



COMPANY MEDICAL POLICY FOR COVID-19

TABLE OF CONTENTS

- Authorities and Responsible Parties 2
- Annual Review Documentation 2
- Policy Introduction 3
 - What To Do If You Get Sick 3
- Procedures For Employees Who Have Possible Exposure To COVID-19 5
 - With No Symptoms 5
 - With Symptoms 5
- Appendix A: Incident Investigation Form (COVID-19) 7
- Appendix B - Safety Guidelines To Help Prevent Exposure To Covid-19 9
- Appendix C: Mandatory Use of Respirators 10
- Appendix D: Non-Mandatory Use of Respirators 15

AUTHORITIES AND RESPONSIBLE PARTIES

The authority and responsibility for the implementation and maintenance of this exposure policy and procedures manual is in accordance with Safety Logistics Inc.

Name:

Title:

Authority: Department designated authority for implementation of this Policy/Procedure

Employee Signature Date

Name:

Title:

Authority: Department designated authority for implementation of this Policy/Procedure

Employee Signature Date

All Principal Investigators and supervisors are responsible for implementation and enforcement of this Policy in their areas of responsibility in accordance with Safety Logistics Inc. in accordance Safety Management Program.

ANNUAL REVIEW DOCUMENTATION

DATE	SECTION CHANGE	NAME	DEPARTMENT	SIGNATURE

POLICY INTRODUCTION

This policy and procedures manual was written using the most current recommendations from the CDC, OSHA/Cal OSHA, and the Aerosol Transmissible Diseases (ATD) Standard (California Code of Regulations, title 8, section 5199)

This policy covers employees who have suspected exposure to the COVID-19 virus, the quarantine procedures for personnel showing symptoms of the COVID-19 virus, and the return of workers who have successfully tested negative or who have fully recovered from the virus.

This policy is subjected to change based on changes or modifications in employment law, the mandatory recommendations of the Federal government, or mandatory guidelines by the State or local jurisdiction responsible for employee safety.

There is no specific OSHA standard covering COVID-19. However, some OSHA requirements may apply to preventing occupational exposure to COVID-19. Among the most relevant are:

- OSHA's Personal Protective Equipment (PPE) standards (in general industry, 29 CFR 1910 Subpart I), which require using gloves, eye and face protection, and respiratory protection.
 - When respirators are necessary to protect workers, employers must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134).
- The General Duty Clause, Section 5(a)(1) of the Occupational Safety and Health (OSH) Act of 1970, 29 USC 654(a)(1), which requires employers to furnish to each worker "employment and a place of employment, which are free from recognized hazards that are causing or are likely to cause death or serious physical harm."

In addition to COVID-19, other aerosol transmissible diseases, including pertussis, measles, mumps, rubella ("German measles") and chicken pox should be considered when non-medical personnel screen individuals in non-health care facilities. The following is a brief list of some findings that should prompt referral to a health care provider for further evaluation when identified through a screening process:

- Severe coughing spasms, especially if persistent; coughing fits may interfere with eating, drinking and breathing
- Fever, headache, muscle aches, tiredness, poor appetite followed by painful, swollen salivary glands, one side or both sides of face under jaw
- Fever, chills, cough, runny nose, watery eyes associated with onset of an unexplained rash (diffuse rash or blister-type skin rash)
- Fever, headache, stiff neck, possibly mental status changes

Employees who exhibit any of the above described findings, and reports contact with individuals known to have any of these transmissible illnesses in the past 2-4 weeks, should be promptly evaluated by a health care provider.

Health officials may issue alerts for community outbreaks of other diseases. They will provide screening criteria, and people must be referred to medical providers as recommended by the health officer.

WHAT TO DO IF YOU GET SICK

If you get sick with fever or cough in the 2 to 14 day period of incubation:

- Stay home. Avoid contact with others.
- If you have COVID-19; most people are able to recover at home without medical care.
- If you have trouble breathing or are worried about your symptoms, call or text a health care provider. Tell them about your recent travel and your symptoms.
- Call ahead before you go to a doctor's office or emergency room.

If you need to seek essential medical care for other reasons, such as dialysis, call ahead to your doctor and tell them about your recent symptoms. Follow recommendations in **Appendix B: Safety Guidelines to Help Prevent Exposure To COVID-19** regarding day-to-day methods of keeping employees safe, and following the OSHA, CDC and Local/State guidelines.

PROCEDURES FOR EMPLOYEES WHO HAVE POSSIBLE EXPOSURE TO COVID-19

WITH NO SYMPTOMS

Procedures for Employees who HAVE BEEN exposed to another (employee, contractor, sub-contractor, family member, etc.), and IS NOT experiencing any symptoms of illness based on the attached exposure documentation found in the exposure report in **Appendix A: Incident Investigation Form COVID-19**.

1. Upon report of exposure from employee or other source of transmission, immediately isolate the employee and begin completing the exposure report for COVID-19 found in **Appendix A**.
2. Place employee in N95 mask or surgical mask, facial covering or protective PPE as recommended by the CDC, OSHA or local jurisdictional directive. **Investigator should also be in respiratory protective equipment equal to or greater than the affected employee.**
3. After completion of **Appendix A**, place employee in recommended protective respiratory equipment. If employee has NOT been cleared for use of respiratory face mask (N95) or surgical mask, have employee complete the 1910.134 Appendix C (found in Appendix C of this document), and complete the 1910.134 Appendix D (found in Appendix D of this document). All mandates associated with the wearing of N95 respirators in the Construction or General Industry Standards apply.
4. Request medical screening results of the employee, contractor, sub-contractor who was the original bearer of the COVID-19 virus, and the medical reports associated with a positive test result.
5. If it is determined that the employee is allowed to continue working, employee must continue to follow the guidelines below:
 - Continue to abide strictly to physical distancing (6 feet or more)
 - Wash hands often
 - Avoid touching face area, properly remove respiratory PPE to avoid contamination
 - Cover nose and mouth with facial protection (respiratory protection in the form of NIOSH approved equipment is recommended in the work setting)
 - Cover coughs and sneezes
 - Disinfect and clean surfaces often
 - No sharing of common utensils, cups, cooking areas
 - Do not gather in large groups (safety briefings given in groups no larger than 5)
 - Wear N95 or surgical masks (use CDC, OSHA or local jurisdictional guidelines) while on company premises/work area
 - Monitor employee to ensure that he/she is complying with the respiratory protection option
 - Monitor Employee body temperature twice per day
 - If employee remains symptom free for the entire incubation period, reconsider Respiratory PPE

***Note: If the employee develops symptoms after being allowed to return to work: See*

WITH SYMPTOMS

This policy/procedure is recommended for employees displaying or reporting symptoms of illness regarding COVID-19 or ANY OTHER possible infection, exposure or pathogen. This includes, but is not limited to, the following:

- COVID-19
- Influenza (Flu)
- Tuberculosis
- Bacterial Infection
- Mumps
- Measles
- Chicken pox
- Shingles
- Cold
- Hepatitis
- HIV

Procedures for Employee(s) who **HAVE BEEN** exposed to another (employee, contractor, sub-contractor, family member, etc.), and IS experiencing any symptoms of illness based on the attached exposure documentation found in the exposure report found in **Appendix A**.

1. Immediately isolate the employee. Request that employee leave the worksite and go home. If symptoms are severe, request that the employee make arrangements for someone to pick them up from work or arrange emergency transport.
2. Complete the exposure report form (Appendix A) over the telephone or with employee representative. If employee knows who he/she was exposed to, document on Appendix A (exposure report form).
3. If employee exposure was from another employee, contractor, subcontractor, etc., a follow up report in the form of a Root Cause Analysis should be completed to determine the chain of infection, and possible exposure to other employees on the jobsite.
4. Inform all employees who came in contact with the affected employee that they may have been exposed, and complete exposure reports (Appendix A) on all employees who have had contact with affected employee. Employer must follow all HIPAA requirements to protect the identity of employees.
5. Employee may return to work after 24 hours symptom free.

COVID-19 SPECIFIC ADDITIONAL PROCEDURES

1. Employee must be symptom free for 72 hours AND obtain proof of the COVID-19 virus being clear from the employee by using an approved testing method, or proof that the employee retains the anti-body and has remained symptom free for the prescribed time. This documentation **MUST** be signed by the treating physician on Physician/Hospital letterhead. See Appendix B for further guidelines.
2. Upon return to work, the employee will continue to wear the provided respiratory protection until it is deemed by the employer to no longer be necessary.

APPENDIX A: INCIDENT INVESTIGATION FORM (COVID-19)

INCIDENT DETAILS				
Name of person involved:			Date of incident:	
Location of incident:				
Incident investigation team:				
What task was being performed at the time of the incident?				
How was Employee Exposed?				
What factors contributed to the incident?				
Environment:			Equipment/materials:	
<input type="checkbox"/> Proximity (person less than 6' away)	<input type="checkbox"/> Enclosed Space	<input type="checkbox"/> Inadequate PPE	<input type="checkbox"/> Equipment failure	
<input type="checkbox"/> Physical Contact	<input type="checkbox"/> Exposure to airborne contaminant (droplets)	<input type="checkbox"/> Wrong PPE	<input type="checkbox"/> Equipment not decontaminated after use	
<input type="checkbox"/> Physical Contact with Equipment	<input type="checkbox"/> Undiagnosed prior to exposure	<input type="checkbox"/> Inadequate Ventilation Equip.	<input type="checkbox"/> Inadequate training provided	
<input type="checkbox"/> Travel in same vehicle	<input type="checkbox"/> Other	<input type="checkbox"/> Other		
Work systems:		People:		
<input type="checkbox"/> Carrier not identified	<input type="checkbox"/> No / inadequate risk assessment conducted	<input type="checkbox"/> Procedure not followed / no procedure exists	<input type="checkbox"/> Drugs / alcohol	
<input type="checkbox"/> No / inadequate safe work procedure	<input type="checkbox"/> No / inadequate controls implemented	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Time / production pressures	
<input type="checkbox"/> Hazard not reported	<input type="checkbox"/> Inadequate training / supervision	<input type="checkbox"/> Change of routine	<input type="checkbox"/> Distraction / personal issues / stress	
<input type="checkbox"/> Other	<input type="checkbox"/> Lack of communication	<input type="checkbox"/> Other	<input type="checkbox"/>	
Corrective actions:				
Contributing factor (from above list)	What are we going to do to fix the problem?	Who	When	Completion date
Issue fixed?				
Name	Signature		Date	
Person involved in incident:				
Manager:				

INCIDENT INVESTIGATION PROCESS GUIDE

1. Establish the facts of the incident, including:
 - a. What happened?
 - b. When and where did it happen?
 - c. What task was being done?
 - d. Who was involved?
 - e. Were there any witnesses?
2. Gather all necessary background information, for example:
 - a. Maintenance records
 - b. Safe work procedures
 - c. Instructions manuals
 - d. Training records.
3. Consider all the potential contributing factors:
 - a. **Environment:** *Did environmental conditions (e.g. light, noise, floor surfaces) contribute to the incident?*
 - b. **Equipment /materials:** *Did anything about the equipment, materials, tools etc (e.g. equipment failures, missing guards) contribute to the incident?*
 - c. **Work systems:** *Was there something about the system that contributed (e.g. hazard not identified, known hazard not addressed)?*
 - d. **People:** *Was there something the workers, supervisors or contractors did that contributed to the incident (e.g. poor communication, being tired or rushing to finish on time)?*
4. Determine the primary cause/s of the incident, that is, those which if they hadn't occurred then the incident wouldn't have occurred. Ask yourself "Would the incident have happened if....?"
5. Identify the root cause / system failures that underlie the primary cause/s and contributing factors.
 - a. *One simple technique for identifying the root cause is the 'Five Whys'. This technique involves asking yourself 'Why did this happen?' and continuing to ask 'Why' for each response until you reach a conclusion that does not generate another 'why' and the underlying cause becomes apparent.*
6. The final and most import step in any investigation is to take action to fix all the factors that contributed to the incident, starting with the primary cause/s and working through each of the contributing and underlying causes.

APPENDIX B - SAFETY GUIDELINES TO HELP PREVENT EXPOSURE TO COVID-19

Day to Day Safety Guidelines to help prevent exposure to COVID-19 and other aerosol transmitted diseases. These guidelines are recommendations from the CDC (Center for Disease Control).

The decision to discontinue isolation should be made in the context of local circumstances. Options now include both 1) a time-since-illness-onset and time-since-recovery (non-test-based) strategy, and 2) testbased strategy.

Time-since-illness-onset and time-since-recovery strategy (non-test-based strategy)

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 7 days have passed *since symptoms first appeared*.

Test-based strategy (simplified from initial protocol) Previous recommendations for a test-based strategy remain applicable; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a testbased strategy, the recommended protocol has been simplified so that *only one swab is needed at every sampling*.

Persons who have COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens).
- **Persons with laboratory-confirmed COVID-19 who have not had any symptoms** may discontinue isolation when at least 7 days have passed since the date of their first positive COVID-19 diagnostic test and have had no subsequent illness provided they remain asymptomatic. For 3 days following discontinuation of isolation, these persons should continue to limit contact (stay 6 feet away from others) and limit potential of dispersal of respiratory secretions by wearing a covering for their nose and mouth whenever they are in settings where other people are present. In community settings, this covering may be a barrier mask, such as a bandana, scarf, or cloth mask. The covering does not refer to a medical mask or respirator.

Footnote

*This recommendation will prevent most but may not prevent all instances of secondary spread. The risk of transmission after recovery, is likely substantially less than that during illness.

**All test results should be final before isolation is ended. Testing guidance is based upon limited information and is subject to change as more information becomes available.

APPENDIX C: MANDATORY USE OF RESPIRATORS

SEC. 1910.134: OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (MANDATORY)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No
If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you *ever had* any of the following conditions?
 - a. Seizures: Yes/No
 - b. Diabetes (sugar disease): Yes/No
 - c. Allergic reactions that interfere with your breathing: Yes/No
 - d. Claustrophobia (fear of closed-in places): Yes/No
 - e. Trouble smelling odors: Yes/No
3. Have you *ever had* any of the following pulmonary or lung problems?
 - a. Asbestosis: Yes/No
 - b. Asthma: Yes/No
 - c. Chronic bronchitis: Yes/No
 - d. Emphysema: Yes/No
 - e. Pneumonia: Yes/No
 - f. Tuberculosis: Yes/No

- g. Silicosis: Yes/No
 - h. Pneumothorax (collapsed lung): Yes/No
 - i. Lung cancer: Yes/No
 - j. Broken ribs: Yes/No
 - k. Any chest injuries or surgeries: Yes/No
 - l. Any other lung problem that you've been told about: Yes/No
4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
 - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
 - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
 - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
 - e. Shortness of breath when washing or dressing yourself: Yes/No
 - f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you *ever had* any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/No
 - d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you *currently* take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
 - b. Heart trouble: Yes/No
 - c. Blood pressure: Yes/No
 - d. Seizures: Yes/No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
 - b. Skin allergies or rashes: Yes/No
 - c. Anxiety: Yes/No
 - d. General weakness or fatigue: Yes/No
 - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a fullfacepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No
11. Do you *currently* have any of the following vision problems?
- a. Wear contact lenses: Yes/No
 - b. Wear glasses: Yes/No
 - c. Color blind: Yes/No
 - d. Any other eye or vision problem: Yes/No
12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No
13. Do you *currently* have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
 - b. Wear a hearing aid: Yes/No
 - c. Any other hearing or ear problem: Yes/No
14. Have you *ever had* a back injury: Yes/No
15. Do you *currently* have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
 - b. Back pain: Yes/No
 - c. Difficulty fully moving your arms and legs: Yes/No
 - d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
 - e. Difficulty fully moving your head up or down: Yes/No
 - f. Difficulty fully moving your head side to side: Yes/No
 - g. Difficulty bending at your knees: Yes/No
 - h. Difficulty squatting to the ground: Yes/No
 - i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
 - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No
If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No
If "yes," name the chemicals if you know them: _____
- _____
- _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
 - b. Silica (e.g., in sandblasting): Yes/No
 - c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
 - d. Beryllium: Yes/No
 - e. Aluminum: Yes/No
 - f. Coal (for example, mining): Yes/No
 - g. Iron: Yes/No
 - h. Tin: Yes/No
 - i. Dusty environments: Yes/No
 - j. Any other hazardous exposures: Yes/No
- If "yes," describe these exposures:

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them:

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours *per week*: Yes/No
- d. Less than 2 hours *per day*: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. ____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. ____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. ____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s): _____

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): _____

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator: _____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security): _____

APPENDIX D: NON-MANDATORY USE OF RESPIRATORS

SEC. 1910.134 (NON-MANDATORY) INFORMATION FOR EMPLOYEES USING RESPIRATORS WHEN NOT REQUIRED UNDER THE STANDARD

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator's limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Employee

Employee Signature

Date

Employee

Supervisor Signature

Date

Got questions? Visit us at stmooreinsurance.com or contact us:

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