1 Purpose

1.1 The purpose of this Standard Operating Procedure (SOP) is to describe the general use, maintenance and storage requirements, and disposal of air purifying, filtering facepiece respirators (dust masks). This SOP is not a substitute for information and instructions provided by the manufacturer.

2 Definition

2.1 Filtering facepiece (dust mask) – a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

2.2 NIOSH – The National Institute for Occupational Safety and Health, under the authorization of the Occupational Safety and Health Act of 1970, provides a testing, approval, and certification program assuring respirators used in the workplace meet the standards of 42 CFR Part 84.

2.3 Voluntary use – (all conditions must be met):

2.3.1 An exposure assessment has been conducted;

2.3.2 The PEL is not exceeded;

2.3.3 No OSHA regulation requires that respirators be provided by the employer;

2.3.4 The employer does not believe it is necessary to reduce exposures below their current levels (i.e., there is no perceived hazard);

2.3.5 The employer does not require, recommend, encourage or suggest that respirators be used;

2.3.6 Workers ask to wear respirators; and

REFERENCES:


c) University of Rochester Respiratory Protection Program
2.3.7 Respirators will not be used for emergency response or escape

3 Scope

3.1 Voluntary use of a filtering facepiece (dust mask only) is not subject to medical qualification or fit-testing and training requires users to understand and comply with this SOP and the OSHA 29 CFR 1910.134, Appendix D.

3.2 The voluntary use of the filtering facepiece (dust mask) is appropriate only under certain conditions; for the purpose of this SOP they are for use in the Bead Blast Room.

4 Training


5 Procedures and Protocols

5.1 In order to voluntarily use respiratory protective equipment in this way, the following criteria must be met:

5.1.1 Voluntary respirator use must be in full compliance with OSHA 29 CFR 1910.134, Appendix D;

5.1.2 There is no recognized hazard or potential for over exposure;

5.1.3 The respirator must be NIOSH certified;

5.1.4 The respirator must be clean, stored in a manner that protects them from damage, contamination, excessive moisture, and damaging chemicals, and disposed of at the end of each shift;

5.1.5 The respiratory protective equipment must not in itself present a hazard to the user;

5.1.6 The user must be given a copy of Appendix D: Information for Employees using Respirators When Not Required Under the Standard;

5.1.7 The user and their supervisor must sign the release form contained in Appendix D of this document, acknowledging that the employee has received a copy of the OSHA Appendix D (Sec. 1910. 134, Appendix D). The form(s) must be kept on file in the department’s respiratory protection records.

6 Responsibilities

6.1 Personnel who voluntarily use filtering facepieces in the Bead Blast Room must:

6.1.1 Read, comply with, and sign a copy of Appendix D: Information for Employees using Respirators When Not Required Under the Standard
6.1.2 Read the Standard Operating Procedures for filtering facepiece respirator use in the Bead Blast Room

6.2 Bead Blast Room Supervisor

6.2.1 Ensure that all users have:

6.2.1.1 Received training and signed the Appendix D: Information for Employees using Respirators When Not Required Under the Standard

6.2.1.2 Received a copy of the SOP for voluntary filtering facepiece respirator use in the Bead Blast Room

6.3 Respiratory Protection Coordinator

6.3.1 Provide program management;

6.3.2 Maintain documentation

7 Approval

Douglas Jacobs-Perkins

Chief Safety Officer, Laboratory for Laser Energetics
Appendix D, Information and Acknowledgement Form for Employees or students using Respirators
When Not Required Under the OSHA Standard Sec. 29 CFR 1910.134, Appendix D

You have indicated that you wish to voluntarily wear a respiratory protection device. The following
information is required by OSHA to be supplied to employees who wish to use respiratory protection
devices voluntarily. Please read this information and sign the form to indicate that you have received
this information:

Respirators are an effective method of protection against designated hazards when properly selected
and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide
an additional level of comfort and protection for workers. However, if a respirator is used improperly or
not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear
respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed
the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you
provide your own respirator, you need to take certain precautions to be sure that the respirator itself
does not present a hazard. You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning
and care, and warnings regarding the respirators limitations.

2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the
National Institute for Occupational Safety and Health of the U.S. Department of Health and Human
Services, certifies respirators. 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 for which your
respirator is not designed to protect against. For example, a respirator designed to filter dust particles
will not protect you against gases, vapors, or very small solid particles of fumes or smoke.

4. Voluntary respirator use is permitted in non-hazardous atmospheres only.

5. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

I acknowledge that I have read the University's Respiratory Protection Program including the section on
Voluntary (Comfort) Respirator Use, and have received a copy of the information for voluntary use of
respirators when not required under the Standard Sec. 1910.134. I have discussed these documents
with my supervisor, have received medical clearance to wear a respirator, and am in compliance with
the University Respiratory Protection Program. I will receive a signed copy of this document from my
supervisor for my records.

Employee Name: ____________________________________________________
Signature: __________________________________________ Date: ___________
Supervisor Signature: __________________________________________ Date: ___________

This document must be kept on file in the user's department respiratory protection records.