



ENVIRONMENTAL HEALTH & SAFETY

Employee Checklist for Voluntary Respirator Use

If an employee (or student) is concerned about possible inhalation or ingestion hazards associated with an activity or product used and wants to voluntarily wear a respirator or dust mask, the (student or) **employee must:**

- Discuss respirator use with his/her supervisor
 - Complete steps 1-6 below **before** wearing a respirator.
- ☐ 1. Research the activity/products used for any potentially harmful components, materials, or substances.
 - ☐ 2. Research what type of respirator is appropriate. Go to the OSHA Respiratory Protection eTool at <https://www.osha.gov/SLTC/etools/respiratory/>.
 - ☐ 3. Confirm the appropriateness of the respirator recommended by the OSHA Respiratory Protection eTool with supervisor and Environmental Health and Safety (EH&S).
- If the OSHA eTool recommends a **dust mask** (filtering facepiece) would be sufficient based on the characteristics of the activity or product being used, the employee must **complete steps 1-6**.
 - If the OSHA eTool recommends a **tight-fitting, half-face respirator** with disposable cartridges based on the characteristics of the activity or product being used, the employee must **complete steps 1-10**.
 - If the OSHA eTool recommends a **full-facepiece respirator or a self-contained breathing apparatus (SCBA)** based on the characteristics of the activity or product being used, further evaluation of the product and/or activity should be completed with the employee's supervisor in conjunction with EH&S.
- ☐ 4. Complete EH&S Canvas Respiratory Training (and subsequent annual Respiratory Training refreshers).
 - ☐ 5. Read FGCU Respiratory Protection Safety Program with Appendix D-OSHA Information for Employees Using Respirators When Not Required Under the Standard.
 - ☐ 6. Complete, sign the bottom of the above document (Appendix D), and send/email a signed copy to EH&S (ehs@fgcu.edu). Keep original for employee records.
 - ☐ 7. Complete Appendix C-OSHA Respirator Medical Evaluation Questionnaire: employee answers all questions in Part A Section 1 and Part A Section 2 questions 1-9.
 - ☐ 8. Take completed portions of *Appendix C* and a blank copy of the *Respirator Medical Recommendation Form* to a physical evaluation appointment with either the employee's physician or other licensed medical provider.
 - ☐ 9. Return a copy of the Respirator Medical Recommendation Form, completed by the physician or other licensed medical provider, to EH&S (ehs@fgcu.edu). Keep original for employee records.
 - ☐ 10. Schedule and complete a respirator fit-testing session with EH&S. Follow all User Seal Check Procedures and Respirator Cleaning Procedures outlined in *Appendix B in the FGCU Respiratory Protection Safety Program*.

*Note: Schedule a fit-testing whenever a new model, manufacturer type/brand, or size of respirator is worn. Also, if user weight fluctuates or facial/dental alterations occur, a fit test should be done again to ensure the respirator remains effective. At a minimum, **fit-testing should be completed annually** thereafter to ensure continued adequate fit.