

Pesticide Safety Information Series (PSIS) A-5 Appendix 1

SITE SPECIFIC OPERATING PROCEDURES
FOR THE SELECTION AND USE OF RESPIRATORS

RESPIRATORY PROTECTION PROGRAM FOR PESTICIDE USES

Company Name: _____

Address: _____

Person Responsible for Program: _____

I. Selection of Respirators

For the following pesticide related uses, we require respirator use: Applying pesticides

We base our selection of respirators on: Pesticide label specifications

Personnel and selected respirator(s): (See list of employees in section "Respiratory Records")

Employee

Respirator

See section "Respiratory Records"

Additionally, we have an area(s) or time(s) where emergency respiratory protection is necessary.

For this use, we selected the following respirator(s): _____

II. Use of Respirators

Employees received respiratory protection training conducted and initial training on: See Training Log in section "Respiratory Records". Attached is a list of more recent training.

On a periodic basis, **Respirator Administrator** conducts routine inspections of respiratory gear. Inspection of equipment kept for emergency occurs at least monthly. A record of the most recent inspection is kept on the respirator or its storage container.

A-5 Appendix 2

EMPLOYEE STATEMENT OF MEDICAL CONDITION

(Print Employee Name)

In accordance with Section 6738 of Title 3 of the California Code of Regulations, to the best of my knowledge, I have (), have no () medical conditions that would interfere with wearing a respirator while I am engaged in potential pesticide exposure situations. I understand that heart disease, high blood pressure, lung disease or presence of a perforated ear drum require specific medical evaluation by a physician before safe use of a respirator can be determined.

(Signature of Employee)

(Date)

REPORT OF MEDICAL EVALUATION

In accordance with Section 6738 of Title 3 of the California Code of Regulations, I examined the employee named above. For the employee named above, there is no current medical contraindication to wearing a respirator while working in potential pesticide exposure environments.

Other Comments: _____

(Printed Physician's Name)

(Physician's Signature)

(Date)