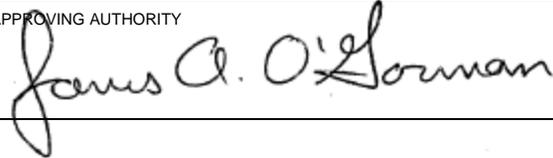


 Corrections and Community Supervision DIRECTIVE	TITLE Respiratory Protection Program		NO. 4068
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REFERENCES (Include but are not limited to) OSHA 29 CFR 1910.134; 12 NYCRR Part 56; Directives #2121, #4054, #4903	APPROVING AUTHORITY 		

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I. PURPOSE: The elements described in this program are designed to ensure the safe and effective usage of respiratory protection, including respiratory protection for Mycobacterium (M.) tuberculosis and other airborne pathogens, at all of the facilities of the Department of Corrections and Community Supervision (DOCCS).

II. POLICY: The Department shall maintain a Respiratory Protection Program in compliance with Occupational Safety and Health Administration (OSHA) Standards, 29 CFR 1910.134, for Respiratory Protection. Employees (or contracted personnel) who are assigned, or wish to be assigned, to positions wherein respiratory use is, or may be, required shall be medically cleared and trained for use of the particular respirator(s) required for those positions.

Any employee (or contracted personnel) who is required to wear a tight-fitting respirator must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function.

III. SCOPE: This directive will apply to all employees (or contracted personnel) who work in settings in which one or more of the following conditions are present where the air:

- A. Lacks adequate oxygen;
- B. Is contaminated with harmful levels of dust, fumes, mists, gases, smoke, fogs, sprays, fibers, or vapors;
- C. May be contaminated due to the sudden release of dusts, fumes, mists, gases, smoke, fogs, sprays, fibers, or vapors; and
- D. May be contaminated with tuberculosis or other airborne pathogens.

IV. DEFINITIONS

- A. Air Purifying Respirator (APR): An APR means a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.
- B. Clearance: The term “clearance” shall refer to the successful completion of medical assessment, occupational physical training (if necessary), and fit testing with a respirator. All users will have clearance.
- C. End of Service Life Indicator (ESLI): An ESLI means a system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the chemical cartridge is no longer effective.
- D. N95/P100: The filtering face piece mask is a negative pressure particulate respirator with a filter as an integral part of the face piece, or the entire face piece is composed of the filtering medium.
- E. Fit Test: Means the use of protocol to qualitatively or quantitatively evaluate the fit of a respirator on an individual. A fit test is conducted as part of initial training and annually thereafter. For an adequate fit test, an employee must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function.
- F. Fit Factor: Means a quantitative estimate of the fit of a particular respirator to a specific individual and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.
- G. Qualitative Fit Test: Means a pass/fail fit test to assess the adequacy of respirator fit that relies on the individual’s response to the test agent.
- H. Quantitative Fit Test: Means an assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.
- I. Immediately Dangerous to Life or Health (IDLH): An IDLH atmosphere means one that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.
- J. Chemical Agent Protective Mask: The chemical agent protective mask is the air-purifying respirator used to protect the face, eyes, and respiratory tract from chemical agents.
- K. Medical Evaluation: Any staff required to wear a respirator must be medically evaluated to determine the employee’s ability to use a respirator. The medical evaluation, [Form #EHS-701.8](#), “Medical Assessment for Respirator Use,” will, at a minimum, include a review of the medical assessment questionnaire. The medical evaluation shall be conducted by a physician or other licensed health care provider.
- L. Occupational Physical: The term “occupational physical” shall refer to a comprehensive physical examination of any employee who did not clear the “medical assessment” and of other employees referenced in Section VII-B-1-a and b of this directive.

- M. Respirators or Respiratory Protection Devices: The terms “respirator or respiratory protection device” shall refer to an approved device worn by an employee to either supply or purify his or her breathing air. Respiratory protection devices fall into four classes: Filtering Face Piece (FFP) such as the single use N95 or P100 respirator, air-purifying, atmosphere or air supplying, and combination air-purifying and air-supplying devices.
- N. Seal Check: A “seal check” is defined as a test conducted by the wearer to determine if the respirator is properly sealed to the face. It is repeated each time the respirator is donned or adjusted. For an adequate seal check, an employee must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function.
- O. Self-Contained Breathing Apparatus (SCBA): SCBA refers to an atmosphere-supplying respirator for which the breathing-air source is designed to be carried by the user.
- P. Tight-Fitting Face Piece: The term “tight-fitting face piece” means a respiratory inlet covering that forms a complete seal with the face.
- Q. Users of Respiratory Protection Masks: Any employee expected to wear a single use respirator mask for contaminants, a cartridge mask such as a chemical agent protective mask, or other respiratory protection device in the performance of his or her duties shall be considered to be a user of a respirator or respiratory protection device.
- R. Physician or Other Licensed Health Care Professional (PLHCP): This term means an individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services.

V. PROGRAM ADMINISTRATION

- A. The Fire/Safety Coordinator: Responsible for the overall administration of the Department’s Respiratory Protection Program.
- B. The Deputy Superintendent for Administration (DSA) (or equivalent): The DSA is responsible for the overall implementation and maintenance of the facility Respiratory Protection Program and ensuring that the following duties are performed by supervisors, respiratory coordinators, and employees (or contracted personnel):
 - 1. Tasks requiring respiratory protection are identified;
 - 2. Proper respiratory protection is selected for each specific application;
 - 3. Medical evaluations and occupational physical examination (where necessary) for respirator users is implemented;
 - 4. Employee training and fit testing is conducted; and
 - 5. The Respiratory Protection Program is continually evaluated and is achieving its desired goal.
- C. The Respiratory Coordinator(s) (as designated by the DSA): Responsibilities include, but are not limited to:
 - 1. Ensuring that respirators that are approved for the specific task are issued to the users;
 - 2. Ensuring users are medically qualified and fit tested; and
 - 3. Ensuring users are properly trained.

Examples of appropriate staff acting as respiratory coordinators include: Fire/Safety Officer (SCBA); Weapons Training Officer (chemical agent protective mask); Nurse Administrator or equivalent (N95 or P100 respirators); and Plant Superintendent (organic vapor respirators). Respirator selection will be based upon the following elements:

- a. The types and concentrations of airborne contaminant(s);
 - b. The characteristics and locations of hazardous areas;
 - c. The workers' activities in hazardous areas;
 - d. The capabilities and limitations of the respirator; and
 - e. Duration of respirator use.
- D. Supervisors: Are responsible for ensuring the appropriate respirators are available for use and:
1. Ensuring that employees (or contracted personnel) wear the required respirators;
 2. Ensuring that employees (or contracted personnel) are adequately maintaining their respirators; and
 3. Ensuring that employees (or contracted personnel) clean, maintain, and properly store respirators after use.

NOTE: Supervisors will ensure that employees who are not qualified to wear respirators are not assigned to posts or jobs that require respirator use.

- E. Employees (or contracted personnel): Are responsible for:
1. Using the respirator in accordance with the training received; and
 2. Inspecting, cleaning, sanitizing, and properly storing the respirator.

VI. RESPIRATOR SELECTION

- A. The employer shall select and provide an appropriate respirator, as determined by the Respiratory Coordinator, based on:
- The respiratory hazard(s) to which the worker is exposed; and
 - Workplace and user factors that affect respirator performance and reliability.
- B. The employer shall select a National Institute of Occupational Safety and Health (NIOSH) certified respirator. The respirator shall be used in compliance with conditions of its certification.
- C. The employer shall identify and evaluate the respiratory hazard(s) in the workplace; this evaluation shall include a reasonable estimate of employee exposure to respiratory hazard(s) and an identification of the contaminant's chemical state and physical form. Where the employer cannot identify or reasonably estimate the employee exposure, the employer shall consider the atmosphere to be IDLH.
- D. The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.
- E. Respirators currently approved for use by DOCCS staff are:

NOTE: Facilities using respirators in addition to the ones listed below shall add those respirators to the list.

Respirator Manufacturer	Model	Work Task	Substance	Concentration
Scott	Fifty	Firefighting		
Avon	C-50	Cell Extraction	Chemical Agent	Chem. Agent Lesson Plan
Kimberly Clark	N95	Infection Control	Tuberculosis (or	
Wilson	N95	Infection Control	other airborne pathogen)	
		Lead Abatement		
		Asbestos Abatement		
3M	P100 (8293)	Drug Testing		

- F. Employees (or contracted personnel) are trained to abide by specific work procedures detailed in Section IX of this directive. If the work procedures are followed, exposures to hazardous materials should be well below permissible exposure limits.

VII. MEDICAL EVALUATIONS (ALL RESPIRATORS): Using a respirator may place a physiological burden on an employee that varies with the type of respirator worn, the job, the workplace conditions in which the respirator is used, and the medical status of the employee. The following procedure will determine an employee's ability to wear respiratory protection equipment. Successful completion of the medical evaluation is required prior to training or fit testing.

- A. Medical Evaluation: The Personnel Office will make [Form #EHS-701.8](#), "Medical Assessment for Respirator Use," available to all employees who wear respirators. Upon completion of the medical assessment questionnaire by the employee, the form will be sent to Civil Service Employee Health Services. The medical assessment questionnaire will be reviewed by a physician or other licensed health care professional for medical clearance.

Employees who have been medically cleared based on the medical assessment questionnaire review will be notified via [Form #1236](#), "Respirator Clearance Report." Employees who cannot be cleared for respirator use based upon the questionnaire alone will receive an appropriate occupational physical for possible clearance. Civil Service Employee Health Services staff will conduct these examinations at selected locations within each HUB.

[Form #EHS-701.8](#) will be maintained by Civil Service Employee Health Services within the employee's medical record. [Form #1236](#) will be sent to the Personnel Office for entry into the KOCH system and then filed within the confidential employee personnel medical file; a copy will also be given to the employee. This review must be successfully completed prior to an employee being assigned to a position where respirator use may be necessary.

1. This evaluation will be repeated per the reviewer's recommendations, and when:
 - a. The employee (or contracted personnel) reports medical signs or symptoms related to the ability to wear the respirator;
 - b. The supervisor or Respiratory Coordinator informs the DSA that an employee (or contracted personnel) needs to be reevaluated;
 - c. Observations made during fit testing and program evaluation indicate need;

- d. A change occurs in workplace conditions (e.g., change in physical work effort, protective clothing, temperature) that may result in substantial increase in the physiological burden placed on an employee (or contracted personnel); or
 - e. A maximum of five years has passed since the last evaluation.
- B. Occupational Physical
1. An occupational physical shall be conducted initially and periodically as determined by [Form #1236](#), and:
 - a. For employees (or contracted personnel) who are members of the facility Fire Response Team and who are Firefighter I certified to wear a Self Contained Breathing Apparatus (SCBA), Correctional Emergency Response Team, and members of Confined Space Rescue Teams who are Firefighter I certified to wear SCBA or supplied air respirator. Staff who have been selected to participate in a Firefighter I class must be medically cleared prior to the class;
 - b. For any other employees (or contracted personnel) required to wear other types of respirators, or based on occupational need (e.g., asbestos workers, Weapons Training Officers, pesticide applicators, staff who are part of the Department's Hearing Conservation Program, Powerhouse staff, etc.); and
 - c. For employees (or contracted personnel) who require clearance for use of respirator masks, but who were not cleared through the medical evaluation procedure per Section VII-A.
 2. If an individual (or contracted personnel) chooses to utilize their personal physician for respiratory clearance or an occupational physical, this will be done on their own time and expense. A copy of this directive will be provided to the medical professional performing the medical evaluation. [Form #1236](#) must be completed by the physician and returned to the Personnel Office for entry into the KOCH system.
- C. Respirator Clearance Report: The physician or other licensed health care professional determining an employee's (or contracted personnel's) ability to use required respiratory protection will provide both the facility Personnel Office and the employee (or contracted personnel) with a completed [Form #1236](#).

VIII. FIT TESTING

- A. It is well recognized that no one respirator will fit every individual. Therefore, employees (or contracted personnel) using tight-fitting face piece respirators will be fit-tested at initial training to ensure a proper fit. Staff must be medically cleared prior to a fit testing being conducted and the clearance must be current.
- B. Fit testing will be performed:
 1. On an annual basis;
 2. Whenever the employee (or contracted personnel) uses a different respirator face piece (size, style, model, or make);
 3. If the employee's (or contracted personnel's) physical condition changes affecting the respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, obvious change in body weight); or
 4. The employee fails a seal check.

- C. For employee (or contracted personnel) safety, an employee (or contracted personnel) must not have facial hair that comes between the sealing surface of the face piece and the face or that interferes with respirator valve function. If it is determined by the operator conducting the fit test that an employee does have facial hair that comes between the sealing surface of the face piece, or that interferes with respirator valve function, the fit test of the employee will not be conducted at this time and will not be conducted until the employee meets the requirements to be fit tested.
- D. If corrective eyeglasses or goggles are worn by employees (or contracted personnel), they shall be worn so as not to affect the fit of the face piece. When corrective lenses are necessary, prescription lenses and holders will be provided by the Department using the Walkill Optic Lab [Form #4068A](#), "Corcraft/DOCCS Eyewear."
- E. Fit testing of tight fitting full face respirators with a fit factor of over 500 will require a quantitative fit test using the Quantifit Machine per the manufacturer's protocols. A signed copy of the fit test will be sent to Personnel and a copy will be given to the employee who was fit tested.
- F. Fit testing of N95 or P100 Disposable Filter Respirator (dust mask type only) will require completion of [Form #4068D](#), "N95 or P100 Disposable Filter Respirator (Dust Mask Type Only) Fit Test Record," and is to be forwarded to Personnel for KOCH and Human Resources Training (KHRT) entry and filing.

IX. RESPIRATOR USE

- A. Employees (or contracted personnel) who are not medically cleared or whose clearance has expired may not wear a respirator or work a respirator post.
- B. Employees wearing tight fitting respirators will perform a seal check each time they put on a respirator. The seal check will be performed per the manufacturer's instruction.
- C. Continuing Respirator Effectiveness
 - 1. When there is a change in work area conditions or the degree of employee (or contracted personnel) exposure or stress that may affect respirator effectiveness, the Respiratory Coordinator shall reevaluate the continued effectiveness of the respirator.
 - 2. Supervisors shall ensure that employees (or contracted personnel) leave the respirator use area:
 - a. To wash their faces and respirators to prevent eye or skin irritation;
 - b. If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece; or
 - c. To replace the respirator, filter, cartridge, or canister element.
 - 3. If the employee (or contracted personnel) detects conditions described in #2 above, the supervisor will not allow the employee (or contracted personnel) back into the work area until the respirator is repaired or replaced.
- D. Procedures for IDLH Atmospheres
 - 1. Prior to entry into an IDLH atmosphere, the supervisor will ensure that at least one employee (or contracted personnel) remains outside the atmosphere.

2. Visual, voice, or signal line communications must be maintained between employees (or contracted personnel) inside the IDLH atmosphere and outside (radios are acceptable).
 3. The employees (or contracted personnel) outside the IDLH atmosphere must be trained and equipped to provide effective emergency rescue. Rescue equipment will include:
 - a. Positive pressure respirator or other supplied air respirator with auxiliary SCBA.
 - b. Appropriate retrieval equipment or equivalent means of rescue where retrieval equipment would increase the overall risk of the entry.
 - c. Multi-gas detector to continuously monitor atmospheric conditions for the safety of all employees (or contracted personnel).
 - d. The proper Personal Protective Equipment (PPE) required for the task.
 4. Employees (or contracted personnel) performing emergency rescue must notify the supervisor or other responsible representative, prior to rescue.
 5. Upon notification, the employee (or contracted personnel) will provide the necessary assistance appropriate to the situation.
- E. “Other” (negative pressure respirators)
1. Chemical Agent (see Directive #4903, “Use of Chemical Agents”);
 2. N95 or P100 Respirator;
 3. Asbestos Respirator (see 12 NYCRR Part 56);
 4. Lead Abatement (see Directive #4054, “Occupational Lead Exposure Program”); and
 5. Organic Vapor (see Directive #2121, “Personal Protective Equipment,” Section IV-A, Hazard Assessment).
- F. Procedures for Interior Structural Firefighting: In addition to the requirements set forth in Section D above, the Fire/Safety Officer or designee will ensure that:
1. A minimum of four Firefighter I/SCBA certified firefighters are assembled prior to implementing operations inside the structure involved unless, using their professional judgment, immediate action must be taken to prevent the loss of life or serious injury;
 2. Prior to employee entry into the structure, an employee is designated to maintain communications with those members who will be working inside the structure. Such communications may be voice, visual, or signal line (radios are acceptable);
 3. Employees engaged in interior structural firefighting will use SCBA and must be Firefighter I certified. They will work inside the structure in teams of at least two. These employees will maintain close contact with each other through visual, voice, or touch (radios are not acceptable);
 4. An adequate number of suitably equipped, trained, and certified personnel (at least two) shall be located outside the structure for rescue purposes should the need arise. Rescue teams will consist of at least two firefighters in the nearest safe area and will not be assigned duties which cannot be abandoned without jeopardizing the safety of others at the scene.

- Pump operators may not be utilized as part of the rescue team if the apparatus they are operating is utilized in the operations being conducted; and
5. A rescue team will be dispatched whenever a request for assistance is made from those inside or whenever the employee in charge of maintaining communications is unable to determine their status. Communications with those inside the fire scene will be frequent enough to assure their safety.

X. MAINTENANCE, CLEANING, INSPECTION, AND STORAGE

- A. Respirators will be cleaned and disinfected as recommended by the manufacturer's instructions. Cleaning of respirators will be performed per the following schedule (Refer to 29 CFR 1910.134):
 1. Respirators issued for the exclusive use of one employee (or contracted personnel) shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition. Shared respirators shall be cleaned and disinfected before being worn by different individuals;
 2. Emergency use respirators (e.g., SCBA, Chemical Agent Mask) shall be cleaned and disinfected after each use; and
 3. Respirators used in fit testing will be cleaned and disinfected after each use.
- B. Respirators will be inspected to check for function, tightness of connections, and the condition of various parts including: the face piece, head straps, valves, and cartridges or filters. In addition, elastomeric parts will be checked for pliability and signs of deterioration. Inspections of respirators will be in accordance with the following schedule:
 1. All respirators used routinely will be inspected before each use and during cleaning;
 2. All emergency use respirators (e.g., SCBA, Chemical Agent Mask) will be inspected on a monthly basis and checked for proper function before and after each use; and
 3. Inspection will be conducted in accordance with [Form #4068C](#), "Respiratory Protection Program-Respiratory Inspection Record."
- C. Inspections of SCBA will also include:
 1. Ensuring that the air cylinder is fully charged;
 2. Ensuring that the regulator and warning devices function properly;
 3. Completing [Form #4068C](#) ; and
 4. Ensuring the Personal Alert Safety System (PASS) device functions properly.
- D. Inspection of Chemical Agent Mask
 1. Inspected in accordance with [Form #4068C](#); a copy of which shall be attached to the inside cover of the master logbook.
 2. Results of inspection will be recorded in a protective mask master log with the date, title, name of employee (or contracted personnel) conducting the inspection, and the location where the mask is secured, with room for comments if needed.
 3. Protective mask master logbooks will be stored in the arsenal or by respective Department supervisors who will enter the inspection data.

4. If protective masks are assigned to a post, the same entries will be made in the post log, with the inspection information forwarded to the arsenal in the protection mask master log.
- E. Respirators Found in Disrepair: Will be taken out of service and not returned unless repaired by a properly trained individual.
- F. Storage: All respirators will be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. They will be stored to prevent deformation of the face piece and exhalation valve.
- G. The use of an N95 or P100 particulate respirator will be limited to an eight hour shift. During the shift, if the respirator becomes wet, soiled, damaged, or breathing becomes difficult, leave the area and discard and replace the respirator. It should be disposed of following infection control and security procedures.

XI. AIR QUALITY, QUANTITY, AND FLOW (ATMOSPHERE-SUPPLYING RESPIRATORS)

- A. The Fire/Safety Officer: Shall ensure that compressed air used to supply breathing air for SCBA bottles meet at least the requirements of Grade D air. This will be accomplished by:
 1. Obtaining certificates of analysis from the supplier of purchased breathing air for each lot or batch of filled cylinders and maintaining a copy of the certificate on file; or
 2. Testing air supplied from in-house compressors at least quarterly.

NOTE: A tag containing the signature of the person authorized to change the in-line sorbent beds or filters and the date of change shall be maintained at the compressor.
- B. When airline respirators are used, the employee (or contracted personnel) shall ensure that proper air quantity and flow is provided for each respirator. This can be accomplished by monitoring airline pressure at the air supply pressure gauge at the supply manifold. Pressure shall be maintained in accordance with the manufacturer's specifications.

XII. TRAINING

- A. All employees (or contracted personnel) who are required to use respiratory protection will be instructed on why respirators are necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator. The training will be provided prior to any assignment requiring the use of such equipment, annually thereafter, and whenever:
 1. Changes in the workplace or type of respirator render previous training obsolete;
 2. Inadequacies in an employee's (or contracted personnel's) knowledge or use of a respirator indicate that the employee (or contracted personnel) has not retained the required understanding or skill; or
 3. Any situation arises in which retraining appears necessary.
- B. The training, conducted by qualified personnel, will also include information on:
 1. Limitations and capabilities of respirators;
 2. Effective use of respirators in emergency situations, to include when a respirator malfunctions;

3. How to inspect, put on and remove, use, and check the seal of the respirator;
4. Maintenance and storage procedures;
5. How to recognize medical signs and symptoms that may limit or prevent the effective use of the respirators; and
6. The general requirements of the OSHA Respiratory Protection Standard (29 CFR 1910.134).

XIII. PROGRAM EVALUATION

- A. The Respiratory Coordinator shall continually evaluate the Respiratory Protection Program to ensure that it is being properly implemented and continues to be effective.
- B. Problems identified through consultations with employees (or contracted personnel) shall be corrected.
- C. Factors to be assessed include:
 1. Respirator fit;
 2. Respirator selection;
 3. Proper use under the workplace conditions that employees (or contracted personnel) encounter; and
 4. Proper respirator maintenance.

XIV. RECORDKEEPING

- A. Occupational Health
 1. The facility Personnel Office will enter the results of [Form #1236](#) and the results of occupational physicals into the KOCH system.
 2. The Personnel Office will review the KOCH system to ensure that the list of cleared employees (or contracted personnel) is current. If staff requires an occupational physical, the Personnel Office will schedule them through Employee Health Services.
 3. All medical documentation concerning clearance for respirators must be kept confidential and maintained in a separate medical personnel file of each employee.
- B. Training: A record of employee (or contracted personnel) names and dates and type of subsequent training will be recorded in the KHRT system by the Regional Training Office and the Training Academy.
- C. Fit Testing: When fit testing is conducted, an RTF-SLMS form must also be completed for entry into the KHRT system by the Regional Training Office or the Training Academy. KHRT course numbers are as follows:
 - #41740 – SCBA
 - #21006A – Avon C-50
 - #12053 – N95
 - #41742 – P100 (half face)
 - #41743 – P100 (full face)
- D. Data Collection: Incidents of contaminant exposure and results of contaminant exposure testing will be maintained at the facility by the DSA. A copy will be forwarded to the Department's Fire/Safety Coordinator.

- E. Respirator Fit Test Card: Employees (or contracted personnel) will be issued a "Respirator Fit Test Card Applicable Documentation," [Form #1237](#) (sample), once fit testing has been completed. This card shall be carried by the employee (or contracted personnel) at all times. The card verifies that the bearer has been properly fit tested. It will be completed by the employee (or contracted personnel) who conducts the fit test.