
Respiratory Protection Program

Date Implemented: _____

INTRODUCTION

This respiratory protection program (RPP) is designed to conform to the requirements in Title 3 of the California Code of Regulations, Section 6739 (3 CCR Section 6739). General employee information on respiratory protection is available in the Pesticide Safety Information Series A-5 (HS-632, Department of Pesticide Regulation).

PURPOSE

The purpose of this program is to protect the employees of _____ from respiratory hazards associated with the use of pesticides and to comply with current regulations and label requirements. This program will include the following elements:

- Selection
- Medical evaluation
- Fit testing
- Proper use for routine and emergency
- Maintenance, cleaning and care
- Ensure breathing air quality
- Training in respiratory hazards (IDLH if applicable)
- Training in donning, doffing, limitations
- Program evaluation

ADMINISTRATION

_____ is the Respirator Program Administrator (RPA) of this program and is responsible for ensuring the effectiveness of the respiratory protection program in compliance with the respiratory protection regulation. He/she is responsible for implementing the elements of this WRITTEN PROGRAM for all uses of respirators. The current respirator program will be retained for three years.

The RPA keeps records on:

1. Training
2. Fit Testing
3. Equipment Inspection
4. Medical Recommendations
5. Copies of previous WRITTEN PROGRAMS
6. Employee consultations
7. Program evaluations

DEFINITIONS

Respirator: A device designed to protect the wearer from inhalation of hazardous atmospheres.

Air purifying respirator: A respirator that removes contaminants from the inhaled air stream. There are two major sub-categories of air purifying respirator systems: Mechanical filter type, used to remove particulates (dusts, mists, fogs, smokes and fumes) and chemical cartridge type (absorption or adsorption or modification of gasses or vapors). Some respirators combine both types of systems.

IDLH: Immediately Dangerous to Life or Health. Conditions that can pose an immediate threat to life or health OR conditions that pose an immediate threat of severe exposure to contaminants such as carcinogens or neurotoxins which are likely to have adverse cumulative or delayed effects on health. All fumigant-confining structures shall be considered IDLH until proven safe by appropriate monitoring equipment.

Atmosphere-supplying respirator: A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere. This includes supplied-air respirators (SAR) and self-contained breathing apparatus (SCBA) units.

Confidential reader: A person chosen by an employee required to wear a respirator to read to him/her the Medical Evaluation Questionnaire required under 3 CCR Section 6739 in a language primarily understood by the employee. This includes, but is not limited to, a coworker, family member, friend, or an independent translator provided by the employer. The employer or the employer's direct agent, such as a supervisor, manager, foreman, or secretary, are not included and are prohibited from being confidential readers.

Filter or air purifying element: A component used in respirators to remove solid or liquid aerosols from the inspired air.

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.

Physician or other licensed health care professional (PLHCP): An individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated the responsibility to provide, some or all of the health care services required by these regulations. This can include Physicians, (including Occupational Medicine Physicians), Doctors of Osteopathy, Physician Assistants, Registered Nurses, Nurse Practitioners and Occupational Health Nurses.

Qualitative fit test (QLFT): A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

Quantitative fit test (QNFT): An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

Respirator program administrator: A person who is qualified by appropriate training or experience that is commensurate with the complexity of the respiratory protection program, and demonstrates knowledge necessary to administer a respiratory protection program. Such training or experience includes, but is not limited to, reading and understanding either the American National Standard for Respiratory Protection Publication (ANSI Z88.2), or the U.S. Department of Labor's "Small Entity Compliance Guide for the Revised Respiratory Protection Standard"; or taken specific course work on developing a respiratory protection program from a college or a respirator manufacturer's authorized representative; or is an American Board of Industrial Hygiene Certified Industrial Hygienist.

RESPIRATOR SELECTION

Only respiratory protective equipment approved by NIOSH (National Institute for Occupational Safety and Health) is used. The equipment is approved for the specific hazard. Pesticide product labels are consulted first to determine the correct respirator for protection against the specific hazard. Respirator protection is consistent with regulatory requirements and permit conditions.

The respirators assigned to employees' are listed in the attached **TABLE 1**.

For entry into unknown atmospheres or atmospheres at or above the IDLH concentration, SCBA type or supplied air type equipped with escape bottle is used.

INSTRUCTION AND TRAINING

Training is given to all employees who may be required to wear respiratory protective equipment. Written records are kept with the names of the persons trained and the dates the training occurred. These records are maintained by the RPA and available for inspection by authorized personnel.

Employees who are required to use respirators are trained such that they can demonstrate knowledge of at least:

- Why the respirator is necessary and how improper fit, use, or maintenance can compromise its protective effect
- Limitations and capabilities of the respirator
- Effective use in emergency situations
- How to inspect, put on and remove, use and check the seals
- Maintenance and storage
- Recognition of medical signs and symptoms that may limit or prevent effective use

Practice demonstrations include:

1. Inspecting, donning, wearing and removing the respirator.
2. Adjusting the respirator to minimize discomfort to the wearer.
3. Wearing during training for an adequate period time to ensure that the wearer is familiar with the operational characteristics of the respirator.

Each respirator user is retrained at least annually. Record of training is kept by the RPA. Required training topics and documentation of the training can be found in **TABLE 2**.

CLEANING, SANITIZING AND STORAGE

_____ are/is responsible for cleaning respirators. Respirators are cleaned when appropriate. Cleaning is done following manufacturer's instructions.

After cleaning (and, if required, sanitizing), respirators are stored in disposable, reseal able plastic bags. Respirators and their filters/cartridges are stored so that they are protected from sunlight, dust, chemical contamination, moisture, and temperature extremes.

END OF SERVICE LIFE

When air-purifying respirators are required for protection against pesticides, it is ensured that air-purifying elements such as filter cartridges and/or pre-filters (or entire respirator, if disposable type) are replaced according to the following hierarchically arranged criteria:

- (1) At the first indication of odor, taste, or irritation while in use, the respirator wearer leaves the contaminated area, adjusts the mask for fit and on returning still encounters odor, taste, or irritation. This criterion item supersedes any of the criteria listed in (2)-(6).
- (2) When any End-of-Service-Life-Indicator (ESLI) indicates that the respirator has reached its end of service;
- (3) All disposable filtering face-piece respirators are discarded at the end of the workday;
- (4) According to pesticide-specific label directions/recommendations;
- (5) According to pesticide-specific directions from the respirator manufacturer;
- (6) Absent any pesticide-specific directions/recommendations, at the end of the day's work period.

MAINTENANCE, INSPECTION AND REPAIR

Individual respirator users are directed to perform routine maintenance and inspection of respirators issued to them. The respirator user is directed to identify and deliver to the RPA any respirator in need of repair/replacement. Damaged or defective respirators are properly disposed of. The RPA makes _____ inspections of the respirators. For SCBA type, there is a minimum inspection period of one month. Respirator inspections cover the following items:

1. General condition of mask, straps, valves, air hoses (no cracks, tears, holes, deformations, loss of elasticity).
2. Filter elements (proper filter or cartridge), air tanks (full tanks), regulators, low-pressure warning device.
3. Hose clamps, gaskets (in place and properly seated)
4. Mask cleanliness (no debris, especially on sealing surfaces)

The RPA or _____ repairs air purifying type respirators as they have been appropriately trained.

SCBA reducing and admission valves, regulators, and alarms are adjusted or repaired only by the manufacturer or a technician trained by the manufacturer. SCBA tanks are refilled with Grade D air or better by _____. A Certificate of Analysis is annually obtained from this company and held in file. Hydrostatic testing of SCBA air tanks is performed according to manufacturers' or _____ recommendations.

MEDICAL EVALUATION

Each employee who is required to wear respiratory protective equipment is required to either (check one):

- complete a Medical Evaluation Questionnaire, included in this Respirator Protection Program (*also found in 3 CCR Section 6739(q)*) which will be mailed in confidence to the PLHCP.
- or an equivalent form, ie: an acceptable on-line PLHCP Medical Evaluation
- or undergo a medical examination by a physician or other licensed health care professional (PLHCP) that obtains the same information as the medical questionnaire

Management cannot read the completed questionnaire or assist the employee in completing the questionnaire. If the employee cannot read the questionnaire, the employee may ask a family member or non-management coworker for assistance, or the RPA may contract an independent translator for the worker.

The PLHCP contracted is _____.

The employer will provide the following information to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:

- Type of respirator (Filtering facepiece, half-face, full-face, SCBA, etc.)
- Weight of respirator
- Duration/Frequency of use
- Expect physical effort (medium to heavy)
- Temperature/Humidity extremes

- Copy of this Respiratory Protection Program
- Copy of 3 CCR, Section 6739 (from CDPR internet site)

On evaluation of the employee's completed Medical Evaluation Questionnaire, the PLHCP shall send the employer a copy of the Medical Recommendation Form. A copy of the recommendation is provided to the employee. The RPA retains the recommendation of the PLHCP for any employee that receives a medical evaluation.

If the PLHCP changes, the RPA will ensure that the new PLHCP obtains the necessary information by having the documents transferred from the former PLHCP to the new PLHCP.

Subsequent medical evaluations will be performed if any of the following trigger indicators are met:

- Worker reports medical signs or symptoms related to the ability to use a respirator.
- PLHCP, supervisor, or RPA informs the employer that a worker needs to be reevaluated.
- Information from the respirator program, including observations made during fit testing and program evaluation, indicates a need.
- ~~Change occurs in workplace conditions that may substantially increase the physiological burden on a worker.~~

USE LIMITATIONS

Respirators are not worn when conditions prevent a good gas-tight fit.

Prescription lenses, if needed for a full-face respirator, are mounted within the face mask using manufacturer authorized mounting equipment.

Employees with facial hair (heavy stubble, drooping mustache, long sideburns, beards) that prevent a gas-tight seal will not wear respiratory protective equipment that requires a tight face to face-piece seal for proper operation. Other types of non-face-sealing respirators, if adequate for mitigating the hazard, are chosen.

RESPIRATOR FIT TESTING AND USER SEAL-CHECK PROCEDURES FOR RESPIRATORS REQUIRING A FACE TO FACE-PIECE SEAL

Qualitative Fit Testing and/or Quantitative Fit Testing and Positive/Negative Pressure User Seal-Check

In all cases, the respirator wearer should select a respirator that feels comfortable. If there are any doubts about the condition or integrity of the respirator or filters, the respirator is rejected. Fit testing is performed and documented on an annual basis in **TABLE 3**.

As required by 3 CCR Section 6739(e)(4), all fit testing is done in accordance with the requirements found in Department of Industrial Relations Title 8 CCR Section 5144, Appendix A (check appropriate protocols below).

- **Qualitative Fit Testing:** The following protocols authorized for fit test respirators as cited in regulation 3CCR 6739(e)(4):
 - For testing against organic vapors cartridges:
 - Iso-amyl acetate test (“Banana oil”)
 -
 - For testing against particulate filters:
 - Saccharin test
 - Bitrex® test
 - Irritant smoke test
- **Quantitative Fit Testing:** The following protocols authorized for fit test respirators as cited in regulation 3CCR 6739(e)(4):
 - Generated Aerosol (corn oil, salt, DEHP)
 - Condensation Nuclei Counter (PortaCount)
 - Controlled Negative Pressure (Dynatech FitTester 3000)
- **Positive Pressure User Seal-Check:** This test is conducted by blocking the exhalation valve with the palm of the hand to prevent air escaping from the mask. Do not press so hard on the exhalation valve that the mask is moved from its proper face-fit position. A slight positive pressure is then created in the mask by gently exhaling until the facepiece starts to pull away from the face. If the mask does not “balloon” up or otherwise pull away, there may be a leak in the mask or in the face seal. However, if there is neither loss of pressure nor outward leakage of air, the wearer and the respirator have passed the positive pressure fit-check.
- **Negative Pressure User Seal-Check:** This test is conducted by blocking the air purifying element(s) with either the palm of each hand or covering it with a plastic wrap. A negative pressure will be created inside the facepiece by gently inhaling and holding the breath for several seconds. The mask should collapse against the face and remain in that position during the test. If the mask does not collapse or otherwise tighten against the face, there may be a leak in the mask or in the face seal. If there is no loss of vacuum or inward movement of air, the wearer and the respirator have passed the negative pressure fit-check.

EVALUATION AND EMPLOYEE CONSULTATION

The respiratory protection program, as defined by this WRITTEN PROGRAM, will be evaluated annually to ensure that it reflects conditions found in the workplace. If conditions change such that this WRITTEN PROGRAM becomes inadequate or otherwise deficient, the RPA shall take immediate steps to reestablish effective implementation.

Workers required to wear respiratory protection will be consulted, at least annually, on the worker's experience with the respirators and the WRITTEN PROGRAM in general. Workers will be asked about respirator fit, maintenance, appropriateness to the pesticides sprayed and any other information deemed necessary to ensure worker feedback concerning their use of respirators.

All evaluations and consultations will be documented using **TABLE 4**, including declarations of no change. Any modifications to the WRITTEN PROGRAM will be implemented within 30 days.

Additional Sources of Information on Respiratory Protection

Occupational safety and health consultants.

Department of Pesticide Regulation, Worker Health and Safety Branch, 1001 I Street, Sacramento, California 95814

Cal/OSHA Consultation Service - see listing under State Government Offices, Industrial Relations Department, in local telephone directory.

County Agricultural Commissioner

County Health Department.

Insurance carriers.

*Department of Labor, Federal OSHA: Small Entity Compliance Guide
(http://www.osha.gov/Publications/SECG_RPS/secgrev-current.pdf)*

TABLE 2: Employee Respirator Training

Topics Included in Training: _____

Employee	Respirator/Size/Type	Trainer	Date	Signature

VOLUNTARY USE OF RESPIRATORY PROTECTION

[Note: Include this section ONLY if you allow voluntary use of respiratory protection.]

_____ allows the voluntary use of filtering face-piece respiratory protection when none is required by label directions, permit conditions, or regulatory requirement. In accordance with 3 CCR Section 6739 (b)(2), the required subsection (r) posting, attached, will be displayed alongside the Pesticide Safety Information Series leaflet A-8/N-8.

Title 3 CCR Section 6739 [r] Voluntary Respirator Use Posting

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 follow 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 designated 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. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
 5. Air filtering respirators **DO NOT SUPPLY OXYGEN**. Do not use in situations where the oxygen levels are questionable or unknown.

Título 3 CCR Sección 6739 [r]

Letrero Sobre el Uso Voluntario de un Respirador

Los respiradores son un método efectivo de protección contra peligros señalados cuando se seleccionan y se usan en forma correcta. El uso de un respirador se aconseja aún cuando las exposiciones están bajo la exposición límite, para proveer un nivel adicional de comodidad y protección para los trabajadores. Sin embargo, si un respirador se usa en forma incorrecta y no se mantiene limpio, el respirador en sí mismo puede convertirse en un peligro para el trabajador. Algunas veces, los trabajadores podrían usar respiradores para evitar exposiciones a peligros, aún cuando la cantidad de sustancias no exceden los límites fijados por las normas de OSHA. Si su empleador le provee respiradores para su uso voluntario, o usted provee su propio respirador, usted necesita tomar ciertas precauciones para estar seguro que el respirador mismo no presente un peligro.

Usted debe hacer lo siguiente:

1. Lea y siga todas las instrucciones proporcionadas por el fabricante sobre el uso, mantención, limpieza y cuidado, y advertencias en lo que se refiere a las limitaciones de los respiradores.
2. Seleccione respiradores de uso certificado para proteger contra el contaminante de interés. NIOSH, el Instituto Nacional para la Seguridad y Salud Ocupacional Del Departamento de Salud y ~~Servicios Humanos de Estados Unidos,~~ certifica los respiradores. Una etiqueta o declaración de certificación debe aparecer en el respirador o envase del respirador. Esto le dirá para qué está diseñado el respirador y cuánto lo protegerá.
3. No use su respirador en atmósferas que contienen contaminantes para los cuales el respirador no está diseñado de protegerlo. Por ejemplo, un respirador diseñado para filtrar partículas de polvo no lo protegerá contra los gases, vapores o partículas solidas muy pequeñas o vahos o humo.
4. Ocupese de su respirador para evitar usar un respirador que es de otra persona.
5. Los respiradores con filtros y las mascarillas de filtro (“dust mask”) **NO LE PROPORCIONAN OXIGENO.** No lo use en situaciones cuando los niveles de oxígeno son cuestionables o se desconocen.

Title 3 CCR Section 6739 [q] Medical Evaluation Questionnaire

The completion of this form, or a form substantially equivalent and acceptable to the DEPARTMENT OF PESTICIDE REGULATION, by each respirator wearing employee; and the review of the completed form by a physician or licensed health care provider, is mandatory for all employees whose work activities require the wearing of respiratory protection.

The medical evaluation questionnaire shall be administered in a manner that ensures that the employee understands and documents its content. The person administering the questionnaire shall offer to read or explain any part of the questionnaire to the employee in a language and manner the employee understands. After giving the employee the questionnaire, the person administering the questionnaire shall ask the following question of the employee: "Can you read and complete this questionnaire?" If the answer is affirmative, the employee shall be allowed to confidentially complete the questionnaire. If the answer is negative, the employer must provide either a copy of the questionnaire in a language understood by the employee or a confidential reader, in the primarily understood language of the employee.

To the employee:

Can you read (circle): Yes/No (*This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of the employee.*)

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 confidentiality, 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.

Section 1. (Mandatory, no variance in this format allowed) Every employee who has been selected to use any type of respirator must provide the following information (please print):

1. Today's date: ____ / ____ / ____
2. Your name: _____
3. Your age: _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____

8. How can you be reached by the health care professional who reviews this questionnaire?

9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:
(include the area code): _____ - _____ - _____

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, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (please circle "yes" or "no").

1. Do you currently smoke tobacco or have you smoked tobacco in the last month: Yes/No

2. ***Have you ever had any of the following conditions?***

- a. Seizures (fits): Yes/No
- b. Allergic reactions that interfere with your breathing: Yes/No
- c. Claustrophobia (fear of closed-in places): Yes/No
- d. Trouble smelling odors: Yes/No/Do not know
- e. Diabetes (sugar disease): Yes/No/Do not know

3. Have you ever had any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you have been told about: Yes/No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina (pain in chest): Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Irregular heart beat (an arrhythmia): Yes/No/Do not know.
- g. High blood pressure: Yes/No/Do not know
- h. Any other heart problem that you have been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/No
 - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures (fits): Yes/No

8. If you have used a respirator, have you ever had any of the following problems?
(If you have never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
 - b. Skin allergies or rashes: Yes/No
 - c. Anxiety: Yes/No
 - d. General weakness or fatigue: Yes/No
 - e. Breathing difficulty: Yes/No
 - f. Any other problem that interferes with your use of a respirator: Yes/No
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9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10-15 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering this question is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
 - b. Wear glasses: Yes/No
 - c. Color blind: Yes/No
 - d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
 - b. Wear a hearing aid: Yes/No
 - c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
 - b. Back pain: Yes/No
 - c. Difficulty fully moving your arms and legs: Yes/No
 - d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
 - e. Difficulty fully moving your head up or down: Yes/No
 - f. Difficulty fully moving your head side to side: Yes/No
 - g. Difficulty bending at your knees: Yes/No
 - h. Difficulty squatting to the ground: Yes/No
 - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
 - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

At the discretion of the PLHCP, if further information is required to ascertain the employee's health status and suitability for wearing respiratory protection, the PLHCP may include and require the questionnaire found in Title 8, California Code of Regulations, section 5144, Appendix C, Part B, Questions 1-19.

Título 3 CCR Sección 6739 [q]

Cuestionario de Evaluación Médica

El completar este cuestionario, o un formulario sustancialmente equivalente y aceptable para el DEPARTAMENTO DE REGLAMENTACIÓN DE PESTICIDAS, por cada empleado que usa una máscara respiradora; y la revisión de la encuesta final por un médico o por un proveedor profesional de salud con licencia, es obligatoria para los empleados cuyas actividades requieren del uso de protección al sistema respiratorio.

El cuestionario de evaluación médica será administrado de manera que asegure que el empleado entienda y documente su contenido. La persona que administra la encuesta ofrecerá leer o explicar cualquier parte del cuestionario al empleado, en un lenguaje y manera que el empleado entienda. Después de entregar el cuestionario al empleado, la persona que administra la encuesta preguntará la siguiente pregunta al empleado: "¿Puede leer y completar esta encuesta?" Si la respuesta es afirmativa, el empleado se le permitirá que complete el cuestionario confidencialmente. Si la respuesta es negativa el empleador tiene que entregar ya sea una copia del cuestionario en un lenguaje que el empleado entienda o un lector confidencial, en el lenguaje principal que entienda el empleado.

Para el empleado:

¿Usted puede leer? (marque con un círculo): Sí/No

(El empleador tiene que preguntar esta pregunta oralmente. Si es afirmativa, el empleado continuaría respondiendo la encuesta. Si es negativa, el empleador tiene que proveer un lector, en el lenguaje principal que entienda el empleado.)

Su empleador tiene que dejarle responder este cuestionario durante las horas normales de trabajo, o en un momento y lugar que le sea conveniente. Para mantener este cuestionario en forma confidencial, su empleador o supervisor no debe ver ni revisar sus respuestas. Su empleador debe informarle a quién dar o cómo enviar este cuestionario al profesional de salud que lo va a revisar.

Sección 1. (Obligatorio, no se acepta variación alguna de este formato. La siguiente información debe ser entregada por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (por favor escriba con letra de imprenta):

1. La fecha de hoy: ____ / ____ / ____

2. Su nombre: _____

3. Su edad: _____

4. Sexo (marque uno con un círculo): Masculino/Femenino

5. Altura: _____ pies _____ pulgadas 6. Peso: _____ libras

7. Su título de trabajo _____

8. ¿Cómo lo puede contactar el profesional de salud que revisa este cuestionario?

9. Si es por teléfono, indique la hora más conveniente para llamarle en la Mañana/Tarde/Noche al:
(incluya el Código de área): ____ - ____ - ____.

10. ¿Le ha informado su empleador cómo comunicarse con el profesional de salud que va a revisar este cuestionario (marque con un círculo una respuesta)? Sí/No

11. Anote el tipo de equipo respiratorio que utilizará (puede anotar más de una categoría)

a. Respirador desechable de clase N, R o P (respirador de filtro, respirador sin cartucho)

b. Respirador de media cara (filtro de partícula o filtro de vapor o ambos)

c. Respirador de cara completa (filtro de partícula o filtro de vapor o ambos)

d. Purificador de aire accionado por un motor (PAPR)

e. Respirador con un aparato propio de auto-suministro de aire (SCBA)

f. Respirador con suministro aire a través de una manguera (SAR)

g. Otro

12 Ha usado algún tipo de respirador? (marque uno con un círculo): Sí/No

Si ha usado equipo protector respiratorio, qué tipo(s) ha utilizado:

a) Respirador desechable de clase N, R o P (respirador con filtro, respirador sin cartucho)

b) Respirador de media cara (filtro de partícula o filtro de vapor o ambos)

c) Respirador de cara completa (filtro de partícula o filtro de vapor o ambos)

d) Purificador de aire accionado por un motor (PAPR)

h. Respirador con un aparato propio de auto-suministro de aire (SCBA)

e) Respirador con suministro aire a través de una manguera (SAR)

f) Otro

Sección 2. (Obligatorio): Cada empleado seleccionado para usar cualquier tipo de respirador, debe contestar las preguntas del 1 al 8. Marque con un círculo "sí" o "no".

1 ¿Actualmente, usted fuma tabaco, o ha fumado tabaco durante el último mes? : Sí/No

2 ¿Usted ha tenido algunas de las siguientes condiciones: Sí/No

- a) Ataque de apoplejía (ataque de epilepsia): Sí/No
- b) Reacciones alérgicas que no lo dejan respirar: Sí/No
- c) Claustrofobia (miedo al encierro en un lugar pequeño: Sí/No
- d) Dificultad para oler: Sí/No/ No sé
- e) Diabetes: Sí/No/No sé

3 ¿Ha tenido algunas de los siguientes problemas pulmonares o al pulmón?

- a) Asbestosis: Sí/No
- b) Asma: Sí/No

c) Bronquitis crónica: Sí/No

d) Enfisema: Sí/No

e) Pulmonía: Sí/No

f) Tuberculosis: Sí/No

g) Silicosis: Sí/No

h) Neumotórax (pulmón colapsado): Sí/No

i) Cáncer en los pulmones: Sí/No

j) Costillas quebradas: Sí/No

k) Cualquier lesión o cirugía en el pecho: Sí/No

l) Cualquier otro problema pulmonar que le han dicho a usted: Sí/No

4 ¿Tiene actualmente alguno de los siguientes síntomas o enfermedades en los pulmones?

a) Respiración dificultosa: Sí/No

b) Respiración dificultosa cuando camina rápido sobre terreno plano o subiendo una colina o pendiente:
Sí/No

- c) Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano: Sí/No
 - d) Cuando camina normalmente en terreno plano ¿siente que tiene que detenerse para coger aire? : Sí/No
 - e) Respiración dificultosa cuando se está bañando o vistiendo: Sí/No
 - f) Respiración dificultosa que le impide trabajar: Sí/No
 - g) Tos con flema (esputo espeso): Sí/No
 - h) Tos que lo despierta temprano en la mañana: Sí/No
 - i) Tos que ocurre mayormente cuando está acostado: Sí/No
 - j) ¿Ha tosido sangre en el último mes? : Sí/No
 - k) Respiración dificultosa y con ruido: Sí/No
 - l) Respiración con silbido o dificultad o asmaticamente que le impide trabajar: Sí/No
-
- m) Dolor en el pecho cuando respira profundamente: Sí/No
 - n) Otros síntomas que usted cree están relacionados con problemas a los pulmones: Sí/No

5 ¿Ha tenido algunos de los siguientes problemas cardiovascular o al corazón?

- a) Ataque cardíaco: Sí/No
- b) Ataque de parálisis (apoplejía): Sí/No
- c) Angina (dolor al pecho): Sí/No
- d) Falla del corazón: Sí/No
- e) Hinchazón en las piernas o pies (que no sea causado por caminar): Sí/No
- f) Latidos irregulares del corazón (una arritmia): Sí/No/No sé
- g) Presión sanguínea alta: Sí/No/No sé
- h) Cualquier otro problema al corazón que le han dicho a usted: Sí/No

6 ¿Ha tenido algunos de los siguientes síntomas cardiovascular o al corazón?

- a) Frecuente dolor de pecho o pecho apretado: Sí/No
- b) Dolor o pecho apretado durante actividad física: Sí/No
- c) Dolor o pecho apretado que no lo deja trabajar normalmente: Sí/No
- d) En los últimos dos años ha notado que su corazón late irregularmente o se salta un latido: Sí/No
- e) Dolor en el pecho o indigestión que no se relacione con la comida: Sí/No
- f) Algunos otros síntomas que usted piensa son causados por problemas del corazón o de la circulación: Sí/No

7 ¿Actualmente, está tomando medicamentos para alguno de los siguientes problemas?

a) Problemas al respirar o pulmonares: Sí/No

~~b) Problemas del corazón: Sí/No~~

c) Presión sanguínea: Sí/No

d) Ataque de apoplejía (ataque de epilepsia): Sí/No

8 Si usted ha usado un respirador ¿ha tenido alguna vez alguno de los siguientes problemas? (Si usted no ha usado un respirador deje esta pregunta en blanco y continúe con la pregunta 9)

a) Irritación de los ojos: Sí/No

b) Alergias del cutis o salpullido: Sí/No

c) Ansiedad: Sí/No

d) Debilidad general o fatiga: Sí/No

e) Dificultad al respirar: Sí/No

f) Algún otro problema que le impida el uso de un respirador: Sí/No

9 ¿Le gustaría hablar con el profesional de salud que va a revisar sus respuestas?

Las preguntas del 10 al 15 deben contestarse por los empleados seleccionados para usar un respirador purificador de aire de cara completa con filtros o un aparato personal de auto respiración (SCBA, por su sigla en inglés). Para los empleados seleccionados a usar otros tipos de respiradores, la respuesta a esta pregunta es voluntaria.

10 ¿Ha perdido la visión en cualquiera de sus ojos (temporalmente o permanente?): Sí/No

11 ¿Actualmente, tiene algunos de los siguientes problemas con su vista?

a) Usa lentes de contacto: Sí/No

b) Usa lentes: Sí/No

c) Daltonismo(dificultad para distinguir colores): Sí/No

d) Algún otro problema con los ojos o la vista: Sí/No

**12 ¿Ha tenido alguna vez un daño a los oídos, incluso una membrana (tímpano) del oído rota?:
Sí/No**

13 ¿Actualmente tiene alguno de los siguientes problemas para oír?

a) Dificultad para oír: Sí/No

b) Usa un aparato del oído (audífono): Sí/No

c) ¿Tiene algún otro problema con los oídos o de audición? : Sí/No

14 ¿Se ha lesionado alguna vez la espalda? : Sí/No

15 ¿Tiene alguno de los siguientes problemas óseos o musculares?

a) Debilidad en cualquiera de los brazos, manos, piernas o pies: Sí/No

b) Dolor de espalda: Sí/No

c) Dificultad para mover sus brazos y piernas completamente: Sí/No

d) Dolor o rigidez cuando se inclina de la cintura para adelante o para atrás: Sí/No

e) Dificultad para mover la cabeza para arriba o para abajo completamente: Sí/No

f) Dificultad para mover la cabeza de lado a lado: Sí/No

g) Dificultad para agacharse doblando las rodillas: Sí/No

h) Dificultad para ponerse en cuclillas hasta el suelo: Sí/No

i) Dificultad para subir un piso o escaleras cargando más de 25 libras: Sí/No

j) Algún otro problema muscular o con sus huesos que le impida usar un respirador: Sí/No

A discreción del PLHCP, si se requiere información adicional para averiguar el estado de salud del empleado y la adaptabilidad de usar protección al sistema respiratorio, el PLHCP puede incluir y requerir el cuestionario que se encuentra en el Título 8, del Código de Reglamentos de California, sección 5144, Apéndice C, Parte B, Preguntas 1 – 19.