



Respiratory Protection Program

Respirator Program

RESPIRATORY PROTECTION PROGRAM

COLORS ON PARADE
JULY 1995
Rev. MARCH 2021

I. POLICY

Colors on Parade (COP) has developed a respiratory program to help ensure that all franchisees and technicians are provided the necessary information, training, and administrative support needed to reduce the possibility of adverse health effects of airborne hazards.

Where feasible, airborne hazards will be abated by the application of engineering and work practice controls. In situations where engineering controls are not feasible or while they are being instituted, appropriate respirators will be used pursuant to OSHA 29CFR, 1910.134.

Colors On Parade complies with Federal regulations concerning respiratory protection and expects all personnel to comply with the following Respiratory Protection Program. All affected persons are expected to read and understand this program.

II. Program Administration

The Safety Officer has been designated as the Program Administrator and has overall responsibility for developing, implementing and monitoring the Respiratory Protection Program.

III. Responsibility

The Chief Executive Officer will provide the necessary resources to carry out the Colors on Parade Respiratory Protection Plan.

A. The Safety Officer:

1. Will determine the areas and job tasks which require mandatory use of respiratory protective equipment.
2. Select appropriate respirator for type of hazard.
3. Provide instruction on qualitative and/or quantitative fit-testing and maintain records on such.
4. Provide access to training for franchisees and employees who may wear respirators.
5. Periodically inspect the equipment of franchisees and employees to evaluate the effectiveness of Respiratory Protection Program.

IV. Respiratory Selection

Respirators will be selected on the basis of the hazards to which the worker is exposed and will be made according to the guidance of the American National Standard Practices for Respiratory Protection (Z88.2-1980). Only respirators approved by NIOSHA will be used by Colors On Parade technicians.

V. Respirator Fit

A fit test will be conducted for each respirator wearer to determine the ability of each wearer to obtain satisfactory fit. Fit testing will be performed periodically or at any time that a franchisee or employee suffers an injury or illness that may alter facial features and affect facial seal of the mask.

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VI. Respirator Sealing Test (Fit checks)

To ensure proper selection, the wearer of a respirator will check the seal of the face piece prior to each use. This will be done using one of the following procedures or according to the manufacturer's face piece fitting instructions.

* Negative Pressure Test- Place palms of hands over the cartridges and/or filter retainer, inhale gently and hold breath for five to ten seconds. If the face piece collapses slightly and no air leaks between the face piece and your face are detected, a proper fit has been achieved. If an air leak is detected, reposition the respirator on the face and/or re-adjust tension of the headbands to eliminate the leakage. Repeat test until satisfactory seal has been achieved.

* Positive Pressure Test- Place palm of hand in the exhalation valve cover and exhale gently to cause a slight positive pressure inside the face piece. If the face piece bulges slightly and no air leaks between the face and the face piece are detected, a proper fit has been obtained. If air leakage is detected, reposition the respirator on the face and/or re-adjust the tension of headbands to eliminate the leakage. Repeat the test until a satisfactory seal has been achieved.

A. Respirators are ineffective when conditions prevent a good face seal.

Such conditions may include the following:

1. Growth of a beard
2. Long sideburns
3. Absence of one or both dentures
4. Facial deformity

B. The Safety Officer and Area Developers have the responsibility and authority to prohibit franchisees or employees from working in areas where respirators are Required if conditions prevent a good face seal or when improper respirators are used.

VII. Maintenance and Care of Respirators

A. The maintenance and care of respirators includes the following:

1. Inspections of defects
2. Cleaning and disinfecting
3. Repair
4. Storage

B. Inspection—Note Appendix D for detailed instructions

1. All respirators will be inspected routinely before and after each use.

C. Cleaning and Disinfecting

1. Respirators will be issued to each franchisee or employee. Standard operating

procedures will be developed by the Safety Officer for disinfection of and the Changing of cartridge filters and pre-filters.

2. Manufacturer's recommendations will be followed regarding frequency and Technique for cleaning and disinfecting reusable respirators and changing of cartridge filters.

D. Repair

1. Do not use the respirator if any defects are discovered. Order repair parts or dispose of the old respirator and purchase another new one.

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E. Storage

1. After inspection, cleaning and necessary repair, reusable respirators will be stored against dust, sunlight, heat, extreme cold, excessive moisture or damaging chemicals.
2. Discard disposable respirators when it's structural integrity diminishes or it does not meet criteria established by the manufacturer or Safety Officer.

VIII. Training

To insure the proper and safe use of a respirator, the minimum training of each respirator wearer will include the following elements:

1. The reasons for respiratory protection.
2. The nature and extent, of specific hazards in the work area, and other hazards to which a person may be exposed.
3. A description of why engineering controls may not eliminate the need for personal respiratory protection.
4. An explanation of why a particular type of respirator has been selected for a specific respiratory hazard.
5. An explanation of the operation, capabilities and limitations of the respirator selected.
6. Instruction on inspecting, donning, checking the fit of, and wearing the respirator.
7. An opportunity for each wearer to handle a respirator, plus don and wear it properly.
8. An explanation of how maintenance and storage of the respirator is carried out.
9. Instruction on how to recognize an inadequately functioning respirator.

IX. Recordkeeping

A. All records concerning this program are to be maintained by the Area managers. These include fit-testing, training and on going training meetings, plus dates for pre-employment and periodic medical examinations.

X. Program Monitoring and Evaluation

- A. The Safety Officer and Area Managers will monitor the use to ensure compliance.
- B. The effectiveness of this program will be evaluated at least annually with action taken to correct deficiencies. Elements being evaluated include work practices and acceptance of respirators, including comfort and interference of duties.
- C. Program status will be reported to Total Car Franchising headquarters on an annual basis.

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Appendix A

PARTICULATE RESPIRATOR MEDICAL EVALUATION

Please see 3-M's website for this test at <http://www.respexam.com/>

This questionnaire will be used to determine if you have a medical condition that may affect your ability to wear a respirator. Most people will be approved for respirator use based on this evaluation. In some cases more information (such as diagnostic testing in the form of x-rays or pulmonary function studies) may be needed and a physical exam by a Physician may be required. Additionally, you are required to perform a fit test to ensure the proper use of your respirator. All medical information on this form will be kept confidential.

ALL SECTIONS MUST BE COMPLETED FOR RESPIRATOR APPROVAL

Name: _____ **Date:** _____

Please Check the Following:	Yes	No		Yes	No
1. Do you have angina, heart murmur, mitral valve prolapse?			8. Do you have emphysema?		
2. Have you ever suffered a heart attack or other heart condition?			9. Do you have asthma or other respirator disorders?		
3. Do you have chest pains?			10. Do you have lung disease or other lung disorders?		
4. Do you or your family have a history of heart disease.			11. Do you get short of breath when walking?		
5. Do you have high blood pressure?			12. Do you experience shortness of breath at work?		
6. Do you have epilepsy or seizures?			13. Are you short of breath at rest?		
7. Do you have diabetes?			14. Do you have medical problems that may affect your work?		

Explain "Yes" answers by number. Attach an additional sheet if necessary.

Approved _____ Physical Exam Required _____

Franchisee Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

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Appendix B

TECHNICIAN'S SIGN-OFF SHEET

Due to the possibility of exposure to harmful air contaminants, I will be provided a respirator. I will receive training and instruction on the proper selection, use, and maintenance of respiratory equipment and the elements of the Colors On Parade Respiratory Protection Program. I am also required to have a Particulate Respirator Medical Examination by a Physician. Please use 3-M's website for this test at: <http://www.respexam.com/>. The cost is \$35.00. Upon completion of this exam I will not forward these documents to TCFC as they are private medical records. (However, 3-M should have the physician notify TCFC that you have passed the exam before the commencement of class training). All technicians are required to be fit tested and must wear proper respirators during all hands on painting and sanding evaluations.

I agree to abide by all elements of the Colors on Parade Respiratory Protection Program and will direct any questions or concerns regarding respirators to the Safety Officer and/or the Area Manager.

Date

Print Technician's Name

Technician's Signature

Instructor's Signature

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Appendix C

Respiratory Compliance Checklist

1. Is the program responsibility under the direction of the one individual who is knowledgeable in all aspects of the program?
2. Are there detailed written procedures covering:
 - A. Training of employees, technicians, and franchisees.
 - B. Fitting of employees, technicians, and franchisees
 - C. Cleaning
 - D. Maintenance
 - E. Selection and use
 - F. Emergencies
 - G. Inspection
3. Are the franchisees adequately trained in the selection, use, maintenance, limitations, and handling of respirators?
4. Are the franchisees fitted with the devices they will wear, and is the face piece to face seal tested?
5. Has a physician determined that the franchisees and employees are physically able to perform the work and use the respirator; and are their medical conditions reviewed periodically?
6. Are only approved and accepted respirators used, and do they provide adequate protection against the hazard for which they are used?
7. Are adequate records maintained on the issuance of devices?
8. Are respirators inspected before and after each use?
9. Is maintenance carried out according to the manufacturer's instructions, and only with parts purchased from the manufacturer?
10. Are respirators stored to protect them against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals?
11. Is storage such that the respirator rests in a normal position and the elastomer will not set in an abnormal position?
12. Are frequent, random inspections made to insure that the above questions can always be answered "yes"?

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Appendix D

RESPIRATOR INSPECTION, CLEANING & MAINTENANCE

Disposable Particulate Respirator:

1. Inspect strap buckles and their attachment to the respirator.
2. Inspect inhalation valve to insure flexibility and proper seal.
3. Inspect face seal area to insure flexibility, and that no areas of the seal are torn or damaged.
4. Any respirator that shows signs of damage to the filter media, sealing area, straps, attachment area, exhalation valve, or is visibly contaminated should be discarded.
5. Place mask in a paper bag for storage.
6. Storage bag should be labeled to indicate wearer's name.

Non-Disposable Cartridge/ Canister/ Airline Respirator:

1. Remove and discard cartridges, canisters, or filters.
2. Visually inspect face pieces and parts; discard faulty items.
3. Remove all elastic headbands.
4. Remove exhalation valve cover.
5. Remove any speaking diaphragms, exhalation valve assembly, or pressure-demand exhalation valve assembly.
6. Remove inhalation valve.
7. Wash, sanitize, and rinse face pieces using 120 degree to 140 degree Fahrenheit, rinse water. Parts removed from respirators should be washed separately as necessary.

Dry masks.

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RESPIRATOR POSITIVE/NEGATIVE CHECK

Fitting Your Respirator:

A half mask respirator won't work properly unless it's fitted properly on your face; otherwise, too much contaminated air can leak in around the edges. Facial hair, missing dentures, and certain other conditions can prevent a secure fit. Doing these positive or negative fit checks helps you detect any leaks before entering a hazardous area. Remember that fit tests are also required on a periodic basis.

Negative fit check: Place palms over cartridge openings and inhale for 10 seconds.

You should feel the mask pull in toward your face.



Positive fit check: With palms over exhalation valve openings, exhale gently into the mask. You should feel pressure in the facepiece.



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Particulate Respirator Inspection/Maintenance Record

Type of Respirator/Mask: _____

Respirator/Mask Number: _____

Location Name/Number: _____

Date of Inspection: _____

This respirator/mask has been inspected for defects, wear, and other conditions that would prevent proper face sealing and fitting and/or correct function. The following components have been inspected:

Equipment Component	Defects Found	Repairs Made
A. Facepiece		
B. Inhalation Valve		
C. Exhalation Valve		
D. Head straps		
E. Cartridge Holder		
F. Cartridge/Canister		
G. Filter		

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Equipment Component	Defects Found	Repairs Made
H. Harness Assembly		
I. Hose Assembly		
J. Speaking Diaphragm		
K.. Gaskets		
L.. Connections		
M. Other (List)		

Inspected by: _____

Additional Comments:

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OSHA'S REQUIREMENTS FOR A MINIMAL RESPIRATORY PROGRAM

1. Written standard operating procedures (S.O.P) governing the selection and use of respirators shall be established.
2. Respirators shall be selected on the basis of hazards to which the worker is exposed.
3. The user shall be instructed and trained in the proper use of respirators and their limitations.
4. [Reserved] "where practicable, the respirators should be assigned to individual workers for their exclusive use." (OSHA recommended only)
5. Respirators shall be regularly cleaned and disinfected. Those used by more than one worker shall be thoroughly cleaned and disinfected after each use."
6. Respirators shall be stored in a convenient, clean, and sanitary location."
7. Respirators used routinely shall be inspected during cleaning. Worn or deteriorated should be discarded and replaced with new.
8. Appropriate surveillance of work area conditions and degrees of employee exposure or stress shall be maintained."
9. There shall be regular inspections and evaluations to determine the continued effectiveness of the program."
10. Persons should not be assigned to tasks requiring use of respirators unless it has been determined that they are physically able to perform the work and use the equipment. A physician shall determine what health and physical conditions are pertinent. The respirator user's medical status should be reviewed periodically (for change in health status) . Seeing that personal health documents fall under the "Privacy Act", the technicians care giver should evaluate their personal medical records.