



Massachusetts Department of Agricultural Resources
Pesticide Division
251 Causeway Street
Boston, MA 02114

WORKER PROTECTION STANDARD Respirator Checklist

Date:

Instructor:

Facility Name:

Employee Name:	
REQUIREMENTS 170.507(B)(10)(iii)	
Respirator specified by product labeling?	<input type="checkbox"/> Y <input type="checkbox"/> N
Fit test using respirator specified on the pesticide label in manner that conforms with 29 CFR 1910.134?	<input type="checkbox"/> Y <input type="checkbox"/> N
Training Handler in use of respirator specified on the pesticide label in manner that conforms with 29 CFR 110.134(k)(1)(i)	<input type="checkbox"/> Y <input type="checkbox"/> N
Medical evaluation by licensed physician/licensed health care professional that conforms with 29 CFR 1910.34?	<input type="checkbox"/> Y <input type="checkbox"/> N
FIT TEST PROCEDURES 29 CFR 1910.134 Appendix A	
Allow employee to pick acceptable respirator that fits user correctly	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee shall be shown proper wear of respirator:	<input type="checkbox"/> Y <input type="checkbox"/> N
Positioning on face	<input type="checkbox"/> Y <input type="checkbox"/> N
How to set strap tension	<input type="checkbox"/> Y <input type="checkbox"/> N
Mirror available to assist employee in proper fitting of respirator	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee will be informed that he/she is being asked to select suitable respirator	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee shall be instructed to hold each chosen facepiece up to the face to eliminate those with an unacceptable fit	<input type="checkbox"/> Y <input type="checkbox"/> N
Most acceptable facepiece is donned and worn for at least five (5) minutes to assess comfort	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee will don mask a few times to become familiar with setting proper tension on the straps	<input type="checkbox"/> Y <input type="checkbox"/> N
Assessment of comfort:	<input type="checkbox"/> Y <input type="checkbox"/> N
Position of mask on the nose	<input type="checkbox"/> Y <input type="checkbox"/> N
Room for Eye Protection	<input type="checkbox"/> Y <input type="checkbox"/> N
Room to talk	<input type="checkbox"/> Y <input type="checkbox"/> N
Position of mask on face and cheeks	<input type="checkbox"/> Y <input type="checkbox"/> N
Criteria to determine adequacy of respirator fit:	<input type="checkbox"/> Y <input type="checkbox"/> N
Chin properly place	<input type="checkbox"/> Y <input type="checkbox"/> N
Adequate strap tension, not overly tightened	<input type="checkbox"/> Y <input type="checkbox"/> N
Fit across nose bridge	<input type="checkbox"/> Y <input type="checkbox"/> N
Respirator of proper size to span distance from nose to chin	<input type="checkbox"/> Y <input type="checkbox"/> N
Tendency of respirator to slip	<input type="checkbox"/> Y <input type="checkbox"/> N
Self-observance in mirror to evaluate fit and respirator position	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee conduct user seal check	<input type="checkbox"/> Y <input type="checkbox"/> N
If employee has difficulty breathing during test refer to a physician to see if employee can wear respirator	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee shall be given description of fit test prior to fit test	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee shall applicable safety equipment that may be during actual respirator use when doing the fit test	<input type="checkbox"/> Y <input type="checkbox"/> N
Employee must perform test exercises:	<input type="checkbox"/> Y <input type="checkbox"/> N
Normal breathing (in a normal standing position, without talking)	<input type="checkbox"/> Y <input type="checkbox"/> N
Deep breathing (in a normal standing position breathing slowly and deeply being cautious not to hyperventilate)	<input type="checkbox"/> Y <input type="checkbox"/> N
Turning head side to side (standing in place, slowly moving head up and down inhaling)	<input type="checkbox"/> Y <input type="checkbox"/> N
Talking (talk out loud, slowly and loud enough for instructor to hear)	<input type="checkbox"/> Y <input type="checkbox"/> N
Grimace (smile or frown)	<input type="checkbox"/> Y <input type="checkbox"/> N
Bending over (bend at waist as if touching toes)	<input type="checkbox"/> Y <input type="checkbox"/> N
Normal breathing	<input type="checkbox"/> Y <input type="checkbox"/> N
***Each test shall be performed for one (1) minute except for grimace exercise which shall be performed for fifteen (15) seconds	
FIT TEST RECORD REQUIREMENTS 40 CFR 170.507(b)(10) & 29 CFR 19.10.134(m)(2)	
Name of handler tested	<input type="checkbox"/> Y <input type="checkbox"/> N
Type of fit test performed	<input type="checkbox"/> Y <input type="checkbox"/> N
Make, model and size of respirator tested	<input type="checkbox"/> Y <input type="checkbox"/> N
Date of fit test	<input type="checkbox"/> Y <input type="checkbox"/> N
Results of fit test	<input type="checkbox"/> Y <input type="checkbox"/> N

Records kept for 2 years

Y N

TRAINING MATERIALS

www.osha-safety-training.net Compliance

www.osha.gov 29 CFR 1910.134 (fit test procedures)

www.epa.gov Worker Protection Standards (WPS)

NOTES