



University of Pittsburgh

Department of Environmental Health and Safety

Memorandum

TO: Faculty and Staff
FROM: Frank J. Pokrywka
DATE: February 26, 2004
RE: Voluntary Respirator Use

Workers who occasionally wear filtering face-piece respirators (including N-95 dust masks) on a voluntarily basis must be aware of the following information. This information is intended for employees who are not required to wear respirators for protection from recognized airborne hazards. Employees who perceive exposures to any airborne contaminants, particularly outside of a chemical fume hood, should request an exposure evaluation by Environmental Health and Safety (EH&S) before selecting a respirator.

Employees wearing respirators and dust masks on a voluntary basis are not included in the University's Respiratory Training or Fit Testing Programs. The attached "Appendix D" from the OSHA Respiratory Protection Standard explains the OSHA requirements for voluntary respirators use at the University. Please read these OSHA requirements and complete the "Voluntary Respirator User Registration" form, returning it to EH&S as indicated on the bottom of the document.

Also attached, is a "Respirator Medical Evaluation Questionnaire". All University employees who voluntarily wear (or are required to wear) a respirator during their work activity must complete the medical questionnaire and submit it to Employee Health Services for evaluation by a licensed health care professional to determine if the employee can wear a respirator without undue medical risk.

Information listed on the questionnaire is kept in confidence as an employee medical record. If you elect to continue wearing a respirator, you must complete the attached questionnaire and send it to:

Employee Health Services
3708 Fifth Avenue
500.59 Medical Arts Building
Pittsburgh, PA. 15213
(412) 647-3695; Fax: (412) 647-5051

Feel free to contact EH&S at 412-624-8641 or 412-624-9505 should you have questions about the need for respirator use.



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Appendix D to Sec. 1910.134 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 respirators 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.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]



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VOLUNTARY RESPIRATOR USER REGISTRATION

EMPLOYEE NAME (PRINT) _____

SOCIAL-SECURITY NO. _____

JOB FUNCTION/TITLE _____

DEPARTMENT _____

BUILDING _____ WORK PHONE NO. _____

E-MAIL ADDRESS _____

RESPIRATOR USED:MANUFACTURER _____

TYPE _____

SIZE _____

FREQUENCY OF USE _____

AIR CONTAMINANT (S) EXPOSED TO: _____

IS WORK PERFORMED IN CHEMICAL FUME HOOD? YES___ NO___

HAVE YOU BEEN TRAINED OR FIT-TESTED FOR THIS RESPIRATOR? YES___ NO___

DID YOU COMPLETE AND SUBMIT YOUR MEDICAL EVALUATION FORM? YES___ NO___

Completed forms or questions should be sent by fax, e-mail or campus mail to:

Department of Environmental Health and Safety

B-50 Benedum Hall

3700 O'Hara Street

Pittsburgh, PA. 15261

FAX: 412-624-8524

E-Mail: fpokrywka@ehs.pitt.edu

Thanks for your cooperation in helping us better protect and serve our University employees.