
	SOP-109 (Ver. 4) <b>Respiratory Protection Program</b>
Standard Operating Procedure (SOP)	Effective: 1/25/2022 Supersedes: 11/02/2020
Approved By: James D. Herberg General Manager 	

**I. Purpose**

This program establishes respirator guidelines for Orange County Sanitation District (OC San) employees in the use of respiratory protection. It applies to all employees who may use respiratory protection or where atmospheric hazards may necessitate the need for respiratory protection. This program sets forth the requirements for the selection, use, and care of respiratory protective equipment (respirators) by OC San staff.

It is OC San policy to establish procedures and guidelines to identify preferred, standard methods for respiratory protection and to ensure that all workers at all sites comply with these standards. OC San will assess potential respiratory exposure hazards resulting from or encountered by our employees during job activities in accordance with the OC San Industrial Hygiene Program (SOP-642). To the extent feasible, appropriate engineering and/or administrative controls will be used to reduce or eliminate employee exposure to airborne compounds. If those controls are not able to reduce exposure adequately, employees who are exposed or potentially exposed to respiratory hazards at or above the applicable occupational exposure limits are required to wear appropriate respiratory protection.

**II. Definitions**

**Air Purifying Respirator** – A respirator with an air- purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through the air-purifying element.

**Assigned Protection Factor** –The workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by Section 5144.

**Atmosphere Supplying Respirator** – A respirator that supplies the respirator user with breathing air from a source independent of the ambient atmosphere, including supplied-air respirators (SARs) and self-contained breathing apparatus (SCBA) units.

**Canister or Cartridge** – A container with a filter, sorbent, or catalyst, or combination of these items, which removes specific contaminants from the air passed through the container.

**Demand Respirator** – An atmosphere –supplying respirator that admits breathing air to the face piece when negative pressure is created inside the facepiece by inhalation.

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**Emergency** – An occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment that may or does result in an uncontrolled significant release of an air-borne contaminant.

**Employee Exposure** – An exposure to a concentration of an airborne contaminant that would occur if the employee were not using respiratory protection.

**End-of-Service-Life-Indicator (ESLI)** – A system that warns the respirator user of the approach of the end of adequate respiratory protection, for example, that the sorbent is approaching saturation or is no longer effective.

**Escape-Only Respirator** – A respirator intended to be used only for emergency exit.

**Filter or Air Purifying Element** – A component used in respirators to remove solid or liquid aerosols from the inspired air.

**Filtering Facepiece (dust mask)** – A negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

**Fit Factor** – A quantitative estimate of the fit of a particular respirator to a specific individual, and typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.

**Fit Test** – The use of protocol to evaluate the fit of a respirator qualitatively or quantitatively on an individual. (See also Qualitative and Quantitative Fit Test).

**High Efficiency Particular Air (HEPA) Filter** – A filter that is at least 99.97% efficient in removing monodisperse particles of 0.3 micrometers in diameter. The equivalent NIOSH 42 CFR 84 particulate filters are the N100, R100, and P100 filters.

**Hood** – A respiratory inlet covering that completely covers the head and neck and may also cover portions of the shoulders and torso.

**Immediately Dangerous to Life or Health (IDLH)** – An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere.

**Maximum Use Concentration (MUC)** – The maximum atmospheric concentration of a hazardous substance from which an employee can be expected to be protected when wearing a respirator and is determined by the assigned protection factor of the respirator or class of respirators and the exposure limit of the hazardous substance. The MUC can be determined mathematically by multiplying the assigned protection factor specified for a respirator by the required OSHA permissible exposure limit, short term exposure limit, or ceiling limit. When no exposure limit is available for a hazardous substance, an employer must determine an MUC based on relevant available information and informed professional judgment.

**Negative pressure respirator (tight fitting)** – Respirator in which air pressure inside the facepiece is negative during inhalation with respect to the ambient air pressure outside the respirator

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**Oxygen-Deficient Atmosphere** – An atmosphere with an oxygen content below 19.5% by volume.

**Physician or Other Licensed Health Care Professional** - An individual whose legally permitted scope of practice (i.e., license, registration, or certification) allows him or her to independently provide or be delegated the responsibility to provide some or all the health care services.

**Positive pressure respirator** – respirator in which the pressure inside the respiratory inlet covering exceeds the ambient air pressure outside the respirator

**Powered Air-Purifying Respirator (PAPR)** – An air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

**Pressure demand respirator** – positive pressure atmosphere supplying respirator that admits breathing air to the facepiece when the positive pressure is reduced inside the facepiece by inhalation

**Qualitative Fit Test (QLFT)** – A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.

**Quantitative Fit Test (QNFT)** – An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

**Respirator Inlet Covering** – The portion of a respirator that forms the protective barrier between the user's respiratory tract and an air-purifying device or breathing air source, or both. It may be a facepiece, helmet, hood, suit, or a mouthpiece respirator with a nose clamp.

**Self-Contained Breathing Apparatus (SCBA)** – An atmosphere-supplying respirator for which the breathing air source is designed to be carried by the user.

**Service Life** – The period that a respirator, filter or sorbent, or other respiratory equipment provides adequate protection to the wearer.

**Supplied-Air Respirator (SAR) or Airline Respirator** – An atmosphere-supplying respirator for which the source of breathing air is not designed to be carried by the user.

**Tight-Fitting facepiece** – A respiratory inlet covering that forms a complete seal with the face.

**User Seal check** – An action conducted by the respirator user to determine if the respirator is properly sealed to the face.

### **III. Responsibilities**

#### **A. Risk Management**

1. The Director of Human Resources, Celia Chandler, will oversee the program as the Program Administrator.

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2. On an annual basis, will review and update, as necessary, this program and assess the effectiveness of the program.
  3. Administer hazard assessments, respirator selection, training, medical evaluations, and fit testing.
- B. Managers and Supervisors
1. Ensure participating employees understand and follow the requirements set forth by this policy.
  2. Ensure resources necessary to implement this program, including equipment, time for training, medical exams, and fit testing, and other appropriate and necessary resources are available.
  3. Ensure employees who use respirators clean, store, and wear respirators correctly.
  4. Ensure those employees have been medically cleared to wear respirators.
- C. Employees
1. Wear respirators as required by this program.
  2. Use and maintain respirators per manufacturer's recommendations and this program.
  3. Perform pre-use negative and positive pressure fit check of respirators.
  4. Participate in required medical evaluation, training, and fit test prior to assignment.
  5. Do not wear a respirator if there is any condition that prohibits a good face to face seal (i.e., facial hair, glasses, loss of weight, and lack of teeth, etc.).

**IV. Hazard Control Evaluation**

- A. When selecting the appropriate hazard control, following the hierarchy of controls. The risk controls include the following:
1. Elimination – always look to eliminate the airborne contaminate if possible.
  2. Substitution – replace the hazard with a less hazardous tool, process, chemical, etc.
  3. Isolation – isolate the hazard or those who could be harmed so that the hazard is not accessible.
  4. Engineering Controls – provide an engineering solution to less the hazard (i.e., ventilation).
  5. Administrative Controls – provide training, shorten exposure times, rotate staff, provide signage and warnings to reduce the hazard.

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6. Personal Protective Equipment – this is the last resort. PPE is not the first line of defense unless all other controls are not practical or feasible.
- B. To control illnesses caused by breathing contaminated air, the primary objective is to eliminate, substitute, or use isolation controls. If such controls are not feasible, use engineering controls (enclosure, confined, exhaust ventilation). When engineering controls are not feasible or while they are being instituted, appropriate respirators shall be used.

**V. Hazard Evaluation**

- A. OC San will identify and evaluate the respiratory hazard(s) in the workplace. This evaluation will be conducted in accordance with the OC San Industrial Hygiene Program for qualitative assessments. The evaluation will include a reasonable estimate of the employee exposure to respirator hazard(s) and an identification of the contaminant.
- B. In some cases, OC San will use air monitoring to determine employee exposure to the respiratory hazards identified. The type of monitoring and frequency of monitoring will be identified on a sampling plan as part of the Industrial Hygiene Program. At times, other methods to estimate workplace exposures may be used. These methods include, but are not limited to, objective data, application of mathematical approaches, or other methods acceptable to OSHA. When using these methods, the data needs to be accurate and representative of conditions at the worksite.
- C. Employees wearing respirators will be monitored during work to ensure employees are not enduring undue stress or difficulty of any kind while wearing the respirator and to ensure the respirator provides adequate protection.
- D. The hazards evaluations and respirator selections are documented and maintained by Risk Management and are available for review by Sanitation District employees upon request.
- E. OC San will update the hazard assessment as needed when any of the following occurs:
  1. Work process changes potentially affecting exposure, and
  2. If an employee feels that respiratory protection is needed during a particular job task.

**VI. Respiratory Selection**

- A. General
  1. If engineering and administrative controls are not able to adequately reduce exposure, employees who are exposed or potentially exposed to a respiratory hazard at or above the applicable exposure limit will be provided with an appropriate respirator. Respirators will be selected as follows:
    - a. All respirators must be certified by the National Institute for Occupational Safety and Health (NIOSH) and shall be used in accordance with the terms of that certification.

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- b. Only respirators selected, supplied, and approved by OC San may be used.
- c. The maximum use concentration (MUC) shall be evaluated for proper respirator selection. The MUC is calculated by multiplying the assigned protection factor (APF) rating by the occupational exposure limit. If the concentration of the contaminant exceeds the MUC, then another respirator with a higher APF needs to be selected.

**B. Air-Purifying Respirators**

- 1. Air-purifying respirators (APR) come in half-face and full-face designs, with full-face providing a greater level of protection.
- 2. Respirator cartridge selection must be based on anticipated hazards.
- 3. APRs do not supply oxygen and may not be used in oxygen-deficient atmospheres or ones that are immediately dangerous to life and health (IDLH).
- 4. Nature of air contaminants, irritant properties, exposure limits, duration of usage, work activities, and odor characteristics shall be considered when selecting this respirator.

**C. Supplied Air Respirators (SARs)**

- 1. This section includes both airline respirators and self-contained breathing apparatus (SCBA).
- 2. These respirators are designed to provide breathable air from a clean air source other than the surrounding contaminated work atmosphere. These respirators are used when working in an oxygen-deficient atmosphere, IDLH atmosphere, in a live sewer, or other as assigned.
- 3. Breathing air couplings must not be compatible with outlets for non-respirable worksite air (plant air) or other gas systems. Compressed and liquid oxygen will meet U.S. Pharmacopoeia requirements.
- 4. Compressed breathing air will meet at least the requirements for Grade D breathing air described in ANSI G-7.1, including
  - a. 19.5-23.5% oxygen content
  - b. Hydrocarbon content of 5 milligrams per cubic meter of air or less
  - c. Carbon monoxide content of 10 ppm or less
  - d. Carbon dioxide content of 1,000 ppm or less
  - e. Lack of noticeable odor
- 5. Breathing air cylinders must have certificate of analysis from the supplier that the breathing air meets the requirements for Grade D air. Cylinders must be hydrostatically tested by a qualified organization. Steel tanks every 5 years and composite every 3 years. Cylinders need to be re-charged at 90% of manufacturer's

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recommended pressure level, regulators and warning devices function properly. Breathing air cylinders must be marked with NIOSH certification, 42 CFR Part 84.

6. Employee using SARs must have additional hands-on training that covers use, care, and limitations of the equipment.
7. Airlines used in compressor or cascade cylinder systems shall be used only for breathing air and no other gas or liquid. Maximum length of line is 300 feet. Lines shall be inspected daily for damage and contamination. Where airlines are used, all users shall be equipped with a suitable escape respirator.
8. Compressors used to supply breathing air must be constructed and situated to provide the following
  - a. Prevent contaminated air from entering the system.
  - b. Have inline filter to ensure breathing air quality. Filter to be replaced per manufacturer's instructions.
  - c. Display a tag with most recent filter change-out date and signature of individual who performed the maintenance.
  - d. Have a carbon monoxide alarm to monitor CO levels (<10 ppm).

D. Respirator Cartridges/Filters

1. Respirator filters come in three classes – N, R, and P:
  - a. N series filters: not resistant to oil particles
  - b. R series filters – resistant to oil particles
  - c. P series filters – oil proof (used where oil particles are present for more than 8 hours).
2. Respirators filters come in three efficiency ratings – 95, 99, 99.97. The higher the rating, the lower the infiltration.
3. All filters, cartridges, and canisters shall be labeled with the appropriate NIOSH approval label. The label shall not be removed or defaced while the respirator is in use.
4. End of Service Life
  - a. Cartridges have an end of service life that needs to be considered when selecting the cartridge. Use of warning properties, such as odor and taste, are not permissible practices. Some cartridges are equipment with an end of service life indicator (ESLI).
  - b. If the cartridge selected have an ESLI, cartridges shall be changed based upon the indicator or if the cartridge becomes damaged, defective, dirty, or if increased breathing is observed, whichever occurs first
  - c. If cartridges are not equipped with an ESLI, employees shall change out the cartridge after each use or if breathing becomes difficult, whichever comes first.

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- E. Respirators are required when performing activities within or at the following locations:
1. Paint booth, and
  2. Confined space entry into a live sewer system, and
  3. Confined space entry into a space with a potential for immediately dangerous to life and health (IDLH) atmosphere, including oxygen-deficiency, oxygen-enrichment, and flammable atmospheres, and
  4. Acid washing scrubbers and other tanks using portable chemical totes and pumping systems, and
  5. During confined space entry rescue operations, and
  6. Welding and cutting operations when use of local exhaust ventilation systems is not feasible.

F. Types of Respirators and Filters/Cartridges Supplied

<b>Respirator</b>	<b>Type</b>	<b>Cartridges/Filters</b>	<b>Potential Use</b>
Filtering Facepiece Respirator (dust or particulate mask)	Half-face	N95	Dust, particulates, wildfire smoke
Air-Purifying Respirator	Half-face Full-face	Organic Vapor Acid Gas N-95 P-100	Wastewater misting, asbestos, lead, chromium, metals, acids, formaldehyde
Powered Air-Purifying Respirator	Full-face	P-100	Chromium, metals
Supplied-Air Respirator (SAR) or Airline	Full-face	N/A	Hydrogen sulfide, low oxygen environment
Self-Contained Breathing Apparatus	Full-face	N/A	Hydrogen sulfide, low oxygen environment

## VII. **Medical Evaluation**

- A. All employees required or voluntarily wearing a respirator must pass a medical exam provided by a third-party physician or licensed health care professional (PLHCP) prior to using a respirator.
- B. The PLHCP will perform an evaluation using the medical questionnaire as defined in Title 8, California Code of Regulations, Section 5144 Appendix C, or an equivalent medical examination. The medical questionnaire and examination shall be administered confidentially during the employee's normal working hours. The medical evaluation shall be at no cost to the employee.
- C. Employees shall receive follow up medical examination(s) that include any medical tests, consultations, or diagnostic procedures to ensure medical clearance, and if the following conditions apply:



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1. Reports of any medical signs or symptoms that are related to ability to use a respirator.
  2. A PLHCP or the supervisor informs the Sanitation District that an employee needs to be reevaluated.
  3. A change occurs in the workplace conditions that may result in a substantial increase in the physiological burden on an employee.
- D. An employee who responds positively to any question in the medical questionnaire, at the discretion of the PLHCP, may be required to undergo a follow-up medical evaluation, including any medical tests or diagnostic procedures that the physician deems necessary to make a final determination. OC San shall receive a written recommendation from the PLHCP specifically qualifying each respective employee for respirator use. The recommendation must include the following information:
1. Any limitation on respirator use, including whether the employee is medically able to use a respirator.
  2. The need for follow-up medical evaluation (if any).
  3. A statement that the physician has provided the employee with a copy of his/her recommendation.
  4. Employees who are not approved for respirator use by the PLHCP will be prohibited from performing work that requires the use of a respirator (including the fit test).
  5. Employees who are not approved for a specific respirator due to medical conditions will be provided with a powered air-purifying respirator (PAPR) if the physician indicates that the employee can wear such a respirator.
- E. Medical evaluations will take place according to the following schedule:
1. Annually prior to fit testing and respirator use in the workplace.
  2. When an employee reports medical signs or symptoms that may be related to respirator use.
  3. When a change occurs in the workplace that results in substantial increase in the physiological burden place on the employee (e.g., physical work effort, protective clothing, temperature).
  4. Re-evaluation should be conducted when the PLHCP, supervisor or program administrator informs the employer that the employee needs to be re-evaluated (e.g., pregnancy, new health conditions, disease diagnosis etc.)

**VIII. Fit Testing**

- A. Fit testing shall be conducted for any employee who is required to wear a respirator. The fit testing will be conducted in accordance with 8 CCR, Section 5144 Appendix A.

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- B. Employees shall receive an initial and/or annual medical examination prior to receiving fit testing.
- C. Fit tests are conducted confidentially, during normal working hours, and at no cost to the employee. Fit testing is conducted by trained and authorized Risk Management staff or approved third-party vendors.
- D. The fit test administrator will complete a fit test form and provide a copy to the employee upon completion of the fit test.
- E. Each respirator that an employee may use is required to be fit tested. The fit testing will be conducted prior to respirator use and at least annually thereafter.
- F. Fit testing will be conducted if an employee's physical condition changes resulting in the potential for an inadequate fit.
- G. Fit testing must be performed by trained and qualified individuals.
- H. Employees are required to be fit tested with the same make, model, style, and size of the respirator that will be used.
- I. Only those respirators that have been properly fitted may be worn.
- J. Fit testing for tight-fitting respirators will be completed using quantitative fit testing methods. Qualitative fit testing will be completed for filtering-facepiece respirators. With approval from the Safety and Health Supervisor, qualitative fit testing can be performed for tight-fitting respirators. Qualitative fit testing cannot be performed for respirators with a fit factor of 100 and above. Quantitative fit testing will be completed using a TSI Porta-Count or similar device. Qualitative fit testing will be completed using an OSHA or NIOSH approved agent (i.e., isoamyl acetate, irritant smoke, saccharin, or Bittrex).

**IX. Respirator Use**

- A. Only medically cleared, trained, and fit tested employees may use respirators.
- B. Employees must wear and use all respirators in accordance with training, this program, and the manufacturer's instructions.
- C. Employees shall use respiratory protective equipment in required designated areas.
- D. Respirators will be assigned to a single employee for their exclusive use.
- E. Corrective glasses or goggles shall be used in a manner that will not interfere with the seal of the facepiece.
- F. Respirators must not be worn if there is any condition that prohibits a good face to face seal.
- G. Employees are not permitted to wear a tight-fitting respirator with facial hair that comes between the sealing surface of the facepiece and the face, or facial hair that interferes

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with valve function. Acceptable facial hair typically includes neatly trimmed mustaches or beards boarding only the mouth of the employee. All facial hair under the chin or cheeks is prohibited for respirator wearing use. That includes small, neat beards or goatees that fit within a respirator.

- H. User seal checks must be performed each time the respirator is put on for tight fitting respirators.
- I. Users must exit the work area if odors are detected, if breathing becomes difficult, or if the user detects physical symptoms (i.e., dizziness, nausea, blurred vision) from using a respirator.
- J. Under IDLH conditions, at least one person will be located outside the IDLH atmosphere. In addition, visual, voice, or signal line communication shall be maintained between the person in the IDLH environment and the person outside the IDLH atmosphere. Persons outside the IDLH atmosphere shall be trained in rescue and use of SCBA, including equipment for emergency rescue.

### **X. Voluntary Respirator Use**

- A. Respirators will be provided by OC San at the request of an employee if the use of the respirator does not in itself create a hazard to the user. The respirator will be provided at no cost to the employee.
- B. An employee who wishes to wear a respirator on a voluntary basis may do so only after:
  - a. Receiving a medical screening evaluation.
  - b. Completing training in the proper use and care of the respirator.
  - c. Receiving fit testing prior to use.
- C. A copy of 8 CCR Section 5144 Appendix D "Information for Employees Using Respirators When Not Required Under the Standard" will be provided to any employee who wears a respirator when it is not required.

### **XI. Maintenance, Care and Storage**

- A. Cleaning
  - 1. Respirator shall be cleaned before and after each use to maintain sanitary condition.
  - 2. Respirators used for fit testing shall be cleaned after each use.
  - 3. Cleaning shall be performed in accordance with manufacturer recommendations.
- B. Storage
  - 1. All respirators shall be stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moistures, chemicals, and deformation of the facepiece and exhalation valve.

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2. Respirator storage bags are available in the warehouse.
3. Refer to manufacturer instructions for storage recommendations.

C. Maintenance

1. Respirators requiring maintenance due to worn or malfunctioning parts will be discarded and replaced.
2. Reducing and admission valves, regulators, and alarms shall be adjusted only by the manufacturer, or a technician trained by the manufacturer.

D. Inspection

1. All respirators will be inspected to per the following:
  - a. Air-Purifying Respirators: inspected prior to each use and during cleaning.
  - b. SCBAs: inspected prior to each used, during cleaning and monthly; inspection will include making sure that the regulator and warning devices function properly; SCBA air cylinder tanks shall be inspected every 3 months by a designated individual from the responsible division and hydrostatically tested every 5 years.
  - c. Emergency Use Respirators: inspected monthly, before and after each use, and in accordance with manufacturer recommendations.
  - d. Emergency Escape-Only Respirators: inspected before being take into the field.
2. Inspections shall be documented to include the following:
  - a. Respirator function.
  - b. Condition of regulator.
  - c. Function of warning devices.
  - d. Connections should be checked for damage and functionality.
  - e. Facepiece rubber or elastic materials should be checked for excessive wear.
  - f. Head straps should be checked for tears and elasticity.
  - g. Valve flaps should be checked for proper alignment and movement.
  - h. Connecting tube should be checked for damage and
  - i. Cartridges, canisters, and filters should be checked for apparent condition and cleanliness.
  - j. If air and oxygen cylinder are fully charged. Cylinders will be recharged when pressure falls to 90% of manufacturer's recommended pressure level.
3. Defective and Failed Respirators
  - a. All respirators that fail the inspection or are deemed defective shall be removed, replaced, or repaired. Until the respirator is removed, replaced or repair, a "DO NOT USE" tag shall be attached.

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**XII. Training**

- A. Training shall be provided to respirator users and their supervisors on the contents of the Respiratory Protection Program. OC San will accommodate training in languages other than English if needed.
- B. The training course will cover the following topics:
  - 1. OC San's Respiratory Protection Program.
  - 2. Cal/OSHA's Respiratory Protection Requirements.
  - 3. Respiratory hazards encountered at the workplace and their health effects.
  - 4. Proper selection and use of respirators.
  - 5. End of Service Life for cartridge.
  - 6. Limitations and capabilities of respirators.
  - 7. Respirator donning and user seal (fit) checks.
  - 8. Fit testing.
  - 9. Emergency use procedures.
  - 10. Inspection, maintenance, and storage of respirators.
  - 11. Medical signs and symptoms limiting the effective use of respirators.
  - 12. Locations of where respirators are required.
- C. Employees will be retrained annually or as needed (e.g., if they change departments or work processes and need to use a different respirator). Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill.
- D. Employees must demonstrate their understanding of the topics covered in the training through hands-on exercises and a written test. Topics include donning and doffing respirators, the use of various kinds of respirators and associated filter pieces, limitations, and maintenance of respirators.

**XIII. Recordkeeping**

All records created or generated during this procedure shall be legible and stored in a way that they are readily retrievable in facilities or electronic document/content management systems that provide a suitable environment to prevent damage, deterioration, or loss. Records may be in the form of any type of media, such as hard copy or electronic media. The OC San Records Retention Schedule is the official procedure governing the retention, retirement, and destruction of OC San records. Document owners should use these schedules to determine the item and

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series that best fit their records. Document owners are responsible for ensuring that documents are properly marked, indexed, and filed for their projects or area of responsibility.

**XIV. References**

SOP-111, Medical Program

SOP-642, Industrial Hygiene Program

Title 8, California Code of Regulations, Subchapter 7, Group 16, Article 107, Section 5144  
Respiratory Protection.

**XV. Revision History**

<b>Version</b>	<b>Date</b>	<b>By</b>	<b>Reason</b>
1.0	07/15/2002	Matte, James	New
2.0	07/08/2010	Vellucci, Cindy	Program Update
3.0	08/13/2020	Huynh, Brian Frattali, John	Periodic Update – Refer to Program Change Log
4.0	12/07/2021	Hachim, Sabrina	Annual Policy Review – Refer to Program Change Log