conditions during emergency escape or rescue.

Inspection of Air-Purifying Respirators

Routinely used air-purifying respirators should be inspected using the following inspection procedures.

Examine the facepiece for:

* Excessive dirt
* Cracks, tears, holes, or physical distortion of shape from improper storage.
* Inflexibility of rubber facepiece (stretch and massage to restore flexibility).
* Cracks or badly scratched lenses in full facepieces, incorrectly mounted full-facepiece lens, or broken or missing mounting clips.
* Cracked or broken air-purifying element holder(s), badly worn threads or missing gasket(s), if applicable.

Examine the head straps or head harness for:

* Breaks
* Loss of elasticity
* Broken or malfunctioning buckles and attachments (full facepieces only).
* Excessively worn serrations on the head harness that might permit slippage (full facepiece only).

Examine the exhalation valve (after removing its cover) AND the inhalation valve for the following:

* Foreign material, such as detergent residue, dust particles, or human hair under the valve seat.
* Cracks, tears, or distortion in the valve material.
* Improper insertion of the valve body in the facepiece.
* Cracks, breaks, or chips in the valve body, particularly in the sealing surface.
* Missing or defective valve cover.
* Improper installation of the valve in the valve body.

Examine the filter(s) for:

* Loading of filter(s) or replacement date on filter.

Examine cartridge(s) for:

* Worn threads
* Cracks in housing
* Worn or missing cartridge gasket.

Examine the air-purifying element for:

* Incorrect cartridge, canister, or filter for the hazard.
* Incorrect installation, loose connections, missing or worn gasket or cross threading in the holder.
* Expired shelf-life date on the cartridge or canister.
* Cracks or dents in the outside case of the filter, cartridge or canister, indicated by the absence of sealing material, tape, foil, etc., over the inlet.

If the device has a corrugated breathing tube, examine it for:

* Broken or missing connectors.
* Missing or loose hose clamps.
* Deterioration, determine by stretching the tube and looking for cracks.

Examine the harness or a front- or back-mounted gas mask for:

* Damage or wear to the canister holder, which may prevent it from being held in place.
* Broken harness straps for fastening.

Inspection of Atmosphere-Supplying Respirators

Routinely used atmosphere-supplying respirators should be inspected using the following inspection procedures. ***If the device is a tight-fitting facepiece, use the procedures outlined under the air-purifying respirators, except those pertaining to the air-purifying elements.***

Examine the hood, helmet, blouse, or full suit for:

* Rips and tears, seam integrity, etc.
* General condition, with emphasis on the suspension of protective headgear.
* Cracks or breaks or impaired vision on the protective face shield.
* Protective screen is intact and secured correctly over the face shield (abrasive blasting hoods and blouses).

Examine the air supply system for:

* Integrity and good condition of air supply lines and hoses, including attachment and end fittings.
* Correct operation and condition of all regulators, or other air flow regulators.

Self-Contained Breathing Apparatus (SCBA)

In addition to the above, inspect SCBA units to determine that:

* The high-pressure cylinder of compressed gas or oxygen is sufficiently charged for the intended use, preferably fully charged.
* On closed-circuit SCBAs, a fresh canister of CO2 (carbon dioxide) sorbent is installed.
* On open-circuit SCBAs, the cylinder has been recharged if less than 25% of the useful service time remains.

All SCBAs are required to have a warning device that indicates when the 25% level is reached. However, it is recommended that an open-circuit SCBA be fully charged before use.

Non-Routine Use of Air-Purifying or Atmosphere Supplying Devices

When air-purifying or atmosphere supplying devices are used non-routinely, all the above procedures should be followed after each use. Respirators used for emergency use must be inspected once a month, and a record must be kept of inspection dates and findings for respirators maintained for emergency use.

Defects Found During Inspections

If defects are found in any inspections, two remedies are possible. If the defect is minor, repair and/or adjustment may be made on the spot. If a major defect is found, the device should be

removed from service until it can be repaired. Under no circumstances should a respirator that is known to be defective remain in use.

Inspection During Cleaning

Because respirator cleaning usually involves some disassembly, it presents a good opportunity to examine each respirator thoroughly. The procedures outlined above for a routine inspection should be used. Respirators should be inspected after cleaning operations and reassembly have been accomplished.

Protection equipment checklist on next page.

Paramount MEDIA NETWORKS

RESPIRATORY PROTECTION EQUIPMENT CHECKLIST

Type of Respirator		Disposable		Atmosphere-Supplying
		Air-Purifying		SCBA
Use of Respirator		Routine		Emergency
		Non-Routine		Rescue

Respirator Manufacturer:		Serial ID#	
Respirator User Signature:		Date:	

Does this respirator need repair or replacement?		Yes		No

TYPE	INSPECTION ITEM	YES	NO
Filtering Facepiece Respirator	Are there holes in the filter or damage to sorbent such as loose charcoal granules?		
	Do straps still have their elasticity; are there any signs of deterioration of the straps?		
	Is there deterioration of metal nose clip?		
	Is the filter labeled and colored coded with the NIOSH approval label; is the label legible?		
Air-Purifying Respirators (APRs)	Is the facepiece dirty?		
	Is the rubber still pliable? Are there any cracks, tears, holes, or other signs of deterioration in the rubber?		
	Are there any breaks, tears, loss of elasticity, or broken attachments on the straps?		
	Can the straps be tightened for an appropriate fit?		
	Do the inhalation valve and exhalation valve have any holes, warpage, cracks, dirt on them?		
	Is the appropriate canister/cartridge installed on the respirator for the contaminants in the workplace?		
	Are the canisters/cartridges marked with an expiration date?		
	Are there any dents or corrosions on the canisters/cartridges?		
	Is the canister/cartridge labeled and colored with the NIOSH approval label; is the label legible?		

TYPE	INSPECTION ITEM	YES	NO
Powered Air-Purifying Respirators (PAPRs)	Check hood, helmet, blouse, suit for cracks and tears, torn seams, and abrasions.		
	Check integrity of head gear suspension.		
	Check air supply system for air quality.		
	Is the charging unit functional?		
	Is the HEPA filter present and changed as needed?		
Atmosphere-Supplying Respirator	Is the rubber still pliable? Are there any cracks, tears, holes or other signs of deterioration in the rubber?		
	Are there any breaks, tears, loss of elasticity, or broken attachments on the straps?		
	Do the inhalation valve and exhalation valve have any holes, warpage, cracks, or dirt on them?		
	Can the straps be tightened for an appropriate fit?		
	Is the facepiece dirty? Cracked? Does it have any abrasions or distortions?		
	Is the rubber still pliable? Are there any cracks, tears, holes or other signs of deterioration in the rubber?		
	Are there any breaks or kinks in the supply hoses?		
	Check for detachable coupling links and compatibility of couplings.		
	Check tightness of connectors.		
	When a compressor is used to provide a breathable air, check air purifying elements, carbon monoxide alarm.		
Self-Contained Breathing Apparatus (SCBAs)	Is the facepiece dirty? Cracked? Does it have any abrasions or distortions?		
	Is the rubber still pliable? Are there any cracks, tears, holes or other signs of deterioration in the rubber?		
	Are there any breaks or cracks in the hoses?		
	Are there any breaks, tears, loss of elasticity, or broken attachments on the straps?		
	Can the straps be tightened for an appropriate fit?		
	Check the facepiece and breathing hose for integrity.		
	Are the and oxygen cylinders maintained in a fully charge state?		
	Check the integrity of the regulator.		
	Does the regulator and warning devices function properly?		
	Check the integrity of the harness assembly, all straps and buckles.		
	Is this respirator used for emergency and/or escape? Is the storage compartment appropriately tagged?		

ADDITIONAL COMMENTS

POWERED AIR PURIFYING RESPIRATOR (PAPR) PRE-OPERATION INSPECTION CHECKLIST

Before using your PAPR, go through the entire checklist to make sure your PAPR is working properly and is safe to wear. DO THIS BEFORE EVERY USE!!

	INSPECTION ITEM
	Check blower housing for visible signs of damage or deterioration.
	Check that the belt is free from damage and that the belt buckle functions properly.
	Check that rubber gaskets are in the breathing tube connection and each of the three (3) cartridge openings.
	Remove the battery(ies) from the charger(s), checking that the green LED light is flashing to indicate a full charge.
	Install battery(ies) into back of blower housing by inserting tongue on bottom of battery pack into groove on lower rear portion of the blower. Rock the battery up into the cavity and secure with the latch.
	Ensure that both battery cavities of the blower are filled either with two batteries, or one battery and one "dummy pack".
	Remove the filters/cartridges from their packaging and ensure that the appropriate cartridges have been purchased for the application. Record the "In-service" date either on the cartridge itself or in another location consistent with your employer's written Worksite-specific Respiratory Protection Plan.
	Install the filter/cartridges into the open filter retainer ports on the blower housing. If HE filters are used, install a PA3PG plug into one of the ports, using filters in the other two ports. For all other cartridge types, use three cartridges.
	Connect the breathing tube to the blower by screwing the male breathing tube adapter into the female opening on the top of the blower housing.
	Hold the PA1AFI Air Flow Indicator on the end of the breathing tube. Turn on the blower by pressing the power switch on top of the blower. The ball of the Air Flow Indicator should be above the line. If not refer to the User Manual for additional instruction.
	Turn off the blower by pressing the power switch on top of the blower. Check that alarm briefly sounds as the blower powers down.
	Check that the hoods and lens is free from damage. If using a hood constructed of Tychem SL, also check that the seams are sealed properly with tape.
	Check that a suspension (if applicable) is installed in the hood.
	Connect the hood by inserting the breathing tube approximately 5 inches into the air entry sleeve at the rear of the hood. Check that a nylon clamp is used to secure the breathing tube to the plastic anchor plate on the hood for CC20 series or directly to the hood for RT series.
	For the loose-fitting facepiece, insert the breathing tube into the opening on the rear of the headpiece and twist clockwise to lock the breathing tube into place.

You are ready to wear your respirator.
Refer to the user manual for donning and use information.

XII. **Medical Evaluation Questionnaire (OSHA App. C)**

OSHA Respiratory Medical Evaluation Questionnaire (Mandatory) Appendix C to 1910.134 (Part A, Sections 1 and 2)

To the Employee:

Can you read (circle one): YES NO

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentially, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the Health Care professional who will review it.

Part A. Section 1 (Mandatory) the following information must be provided by every employee who has been selected to use any type of respirator. **(please print)**

1. Today's date: _____

2. Your name: _____

3. Your age: (to nearest year): _____

4. Sex (circle one) Male Female

5. Height: _____ft. _____in.

6. Weight: _____lbs.

7. Your Job Title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include area code) _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one) YES NO

11. Check the type of respirator you will use (you can check more than one category)

    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 (circle one): YES NO

If "Yes" what type(s):_____

Part A. Section 2 (Mandatory) questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please check "Yes" or "No")

	Yes	No
1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month?	___	___
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 _____	___	___
5. Have you ever had any of the following cardiovascular problems?		
a. Heart attack _____	___	___
b. Stroke _____	___	___
c. Angina _____	___	___
d. Heart Failure _____	___	___
e. Swelling in your legs or feet (not caused by walking) _____	___	___
f. Heart arrhythmia _____	___	___
g. High Blood pressure _____	___	___
h. Any other heart problem that you've been told about _____	___	___

	Yes	No
6. Have you ever had any of the following cardiovascular heart symptoms?		
a. Frequent pain or tightness in your chest _____	___	___
b. Pain or tightness in your chest during physical activity _____	___	___
c. Pain or tightness in your chest that interferes with your job _____	___	___
d. In the past two years, have you noticed your heart skipping or missing a beat	___	___
e. Heartburn or indigestion that is not related to eating _____	___	___
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?		
a. Breathing or lung problems _____	___	___
b. Heart trouble _____	___	___
c. Blood pressure _____	___	___
d. Seizures _____	___	___
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)		
a. Eye irritation _____	___	___
b. Skin allergies or rashes _____	___	___
c. Anxiety _____	___	___
d. General weakness or fatigue _____	___	___
e. Any other problems 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 the questionnaire? _____	___	___

Questions 10-15 are mandatory only for an employee who has been selected to use a full-face respirator or an SCBA; it is voluntary for those who have been selected to use a half-face respirator.

	Yes	No
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. Any other eye or vision problem _____	____	____
12. Have you ever had an injury to your ears, including a broken ear drum	____	____
13. Do you currently have any of the following hearing problems?		
a. Difficulty hearing _____	____	____
b. Wearing a hearing aid _____	____	____
c. Any other hearing or ear problem _____	____	____
14. Have you ever had a back injury? _____	____	____
15. Do you currently have any of the following musculoskeletal problems?		
a. Weakness in any of your arms, hands, legs or feet _____	____	____
b. Back pain _____	____	____
c. Difficulty fully moving your arms and legs _____	____	____
d. Pain or stiffness when you lean forward or backward at the waist _____	____	____
e. Difficulty fully moving your head up or down _____	____	____
f. Difficulty fully moving your head side to side _____	____	____
g. Difficulty bending at your knees _____	____	____
h. Difficulty squatting to the ground _____	____	____

	Yes	No
i. Difficulty climbing a flight of stairs or a ladder carrying more that 25 lbs.	____	____
j. Any other muscle or skeletal problem that interferes with using a respirator	____	____

FOR OFFICE USE ONLY

Comments:

_____
_____
_____
_____

_____ _____
Provider signature Date

XIII. **Respiratory Fit Testing Record**

Respiratory Fit Testing Record

Tested By:
Employee Name and Number:____

Department:____

Type of Mask: Half Mask ________ Full Mask ________

Date	Half Mask	Type of test	Comments

XIV. **Respirator Maintenance Record**

Respirator Maintenance Record

Type of Mask____
Issued To____
Employee Name: ______________________________Employee No. _______________

Date	Repairs	Comments

XV. **Respirator Issuance Form**

Paramount Media Networks
Respirator Issuance Form

Employee Name: _____

Employee I.D.#: _____

Job Title: _____

Date Issued: _____

RESPIRATOR: Brand_____Model #:_____

Type_____

_____

NIOSH Approval Number_____

APPLICATION: _____

_____

FITTING:
__Satisfactory Qualitative Irritant Smoke Fit Test

__Satisfactory Positive Pressure Fit Check Test

__Satisfactory Negative Pressure Fit Check Test

__Trained on the Proper use of Respirator & limitations

__Respiratory Physical Date:_____

_____ _____
Employee Signature: Date:

_____ _____
Approval Signature: Date:

XVI. **Guidelines for Voluntary Respirator Use (OSHA App. D)**

Paramount Media Networks

Guidelines for Voluntary Respirator Use

29 CFR 1910.134 Appendix D

-When a hazardous environment may exist, management must first make all reasonable efforts to eliminate the hazard involved or reduce it to an acceptable level.

-If all alternatives have been exhausted and the hazard cannot be reduced to an acceptable level, a respirator will be required. Paramount Media Networks must then ensure compliance with the OSHA Respiratory Protection Program, which includes training, medical evaluation, and fit testing.

-If the hazard is reduced to an acceptable level, then a respirator is no longer necessary. However, under certain circumstances the employee may be permitted to use a respirator voluntarily to provide additional comfort.

-OSHA requires that employees that might use a respirator voluntarily must review and sign these guidelines.

This includes dust masks, which are a type of respirator.

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations. If a respirator is not used or maintained properly, the respirator itself can become a hazard to the employee.
2. Choose a respirator that is certified by NIOSH (National Institute for Occupational Safety and Health) to protect against the contaminant of concern. 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 that your respirator will not protect you against. For example, a dust mask or N95 respirator is designed to filter dust particles, but will not protect you against gases, vapors, or very small solid particles of fumes or smoke. Other respirators protect against one chemical only.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. **These guidelines only pertain to dust masks. Employees using any other style of respirator must also receive training on proper cleaning, storage and maintenance, they must be medically evaluated and fit tested.**

I have read and understand the above Guidelines for Voluntary Respirator Use.

_____	_____	_____
Name (Print)	**Employee ID**	**Show/Department**
_____	_____	
Signature	**Date**	

Copy 1: Employee File **Copy 2: Vice President, Production Safety**