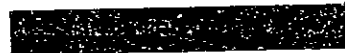


OSHA Respirator Medical Evaluation Questionnaire (Mandatory). - 1910.134 App C

[OSHA Regulations \(Standards - 29 CFR\) - Table of Contents](#)

- **Standard Number:** 1910.134 App C
- **Standard Title:** OSHA Respirator Medical Evaluation Questionnaire (Mandatory).
- **SubPart Number:** I
- **SubPart Title:** Personal Protective Equipment



Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

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.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

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, non- cartridge type only).
 b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

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

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (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. Diabetes (sugar disease): Yes/No
 c. Allergic reactions that interfere with your breathing: Yes/No
 d. Claustrophobia (fear of closed-in places): Yes/No
 e. Trouble smelling odors: Yes/No

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've 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: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've 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've used a respirator, have you *ever had* any of the following problems? (If you've 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. Any other problem that interferes with your use of a respirator: Yes/No

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 to 15 below 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 these questions 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 or 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. 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

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
 If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No
 If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
 - b. Silica (e.g., in sandblasting): Yes/No
 - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
 - d. Beryllium: Yes/No
 - e. Aluminum: Yes/No
 - f. Coal (for example, mining): Yes/No
 - g. Iron: Yes/No
 - h. Tin: Yes/No
 - i. Dusty environments: Yes/No
 - j. Any other hazardous exposures: Yes/No
- If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No
If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No
If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours *per week*: Yes/No
- d. Less than 2 hours *per day*: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No
If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____


Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

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WRITTEN RESPIRATOR PROGRAM

INTRODUCTION

Occasionally a few previously designated _____ Company employees may be asked to enter into work areas where they will need to wear respirators for protection. All participation by employees will be on a volunteer basis. Respirators protect employees from contaminated dusts, fogs, fumes, mists, gases, smokes, sprays, and vapors. When possible, _____ Company will take appropriate steps to eliminate such hazards by using proper engineering controls, such as enclosures, specialized ventilation, etc. However, when these steps are not feasible employees selected by _____ Company may be required to use respirators.

Only specially trained employees will be permitted to wear respirators. All activity involving employee use of respirators is strictly governed and regulated by this Written Respirator Program (Program). This Program was prepared by _____ Company and is intended to comply with the OSHA regulations found at 29 C.F.R. § 1910.134.

PURPOSE OF _____ COMPANY RESPIRATORS

As noted above, only a few specially trained employees will be asked to wear respirators – and then only in special situations. At _____ Company, respirators are required to be used when an area, room, or other enclosed area is either (1) toxic or (2) oxygen-deficient. When in doubt about the hazards presented by a situation _____ Company management will follow the "abundance of caution" rule; in other words, the Company will assume that a hazard is present and that respirators are necessary. Any employees wearing respirators must always follow this Program. Failure to follow this Program could lead to discipline.

Each employee/wearer must receive fitting instructions which include:

- How to wear the respirator
- How to adjust it
- How to determine proper respirator fit

Employees will also be trained and otherwise informed of the limits of respirators. For example, employees could still be subject to other safety or health hazards while wearing a respirator.

USE OF ATTENDANTS

If the employee/wearer is entering an area where he/she could be overcome by either a toxic or oxygen-deficient atmosphere if the respirator were to fail, an attendant shall be required to be present. The attendant shall be trained and shall remain in constant communication with the employee-wearer and others present. Communication may be maintained visually or by voice or signal line.

All attendants will be trained in rescue procedures and will have proper rescue equipment available in case of an emergency.

INSPECTION OF RESPIRATORS

_____ Company will conduct frequent random inspections of respirators to make sure that the respirators are properly selected, used, cleaned, and otherwise maintained. Air cylinders must be fully charged according to manufacturer's instructions. Inspections must ensure that all regulators and warning devices are functioning properly.

Respirator inspections shall include the following:

- Check of tightness of all connections and face piece, headbands, valves, connecting tubes, and canisters
- Check of all rubber or elastic parts for pliability or deterioration
- Stretching all rubber or elastic parts with a massaging motion

SPECIAL RULES -- FACE PIECE SEALS

All masks and face pieces must make a proper, air tight seal. Respirators shall not be worn if it is not possible to obtain a proper seal. Beards, sideburns, or anything that projects under the face piece could compromise a proper seal.

Employees/wearers who need to use corrective lenses must be extremely careful to make sure that the glasses do not prevent a proper seal. Employees/wearers must not wear contact lenses in contaminated atmospheres.

MEDICAL EVALUATION OF PARTICIPATING EMPLOYEES

Any Company employee assigned to tasks requiring use of respirators must first pass a physical examination given by a physician. The examination will ensure that the employee is physically able to perform the related work and use the respirators. Each employee trained to use a respirator will have his or her physical ability and medical status reviewed by the physician at least once each year. These evaluations shall be documented and kept along with other records from this Program, such as training records.

CONCLUSION

Selected employees may be asked to perform certain duties while wearing a respirator. The respirators used by _____ Company are inspected, cleaned, and stored in accordance with OSHA regulations.

Only a few specially trained employees shall be permitted to wear respirators. All such employees will be trained on the relevant hazards and limitations of respiratory protection. Respirators are an important safety device and must be used carefully and only with management supervision.

LOCKOUT / TAGOUT PROCEDURE

Lockout (or Tagout) Procedure

FOR

Purpose

This procedure establishes the minimum requirements for the lockout or tagout of energy-isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy, and locked out or tagged out before employees perform any servicing or maintenance activities where the unexpected energization, start-up, or release of stored energy could cause injury (Type(s) and Magnitude(s) of Energy and Hazards).

Responsibility

Appropriate employees shall be instructed in the safety significance of the lockout (or tagout) procedure (Name(s)/Job Title(s) of employees authorized to lock out or tag out). Each new or transferred affected employee and other employees whose work operations are or may be in the same area shall be instructed on the purpose and use of the lockout or tagout procedure (Name(s)/Job Title(s) of affected employees and how to notify).

Preparation for Lockout or Tagout

Make a survey to locate and identify all isolating devices to be certain which switch(es), valve(s), or other energy-isolating devices apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved. (Type(s) and Location(s) of energy-isolating means).

Sequence of Lockout or Tagout System Procedure

1. Notify all affected employees that a lockout or tagout system is going to be utilized and the reason therefor. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards thereof.
2. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.)

3. Operate the switch, valve, or other energy-isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that in springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc. (Type(s) of Stored Energy -- methods to dissipate or restrain).
4. Lockout and/or tagout the energy-isolating devices with assigned individual lock(s) or tag(s) (Method(s) Selected -- i.e., locks, tags, additional safety measures, etc.).
5. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate (Type(s) of Equipment checked to ensure disconnections). **Caution:** Return operating control(s) to "neutral" or "off" position after the test.
6. The equipment is now locked out or tagged out.

Restoring Machines or Equipment to Normal Production Operations

1. After the servicing and/or maintenance is complete and equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.
2. After all tools have been removed from the machine or equipment, guards have been reinstalled, and employees are in the clear, remove all lockout or tagout devices. Operate the energy-isolating devices to restore energy to the machine or equipment.

Procedure Involving More Than One Person

In the preceding steps, if more than one individual is required to lockout or tagout equipment, each shall place his/her own personal lockout device or tagout device on the energy-isolating device(s). When an energy-isolating device cannot accept multiple locks or tags, a multiple lockout or tagout device (hasp) may be used. If lockout is used, a single lock may be used to lockout the machine or equipment with the key being placed in a lockout box or cabinet which allows the use of multiple locks to secure it. Each employee will then use his/her own lock to secure the box or cabinet. As each person no longer needs to maintain his or her lockout protection, that person will remove his/her lock from the box or cabinet (Name(s)/Job Title(s) of employees authorized for group lockout or tagout).

Basic Rules for Using Lockout or Tagout System Procedure

All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to personnel. Do

not attempt to operate any switch, valve, or other energy-isolating device where it is locked or tagged out.

LOCKOUT (OR TAGOUT) PROCEDURE

<u>Entry No.</u>	<u>Description</u>
1.	Name of Company
2.	Type(s) and Magnitude(s) of energy and hazards
3.	Name(s) Job Title(s) of employees and how to notify
4.	Type(s) and Location(s) of affected employees and how to notify
5.	Type(s) and Location(s) of energy-isolating means
6.	Type(s) of Stored Energy -- methods to dissipate or restrain
7.	Method(s) Selected -- i.e., locks, tags, additional safety measures, etc.
8.	Type(s) of Equipment checked to ensure disconnections
9.	Name(s)/Job Title(s) of employees authorized for group lockout or tagout.

S-LOCK-TAG

North East Fabricare Association's

OSHA Checklist

A compilation of OSHA Regulations pertaining to the drycleaning industry.

Member Cost: \$5.00
Non-member Cost: \$10.00

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OSHA CHECKLIST

WALKING AND WORKING SURFACES
AISLES AND FLOOR (29 CFR 1910.22)

Are floors, aisles, and passageways kept clean and orderly?

Are floors, aisles and passage-ways kept clean and dry and all spills cleaned up immediately?

Are floor holes, such as drains, covered?

Are permanent aisles appropriately marked?

Are wet surface areas covered with non-slip materials?

STORAGE LOFTS, SECOND FLOORS, ETC.
(29 CFR 1910.22, .23)

Are signs showing floor-load capacity present?

Are platforms, storage lofts, balconies, etc., that are more than four feet above the floor protected with standard guardrails?

Are all platforms, lofts, and balconies (where people or machinery could be exposed to falling objects) guarded with standard four-inch toe boards?

STAIRS (29 CFR 1910.24)

Are there standard stair rails or handrails on all stairways having four or more risers?

Are all stairways at least 22 inches wide?

Do stairs have at least seven-foot overhead clearance?

Do stairs angle, no more than 50 degrees and no less than 30 degrees?

LADDERS (29 CFR 1910.25, 26, 27)

Have defective ladders (e.g.: broken rungs, side rails, etc.) been tagged as "DANGEROUS, DO NOT USE" and removed from service for repair or destruction?

Is it prohibited to use the top of an ordinary step ladder as a step?

Do fixed ladders have at least 3 1/2 feet of extension at the top of the landing?

Is the distance between the centerline of rungs on a fixed ladder, and the nearest permanent object in back of the ladder, at least seven inches or more?

Do all fixed ladders have a preferred pitch of 75 to 90 degrees?

EGRESS (29 CFR 1910.36 - .38)

Are all exits marked with an exit sign and illuminated by a reliable light source?

Is the lettering at least six inches high with the principle letter strokes at least 3/4 of an inch wide?

Is the direction to exits, when not immediately apparent, marked with visible signs?

Are doors of other passageways, that are neither exits nor access to an exit and located where they may be mistaken for exits, appropriately marked "NOT AN EXIT", "TO BASEMENT", "STOREROOM", etc.?

Are exit doors side-hinged?

Are all doors that must be passed through to reach an exit or way to an exit always free to access with no possibility of a person being locked inside?

Are all exit routes always kept free of obstructions?

OCCUPATIONAL HEALTH AND ENVIRONMENTAL CONTROL
(29 CFR 1910.93, .94, .95)

Is management aware of the hazards caused by various chemicals used in the plant?

Is employee exposure to these chemicals within the acceptable levels?

Are eye wash fountains and safety showers provided in areas where chemicals such as caustics, are used?

Are all containers, such as vats, storage tanks, etc. labeled as to their contents?

Are employees required to wear personal protective equipment when handling hazardous materials (gloves, eye protection, respirators, etc.)?

If internal combustion engines are used, is carbon monoxide kept within acceptable levels?

Are employee's exposure to perchloroethylene within acceptable limits?

Have procedures been set up to handle the cleanup of solvent spills?

OCCUPATIONAL NOISE EXPOSURE (29 CFR 1910.95)

If a noise problem is suspected, have noise levels been accurately measured?

If a noise problem exists, have plans to reduce noise levels by engineering methods been formulated (e.g.: enclosure, maintenance, different methods of processing)?

If engineering controls cannot reduce the noise to safe levels; have administrative controls, such as limiting worker-exposure in a given area, been started?

Are affected employees given annual audiometric tests if necessary?

Do all employees in high-noise areas wear hearing protection?

HAZARDOUS MATERIALS
FLAMMABLE AND COMBUSTIBLE LIQUIDS
(29 CFR 1910.106)

Are all connections on drums and combustibile liquid piping vapor and liquid tight?

Are flammable liquids kept in closed containers when not in use?

Are all spills of flammable or combustibile liquids cleaned up promptly?

Is combustible waste material (oily rags, etc.) stored in covered metal receptacles and disposed of daily?

Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?

Are flammable and combustible liquids stored in approve containers?

Do storage rooms for flammable and combustible liquids have explosion proof lights?

Do storage rooms for flammable and combustible liquids have mechanical or gravity ventilation (at lease six air changes per hour)?

Are storage cabinets for flammable and combustible liquids labeled "FLAMMABLE KEEP FIRE AWAY"?

PERSONAL PROTECTIVE EQUIPMENT (29 CFR 1910.132 - 137)

Is personal protective equipment provided, used, and maintained whenever it is necessary?

Is employee-owned personal protective equipment, such as gloves, protective shoes, etc., adequate, and properly maintained?

Is eye protection available where debris or splashing could be a hazard?

RESPIRATORY PROTECTION DEVICES (29 CFR 1910.134)

Are respirators provided when necessary (e.g., during solvent spill cleanup)?

Are there written standard operating procedures for the selection and use of respirators?

Is the proper respirator in use for the hazards present? (For example, dust masks do not protect against solvent vapors.)

Is the user instructed and trained in the proper use of respirators?

Where practical, are respirators assigned for use by employees, individually?

Are Respirators cleaned and disinfected after use?

Are Respirators stored in a convenient, clean, and sanitary location?

Are routinely-used respirators inspected during cleaning?

GENERAL ENVIRONMENTAL CONTROLS (29 CFR 1910.141 - 149)

Are restrooms and washrooms kept in clean and sanitary condition?

Are covered receptacles for sanitary napkins provided in the women's restroom?

Is all water that is provided for drinking, washing, and cooking, suitable for drinking?

Are all outlets for water, that is not suitable for drinking clearly posted as "UNSAFE FOR DRINKING, WASHING, OR COOKING"?

Are employees prohibited from eating in areas where toxic materials are present?

MEDICAL AND FIRST AID (29 CFR 1910.151)

Is at least one employee on each shift currently qualified to render first aid in the absence of a nearby clinic or hospital? (Some states require first aid trained persons regardless of nearby clinics or hospitals.)

Are first aid supplies readily available, inspected and replenished?

Are emergency phone numbers posted?

Are first aid supplies approved by a consulting physician, indicating that they are adequate?

Are medical personnel readily available for advice and consultation on matters of employee health?

Is there a first aid kit easily accessible to the work area?

Where employees may be exposed to injurious corrosive materials, are they provided with quick drenching and flushing facilities for immediate use?

FIRE PROTECTION (29 CFR 1910.157, .159, .160)

Are extinguishers selected for the types of combustibles and flammables in the areas where they are to be used?

- Class A. Ordinary combustible material fires
- Class B. Flammable-liquid, or grease fires
- Class C. Energized-electrical-equipment fires

Are extinguishers fully charged and in designated places?

Are extinguishers located along normal paths of travel?

Are extinguisher locations free from obstruction or blockage?

Are extinguishers not mounted too high? If less than 40 pounds, the top must be below 5 feet above floor; greater than 40 pounds, the top must be below 3 1/2 feet above floor?

Have all extinguishers been serviced, maintained, and tagged at intervals not to exceed one year?

Are all extinguishers checked (by management or designated employee) monthly to see if they are in place or if they have been discharged, etc.?

Have all extinguishers been hydrostatically tested according to schedules set for the type of extinguisher?

COMPRESSED AIR (29 CFR 1910.169)

Are pulleys and belts on compressors and motors completely guarded?

Are flexible cords or plugs on electric motors periodically checked and replaced if in a deteriorated condition?

Do the relief valves operate properly?

Are air tanks drained regularly?

Is the pressure-relief device and gauge in good operating condition?

MATERIALS HANDLING AND STORAGE (29 CFR 1910.176-181)

Is there safe clearance for equipment through aisles and doors?

Is stored material stable and secure?

Are storage areas free from tripping hazards?

Are only trained operators allowed to operate powered lift trucks?

Are appropriate overhead guards installed on powered lift trucks?

Is battery charging on electric units performed only in designated area?

Are "NO SMOKING" signs posted near electric battery charging units?

Are containers of combustibles or flammables, when stacked one upon the other, always separated by dunnage sufficient to provide stability?

Are racks and platforms loaded within the limits of their capacity?

Is all storage secured against sliding or collapsing?

Are all vehicles shut off prior to loading?

Have aisles been designated and kept clear to allow unhindered passage?

If motorized equipment such as lift trucks are used, are aisles permanently marked, providing sufficient clearance for passage of the equipment?

Are specifications posted for maximum loads which are approved for floors (except slabs with no basements), roof of a building, or some other structure?

MACHINE AND MACHINE GUARDING (29 CFR 1910.212)

Are belts, pulleys, and rotating shafts (air compressor, drill presses, etc.) properly guarded?

Are chains, sprockets, and gears properly guarded?

Are all in-going nip points properly guarded?

Are rotating shafts that are not smooth properly guarded?

Are all rotating parts (lubrication, fittings, etc.) recessed or covered with collars?

Are all pieces of equipment with an electric motor or any electrical connection effectively grounded?

Are sprockets and V-belt drives within reach of platforms and passageways or less than seven feet from the floor completely enclosed?

Are fans less than seven feet above floor guarded, having openings 1/2 inch or less?

ABRASIVE WHEEL MACHINERY (Grinders) (29 CFR 1910.215)

Is the work rest used and kept adjusted to within 1/8 inch of wheel?

Is the adjustable tongue on top side of grinder used and kept adjusted to within 1/4 inch of wheel?

Do side guards cover the spindle, nut, and flange and 75% of the wheel diameter?

Are bench and pedestal grinders permanently mounted?

Are goggles or face shields always worn when grinding?

LAUNDRIES (1910.264)

Is washing machine:

Equipped with a proper interlocking device?

Equipped with a device for holding open self-closing doors?

Is each drying tumbler:

Equipped with a proper interlocking device?

Equipped with a device for holding open self-closing doors?

Is each extractor:

Effectively secured?

Equipped with a cover?

Equipped with a proper interlock?

Is each power wringer and flat-work or collar ironer equipped with a trip safety bar or other guard to permit quick stoppage?

Is each power marking machine guarded so as to prevent injury to fingers?

Is each sewing machine equipped with a permanently attached needle guard?

Are all steam pipes within seven feet of the floor insulated or otherwise guarded?

Is each power-driven machine provided with a power disconnect switch, located as to be operable from the front of the machine?

HAND AND PORTABLE POWER TOOLS (29 CFR 1910.242-244)

Are tools and equipment (both company and employee owned) in good condition?

Have mushroomed heads on chisels, punches, etc. been reconditioned or replaced if necessary?

Have broken hammer handles been replaced?

Have worn or bent wrenches been replaced?

Have deteriorated air hoses been replaced?

Are portable abrasive wheels appropriately guarded?

Have employees been made aware of the hazards caused by faulty or improperly used hand tools?

NATIONAL ELECTRICAL CODE - ELECTRICAL WIRING

Have exposed wires, frayed cords, and deteriorated insulation been repaired or replaced?

Are junction boxes, outlets, switches, and fittings covered?

Is all metal fixed electrical equipment grounded?

Does all equipment connected by cord and plug have grounded connections?

Are electrical appliances such as vacuums, polishers, vending machines, etc. grounded?

Are all portable electrical hand tools grounded? (Double insulated tools are acceptable without grounding.)

Are breaker switches identified as to their use?

Do flexible cords and cables not run through holes in wall or ceiling or through doorways or windows?

Are flexible cords and cables free from splices or tapes?

Are flexible cords and cables fastened so that there is no direct pull on joints or terminal screws?

Are flexible cords and cables never substituted for fixed wiring?

Are flexible cords and cables not attached to building surfaces?

RECORD KEEPING (29 CFR 1904.2 - .8)

Is employee poster (OSHA or equivalent state poster) prominently displayed?

Have occupational injuries or illnesses, except minor injuries requiring only first aid, been recorded on OSHA Form Nos. 100 and 101, or equivalent?

Has a summary of all occupational injuries and illnesses been compiled at the conclusion of each calendar year and been recorded on OSHA Form No. 102? Was it posted during the month of February?

Have all OSHA records been retained for a period of five years, excluding the current year?

HAZARD COMMUNICATION (29 CFR 1910.1200)

Do employees know what hazardous materials they are working with?

Do they know the precautions to use during normal and emergency operation?

Do you notify outside contractors of the hazardous conditions?
