# UCSB Respiratory Protection Program

## Compliance Checklist

<table>
<thead>
<tr>
<th>Department/Unit: __________________________</th>
<th>Supervisor: __________________________</th>
</tr>
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<tbody>
<tr>
<td>Completed by: ___________________________</td>
<td>Date: ________________________________</td>
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</tbody>
</table>

### Respiratory Protection Program Applicability

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do employees currently use respiratory protection including filtering facepiece respirators (dust masks)? Or, will they need them to perform their job safely?</td>
<td></td>
<td></td>
<td>If no, stop. Program requirements are for the use of respiratory protection only.</td>
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</tbody>
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### Hazard Identification, Reduction and Control

- **Has a documented Job Hazard Assessment been performed for all job tasks?**
  - **Yes**
  - **No**
  - **Action:** If no, ensure a documented Job Hazard Assessment is completed for all job tasks.
- **Have hazardous substances been eliminated, or have less hazardous materials been used whenever possible?**
  - **Yes**
  - **No**
  - **Action:** If no, eliminate hazards or substitute with less hazardous materials whenever possible.
- **Have engineering and/or administrative controls been implemented to control hazards which could not been eliminated?**
  - **Yes**
  - **No**
  - **Action:** If no, implement engineering and/or administrative controls where possible to reduce and control hazards.

### Training and Fit-testing

- **Have all respirator users received required annual training and fit-testing?**
  - **Yes**
  - **No**
  - **Action:** If no, please contact the RPP (rpp@ehs.ucsb.edu) to schedule required annual respiratory training and fit-testing.

### Medical Evaluations

- **Are all employees up to date on their medical evaluations?**
  - **Yes**
  - **No**
  - **Action:** If no, please contact the RPP to setup a respirator medical evaluation.
- **Has the medical status or health of an employee changed which may affect their ability to use a respiratory protection safely?**
  - **Yes**
  - **No**
  - **Action:** If yes, respirator user(s) should not perform work which requires the use of respiratory protection until they are reevaluated and cleared by a physician. Please contact the RPP to setup a respirator medical evaluation.

### Cartridge Change Schedule

- **Are all employees logging their respirator use in their Respirator Usage Logs and changes cartridges per their Cartridge Change Schedule?**
  - **Yes**
  - **No**
  - **Action:** If no, ensure all employees are trained on how to properly use their Respirator Usage Logs and change their cartridges per their Cartridge Change Schedule.
- **Do all employees know how and where to get replacement cartridges when needed?**
  - **Yes**
  - **No**
  - **Action:** If no, ensure all employees are trained on how and where to get replacement cartridges.

### Respirator Cleaning and Storage

- **Are all respirators kept in a clean and sanitary condition, and proper working order?**
  - **Yes**
  - **No**
  - **Action:** If no, ensure all employees trained on how to keep respirators in a clean and sanitary condition, and proper working order.
- **Are all employee storing respirators properly (protected from damage, dust, contamination, sunlight, extreme temperatures and excessive moisture)?**
  - **Yes**
  - **No**
  - **Action:** If no, ensure all trained on how to store respirators properly.

### Notes