



## Respirator Inspection Checklist

Employee name:	Date:
<b>Face piece</b>	<input type="checkbox"/> No cracks, tears, or holes <input type="checkbox"/> No facemask distortion <input type="checkbox"/> No cracked or loose lenses or face shields
<b>Head straps</b>	<input type="checkbox"/> No breaks or tears <input type="checkbox"/> No broken buckles
<b>Valves</b>	<input type="checkbox"/> No residue, dirt, cracks, or tears in valve material
<b>Filters &amp; cartridges</b>	<input type="checkbox"/> NIOSH approved <input type="checkbox"/> Gaskets seat properly <input type="checkbox"/> No cracks or dents in housing <input type="checkbox"/> Proper cartridge for hazards <input type="checkbox"/> Use cartridge w/ Service Life Indicator?
<b>Air supply systems</b>	<input type="checkbox"/> Breathing-quality air is used <input type="checkbox"/> Supply hoses are in good condition <input type="checkbox"/> Hoses are properly connected <input type="checkbox"/> Settings on regulators and valves are correct <input type="checkbox"/> Record of filter service/changes per manufacturer <input type="checkbox"/> Record of CO alarm testing/calibration per mfr

\*\* This checklist represents an overview of respirator inspection requirements. Always refer to the manufacturer's user manual for more detailed information.

Adapted from resources distributed by [Pesticide Educational Resources Collaborative](#).

## Respirator Inspection Checklist

Employee name:	Date:
<b>Face piece</b>	<input type="checkbox"/> No cracks, tears, or holes <input type="checkbox"/> No facemask distortion <input type="checkbox"/> No cracked or loose lenses or face shields
<b>Head straps</b>	<input type="checkbox"/> No breaks or tears <input type="checkbox"/> No broken buckles
<b>Valves</b>	<input type="checkbox"/> No residue, dirt, cracks, or tears in valve material
<b>Filters &amp; cartridges</b>	<input type="checkbox"/> NIOSH approved <input type="checkbox"/> Gaskets seat properly <input type="checkbox"/> No cracks or dents in housing <input type="checkbox"/> Proper cartridge for hazards <input type="checkbox"/> Use cartridge w/ Service Life Indicator?
<b>Air supply systems</b>	<input type="checkbox"/> Breathing-quality air is used <input type="checkbox"/> Supply hoses are in good condition <input type="checkbox"/> Hoses are properly connected <input type="checkbox"/> Settings on regulators and valves are correct <input type="checkbox"/> Settings on regulators and valves are correct <input type="checkbox"/> Record of CO alarm testing/calibration per mfr

\*\* This checklist represents an overview of respirator inspection requirements. Always refer to the manufacturer's user manual for more detailed information.

Adapted from resources distributed by [Pesticide Educational Resources Collaborative](#).

# Respirator fit-test record

Note: Fit Testing Procedures may be found in [Appendix A in 1910.134 of Code of Federal Regulations](#)

Date:

Employee name:

Job/Classification:

Department:

Fit test method:

Clean shaven during test (Y/N):

Type of respirator	Make/model/size	Fit factor/results

Person/Service Provider performing the fit test:

Problems the employee has encountered with their respirators:

**Conditions which could affect respirator fit:**

Clean Shaven \_\_\_\_ Facial Hair \_\_\_\_ Glasses \_\_\_\_ Facial Scar \_\_\_\_

Dentures absent \_\_\_\_ Teeth Missing \_\_\_\_ Other \_\_\_\_

Comments:



Adapted from resources distributed by [Pesticide Educational Resources Collaborative](#) and NC State Center for Integrated Pest Management.

## Quick Reference for Worker Protection Standard Respirator Use Requirements

<b>Respirator Selection</b>	<p>Pesticide labels will specify which type of respirator is needed.</p> <p><b>Employers need to verify their handlers are using the correct type.</b></p>
<b>Medical Evaluation</b>	<p>A medical evaluation is required from a Physician or other Licensed Health-Care Professional (PLHCP)</p> <p>Provide PLHCP with a description of physical demands, environmental conditions, and required respirators for each type of work.</p> <p>Needs to happen at least once.</p> <p>Needs to happen before the fit test.</p> <p><b>Not an annual requirement.</b></p> <p>Recommended every 2-3 years</p> <p>See PERC WPS Respirator Guide for situations in which a re-evaluation is warranted.</p>
<b>Fit Testing</b>	<p><b>Annual requirement - needs to happen at least once per year</b></p> <p>Fit testing must use the same make, model, size, and type of respirator(s) that the handler will be using on the job.</p> <p>See PERC WPS Respirator Guide for situations in which an additional fit test is warranted.</p>
<b>Training</b>	<p>Handlers must be provided with effective training in respirator use.</p> <p><b>Training must occur annually</b></p> <p>Handlers must demonstrate to their employer that they know how to properly use the respirator.</p>
<b>Recordkeeping</b>	<p>Employers are required to retain medical evaluation, fit testing, and training records for each handler.</p> <p><b>All records must be retained for two years</b></p>