

SAMPLE RESPIRATORY PROTECTIVE EQUIPMENT CODE OF PRACTICE

Company:

Address:

1. INTRODUCTION

This code sets out requirements this company will follow for the proper selection, use and care of respiratory protective equipment at this workplace.

2. ADMINISTERING THE PROGRAM

Program Administrator:

Phone No.

Cellphone No.

Pager No.

The program administrator is authorized by the employer to manage the respiratory protection program and ensure employees are trained and use the respiratory protective equipment in a manner that protects their health and safety.

Employees are encouraged to bring all respirator issues to their supervisor and then, if necessary, to the program administrator. All employees must co-operate in the performance of the program administrator's duties.

3. HAZARDS AND RESPIRATOR SELECTION

Area / Procedure	Hazards	Respirator Type	Comments

Employees may use respiratory protection in other areas as the need arises with the program administrator's approval.

4. RESPIRATOR FACIAL FIT

Employees who may be required to use a tight-fitting respirator must be clean-shaven where the respirator meets the face to ensure an effective facial seal.

Employees who may be required to use a respirator must be fit tested by the following:

Qualitative fit test	<input type="checkbox"/>
Quantitative fit test	<input type="checkbox"/>

Before using a respirator, every employee must perform a field check.

5. TRAINING

All employees who wear respiratory protection must be trained in the following:

Airborne contaminants in your work areas	<input type="checkbox"/>
Symptoms and toxic effects of overexposure to contaminants	<input type="checkbox"/>
Respirator capabilities and limitations	<input type="checkbox"/>
Donning and field checking your respirator	<input type="checkbox"/>
Maintenance, cleaning, sanitizing and storage of your respirator	<input type="checkbox"/>
What to do in case of an emergency	<input type="checkbox"/>
New Brunswick legislation on respiratory protection	<input type="checkbox"/>
Company code of practice for respiratory protective equipment	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>
_____	<input type="checkbox"/>

6. USING THE RESPIRATORS

Employees must wear respiratory protection in the areas and for the work procedures described in section 3. Supervisors must enforce the use of respiratory protection as described in section 3.

7. CLEANING, MAINTENANCE AND STORAGE OF RESPIRATORS

Each employee is responsible for cleaning, maintaining and storing their respiratory protective devices. Cleaning supplies, replacement parts and new respirators will be supplied by the company as needed.

8. HEALTH SURVEILLANCE OF RESPIRATOR WEARERS

Employees who have questions about their ability to wear a respirator due to health reasons are asked to report their concern to the program administrator. Those employees will be required to have a medical evaluation and obtain clearance from their physician or from _____ before using respiratory protection. The physician will be asked to inform the program administrator whether or not the employee is able to wear the respirator for the conditions or work procedures required at this workplace. The employer will not request any other information and will pay the cost of the medical evaluation.

9. EVALUATING THE PROGRAM

At least once a year, the program administrator will review the respirator program. The program administrator will consult with respirator wearers during the review.

The review will include the following:

Effectiveness and appropriateness of the respirators being used	<input type="checkbox"/>
Fit testing	<input type="checkbox"/>
Respirator wearer training	<input type="checkbox"/>
Respirator use, maintenance, cleaning and storage	<input type="checkbox"/>
Health surveillance of respirator wearers	<input type="checkbox"/>
Wearer suggestions for improvements in the respirator program	<input type="checkbox"/>
Possible workplace improvements to minimize respirator use	<input type="checkbox"/>
New respiratory equipment on the market	<input type="checkbox"/>

Signed: _____

Title: _____

Date: _____