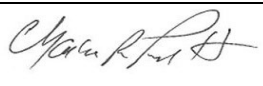
	Department of Public Safety	
	Standard Operating Guidelines	
	Subject:	Respiratory Protection Program
	Section:	Operations
	Guideline Number:	310
	Effective Date:	April 28, 2010
	Reviewed Date:	October 1, 2024
Signature of Approval:	Charles R. Pruitt Director 	

PURPOSE

The purpose is to provide guidelines for the establishment of a Respiratory Protection Program for the Accomack County Department of Public Safety.

SCOPE

This program shall apply to all employees who may be, or are required to wear respiratory protection during firefighting or other emergency operations where an IDLH or other respiratory hazard exists.

CONTENT

It is the policy of the Accomack County Department of Public Safety to maintain comprehensive occupational safety and health programs based upon sound engineering, education, and enforcement. This document establishes Departmental guidelines, responsibilities, and requirements for the protection of Fire Medics whose job requires the use of respiratory protection. This document will also provide assistance to the Fire Medic in the use and care of respiratory protection.

SECTION 1 – Operations

Department Fire Medics must wear Scott SCBA that is provided by Accomack County Department of Public Safety, Greenbackville Volunteer Fire Department, Oak Hall Rescue, Parksley Volunteer Fire Company or Onancock Volunteer Fire Department.

Fire Medic’s shall wear a self-contained breathing apparatus (SCBA) under the following conditions:

- while engaged in interior structural firefighting;
- while working in confined spaces where toxic products or an oxygen deficient atmosphere may be present;
- during emergency situations involving toxic substances; and
- during all phases of firefighting and overhaul.

Fire Medics wearing an SCBA must activate the personal alert safety system (PASS) device before entering an area where respiratory protection is required.

Fire Medics wearing SCBA shall conduct a seal check prior to each use.

Fire Medics shall not remove the SCBA at any time in the dangerous atmosphere. SCBA shall be used in accordance with the manufacturer’s instructions (see Appendix A).

All Fire Medics shall continue to wear an SCBA until the officer in charge determines that respiratory protection is no longer required.

Protective Clothing

Fire Medics wearing an SCBA shall be fully protected with the use of approved structural firefighting clothing that meets the requirements of the NFPA 1971. Protective clothing shall include turnout coat, bunker pants, gloves, boots, helmet, fire resistant hood, and PASS device.

Procedures for Interior Structural Firefighting

In interior structural fires, the department shall ensure that:

- At least two Firefighters enter the immediately dangerous to life and health (IDLH) atmosphere and remain in visual or voice contact with one another at all times;
- At least two Firefighters will be located outside the IDLH atmosphere; and
- All Firefighters engaged in interior structural firefighting will use S.C.B.As.

One of the two Firefighters located outside the IDLH atmosphere may be assigned to an additional role, such as incident commander in charge of the emergency or safety officer, so long as the Firefighter is able to perform assistance or rescue activities without jeopardizing the safety or health of any Firefighter working at the incident.

Nothing in this section is meant to preclude Firefighters from performing emergency rescue activities before an entire team has assembled.

There must always be at least two Firefighters stationed outside during interior structural firefighting. They must be trained, equipped, and prepared to enter if necessary to rescue Firefighters inside. However, the incident commander has the responsibility and flexibility to determine when more than two outside Firefighters are necessary given the circumstances of the fire. The two-in/two-out rule does not require an arithmetic progression for every Firefighter inside, i.e. the rule should not be interpreted as four-in/four-out, eight-in/eight-out, etc.

Firefighters will wait to commence interior structural firefighting, until the proper number of Firefighters can be assembled on scene as required by the response. During this time, the fire may be attacked only from the outside, sizing-up operations will occur and emergency rescue necessary to save lives may take place.

The Firefighters entering an IDLH atmosphere to perform interior structural firefighting must maintain visual or voice communication at all times. Electronic methods of communication such as the use of radios shall not be substituted for direct visual contact between team members in the danger area. However, reliable electronic communication devices are not prohibited and certainly have value in augmenting communication and may be used to communicate between inside team members and outside standby Firefighters.

SECTION 2 – TRAINING

SCBA Training

Fire Medics wearing respiratory protection shall be trained in proper use, cleaning and maintenance. No Fire Medic shall wear respiratory protection without training as specified in this document. Each new Fire Medic will be given initial training before using SCBA and annual training thereafter.

N95 Respirator Training

All Fire Medics required to use N95 type respirators shall be trained in their proper use. Each new Fire Medic will be given initial training before using the N95 respirator.

New Recruit SCBA Training

Initial training is to be provided during the Fire Fighter I Course at a VDFP approved training course. No Fire Medic is to use respiratory protection unless training has been successfully completed.

Annual Training

On-going training shall be provided to all Fire Medics of the Department on an annual basis. Each Fire Medic must pass a SCBA face piece fit-test during initial and annual training. Appendix B of this program contains the fit-test protocol and example fit-test record.

Course Content

Initial and annual training in respiratory protection shall be conducted as specified in Appendix C.

Fill Station Training

SCBA cylinders will be filled only by Fire Medics who have completed fill station training. Retraining will be provided annually. Initial and annual fill station training shall be conducted as specified in Appendix D.

SECTION 3 - RESPIRATOR FITTING AND SEAL CHECK

Each Fire Medic must pass a SCBA face piece fit-test during initial and annual training. The Fire Medic must also pass a N95 respirator fit-test during initial training. Appendix B of this program contains an example of a fit-test record.

Inspection Before Use

When using SCBA, each Fire Medic shall select and wear the correct size face piece as determined by initial and annual fit testing. A Fire Medic shall not wear respiratory protection unless the proper size face piece is available and the equipment is in proper working condition according to the manufacturer's specifications.

Effective Seal Required

An effective face-to-face piece seal is extremely important when using respiratory protective equipment. Minor leakage can allow contaminants to enter the face piece, even with a positive pressure SCBA. Any outward leakage will increase the rate of air consumption, reducing the time available for use and safe exit. The face piece must seal tightly against the skin, without penetration or interference by any protective clothing or other equipment. Nothing can be between the sealing surface of the mask and the face of the wearer, including but not limited to, eyeglasses, protective hoods, and beards or other facial hair. Fire Medics shall perform a seal check prior to every SCBA use. SCBA can only be worn when an adequate seal is achieved.

Fit Testing

All personnel required to wear an SCBA or other respirator shall be fit tested at least annually using the PortaCount Plus Model 8020 Quantitative fit testing method. Testing shall use the OSHA 29 CFR 1910.134 Protocol. Personnel shall be fit tested in their department issued face pieces. All personnel required to wear disposable respirators shall be given a qualitative fit test on the N95 mask.

Additional fit testing shall be required if it is reported or noticed that the Fire Medic's physical conditions have changed in any way that may affect the respirators fit. Such physical conditions may include:

- Facial scarring
- Dental changes
- Cosmetic Surgery
- Significant change in body weight

SECTION 4 – SELF CONTAINED BREATHING APPARATUS

Inspection

Regular periodic inspections are required to ensure that all respiratory protection equipment is properly operating and available for use.

Inspection Schedule

All SCBA and spare cylinders shall be inspected after each use and daily. After each inspection, the appropriate form (see Appendix E) shall be completed. SCBA units determined to be unfit for use shall be taken out of service, and tagged with a description of the particular defect. In the event replacement or repair of SCBA components is necessary, it shall be performed according to manufacturer's instructions and only by persons trained and certified by the manufacturer or returned to the manufacturer's service facility. Fire Medics will not subject SCBA units to unnecessary abuse due to neglect and/or carelessness. Caution must especially be exercised to protect the face piece section of the mask from being scratched or damaged. Each SCBA shall be cleaned and disinfected after each use. Only cleaning/sanitizing solutions for respiratory equipment will be used for cleaning and disinfection. SCBA cylinders shall be hydrostatically tested within the period specified by the manufacturer and applicable governmental agencies. Metal cylinders must be tested every five (5) years and composite cylinders every three (3) years. Composite cylinders will be removed from service after 15 years from the first hydrostatic test date.

Testing

All Department SCBA will be flow tested using the Biosystems PosiChek 3 – Complete SCBA Test in compliance with NFPA 1981, NFPA 1852 and OSHA 1910.134 annually and prior to a unit being placed back in service after repair.

A Respiratory Protection Program Compliance Documentation form (Appendix G) shall be on file for non-Department SCBA owned & maintained by Greenbackville Volunteer Fire Department, Oak Hall Rescue, Parksley Volunteer Fire Company and Onancock Volunteer Fire Department.

Storage

All units shall be stored so that they are protected against direct sunlight, dust accumulation, severe temperature changes, excessive moisture, fumes, and damaging chemicals. Care is to be taken so that the means of storage does not distort or damage rubber or elastomeric components.

Air Supply

Breathing air in the SCBA cylinder shall meet the requirements of the Compressed Gas Association G-7.1-1989, COMMODITY SPECIFICATION FOR AIR, with a minimum air quality of Grade D. The Department shall ensure that private vendors supplying compressed breathing air provide a copy of the most recent inspection and certification.

The purity of the air from each air compressor shall be checked by a competent laboratory at least annually.

The Department shall assure that sufficient quantities of compressed air are available to refill SCBA for all emergencies. Air cylinders for SCBA shall be filled only by personnel who have completed fill station training. Compressed oxygen shall not be used in open-circuit SCBA.

SECTION 5 - MEDICAL EVALUATION

All personnel who are required to wear SCBA (or other respirators) shall be medically qualified.

- Initial medical evaluations will be required before a new employee is assigned to duty.
- Annual medical evaluations shall be performed during the annual employee physicals.
- Follow-up medical examinations shall be required if:
 1. Personnel report symptoms related to his/her ability to use a respirator.
 2. The director or supervisor feels a Fire Medic should be evaluated.
 3. Observations made during a fit test indicate a need for evaluation.

Appendix F contains the medical evaluation protocol.

SECTION 6 – RECORD KEEPING

All records will be maintained by the Director of Public Safety or his designee at the Departments administrative office. These records shall include:

- Records/results of air quality tests
- Completed fit test records (Each Fire Medic may receive a copy of his/her fit test record at their request.)
- Records for both recruit training as well as on going SCBA training records
- Certificates of completion for Fire Fighter I courses
- Fill station training records
- Medical Evaluation Results Forms

SECTION 7 - PROGRAM EVALUATION

Evaluation Requirements

The effectiveness of the SCBA program shall be evaluated and corrective actions taken to ensure the respiratory protection program is properly implemented. The Department will periodically consult with Fire Medics to assess their views on the effectiveness of the program and to identify any problems.

The evaluation will be conducted by the Director or his designee. The evaluation will ensure:

- procedures for purchasing of approved equipment are in place
- all Fire Medics are being properly fitted with respiratory protection
- all Fire Medics are properly trained
- the proper equipment, cleaning, inspection, and maintenance procedures are implemented
- the required records are being kept
- changes are implemented to correct deficiencies

Program Monitoring

Periodic monitoring of the respiratory protection program is necessary to ensure that all Fire Medics are adequately protected. Random inspections shall be made by the Battalion Chief to ensure that the provisions of the program are being properly implemented.

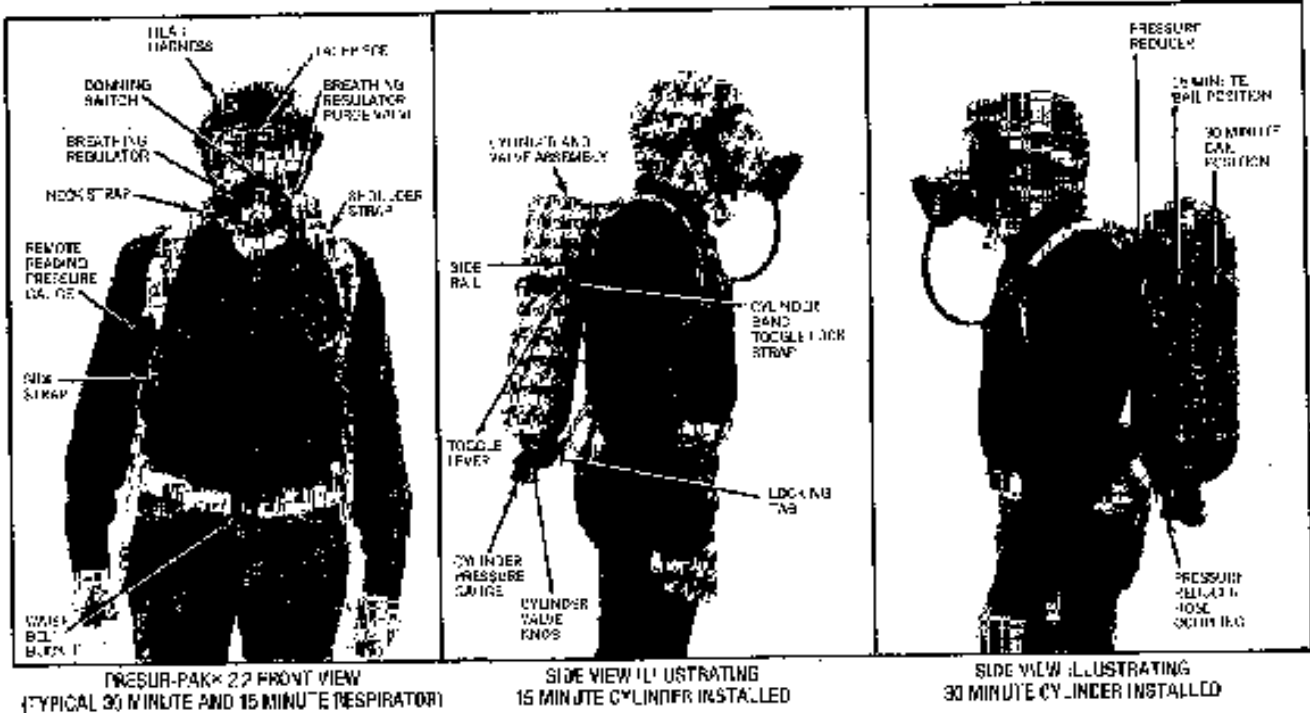
Appendix A – SCBA Manufacturers Instructions

30 MINUTE/15 MINUTE

POSITIVE PRESSURE with DONNING SWITCH

SELF-CONTAINED BREATHING APPARATUS

OPERATING AND MAINTENANCE INSTRUCTIONS



WARNING

IMPROPER USE OF THIS RESPIRATOR MAY RESULT IN PERSONAL INJURY OR DEATH. IMPROPER USE INCLUDES, BUT IS NOT LIMITED TO, USE WITHOUT ADEQUATE TRAINING, DISREGARD OF THE WARNINGS AND INSTRUCTIONS CONTAINED HEREIN, AND FAILURE TO INSPECT AND MAINTAIN THIS RESPIRATOR.

THIS RESPIRATOR IS INTENDED TO BE USED ONLY IN CONJUNCTION WITH AN ORGANIZED RESPIRATORY PROTECTION PROGRAM WHICH COMPLIES

WITH THE REQUIREMENTS OF "PRACTICES FOR RESPIRATORY PROTECTION", Z88.2-1980 AVAILABLE FROM AMERICAN NATIONAL STANDARDS INSTITUTE INC., 1430 BROADWAY, NEW YORK, N.Y. 10018, OR THE REQUIREMENTS OF OSHA SAFETY AND HEALTH STANDARD 29 CFR 1910 PARAGRAPH 134 AVAILABLE FROM THE U.S. DEPARTMENT OF LABOR, OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION, OR OTHER PERTINENT NATIONALLY RECOGNIZED STANDARDS, SUCH AS THOSE PROMULGATED BY THE U.S. COAST GUARD OR THE DEPARTMENT OF DEFENSE.

GENERAL DESCRIPTION

The Scott Presur-Pak³ 2.2, 30 minute/15 minute self-contained breathing apparatus is a respirator designed to provide mobility while providing approximately 30 minutes or 15 minutes of breathable air to personnel depending upon cylinder used. The respirator provides the user with respiratory protection while performing work in objectionable, oxygen deficient and/or unbreathable (toxic) atmospheres. This respirator is not to be used for purposes other than authorized by your respiratory protection program. For example, this respirator must not be used underwater.

The respirator consists of a cylinder and valve assembly for storing compressed breathing air, a harness and backframe assembly to support the equipment on the body of the wearer, a facepiece assembly, a positive pressure facepiece-mounted breathing regulator and a redundant dual-path pressure reducing regulator mounted on the backframe.

The breathing regulator is equipped with a donning switch which can be activated to prevent rapid loss of air supply if the system is turned on prior to donning the facepiece or if the facepiece is removed while in service. The breathing regulator is also equipped with a Vibralert[®] end-of-service alarm. The alarm vibrates to warn the user of diminishing air supply by both sound and feel. The pressure reducing regulator has no manual by pass control. Instead it uses a redundant dual path reducing system. The back up secondary system automatically supplies air if the primary system falls closed. When the secondary system is in operation, the Vibralert alarm is also actuated to warn the user that the primary system has malfunctioned.

The facepiece utilized on this respirator is available in 3 color coded sizes from small to extra large. The facepiece may be readily detached from the breathing regulator to allow for utilization of the best fitting and most comfortable size facepiece for an individual user. Each size facepiece may be equipped with a lens kit if the use of corrective spectacles is required.

Duration of the respirator may be extended by use of a low pressure airline air supply, (For details see ACCESSORIES Section.) The respirator is National Institute for Occupational Safety and Health (NIOSH) and Mine Safety and Health Administration (MSHA) approved for use in temperatures to 25° F below zero. For temperatures below 32° F, approval requires use of a Nose Cup Assembly, or an Anti-Fog Applique on the inside of the facepiece lens.

SERVICE LIFE

This respirator is rated and approved by NIOSH/MSHA as a 30 minute/15 minute duration unit depending on cylinder and valve assembly utilized and when properly donned, used and maintained by trained personnel. An alarm actuates when approximately 20-25% of the rated service time remains. The alarm will continue to operate until the cylinder is nearly depleted.

WARNING

USE OF THIS RESPIRATOR IN ENVIRONMENTS THAT MAY EXPOSE THE USER TO TOXIC OR HAZARDOUS SUBSTANCES WHICH CAN IRRITATE OR POISON THROUGH THE SKIN SUCH AS HYDROGEN CYANIDE, OR USE IN ENVIRONMENTS THAT MAY EXPOSE THE USER TO PHYSICAL HAZARDS SUCH AS HEAT AND COLD REQUIRE THE USE OF PROTECTIVE CLOTHING IN ADDITION TO THE RESPIRATOR. CERTAIN ENVIRONMENTS SUCH AS EXTREMES OF HEAT AND COLD, THE POSSIBILITY OF FLAME CONTACT, THE PRESENCE OF CERTAIN HAZARDOUS MATERIALS, ETC. MAY REQUIRE THAT PROTECTIVE MATERIAL COVER SOME OR ALL OF THE RESPIRATOR IN ADDITION TO COVERING THE USER.

WARNING

RESPIRATORS SHALL NOT BE WORN WHEN CONDITIONS PREVENT A GOOD FACE SEAL. SUCH CONDITIONS MAY INCLUDE, BUT ARE NOT LIMITED TO, GROWTH OF BEARDS, SIDEBURNS, A SKULL CAP THAT PROJECTS UNDER THE FACEPIECE, OR TEMPLE PIECES ON GLASSES. ALSO, THE ABSENCE OF ONE OR BOTH DENTURES CAN SERIOUSLY AFFECT THE FIT OF A FACEPIECE.

WARNING

WHEN THE VIBRALERT ALARM ACTUATED, IT WARNS THE USER THAT APPROXIMATELY 20-25% OF FULL PRESSURE REMAINS IN THE AIR CYLINDER (THAT IS, APPROXIMATELY 3/4 OF THE TOTAL AIR SUPPLY HAS BEEN USED) OR THAT THERE IS A MALFUNCTION IN THE PRIMARY BREATHING CIRCUIT. IN EITHER EVENT, LEAVE THE CONTAMINATED AREA AT ONCE. IN AREAS WHERE MORE THAN ONE RESPIRATOR IS BEING USED, YOU CAN IDENTIFY YOUR OWN ALARM BY SENSING THE VIBRATIONS THROUGH YOUR FACEPIECE.

The user should not expect to obtain exactly the 30 minute or the 15 minute rated service life from this respirator on each use. The work being performed may be more or less strenuous than that used in the NIOSH/MSHA tests. Where work is more strenuous, the duration may be shorter, possibly as short as one-half the rated service time. Likewise the time remaining after the alarm actuates will be similarly reduced. As previously mentioned, the alarm will also actuate in the event of a malfunction of the primary pressure reducer.

The duration of the respirator will depend on such factors as:

1. the degree of physical activity of the user;
2. the physical condition of the user;
3. the degree to which the user's breathing is affected by excitement, fear or other emotional factors;
4. the degree of training or experience which the user has with this or similar equipment;
5. whether or not the cylinder is fully charged at the start of the work period;
6. the possible presence in the compressed air of carbon dioxide concentrations greater than .04% normally found in atmospheric air.
7. the atmospheric pressure; for example, if used in a pressurized tunnel or caisson at 2 atmospheres (15 psi gauge) the duration will be one-half as long as when used at 1 atmosphere; and at 3 atmospheres will be one-third as long;
8. loose or improperly fitting facepiece;
9. the condition of the respirator.

WARNING

THE INFORMATION BELOW IS MEANT TO SUPPLEMENT, NOT REPLACE, THE INSTRUCTIONS, TRAINING, SUPERVISION, MAINTENANCE, AND OTHER ELEMENTS OF YOUR ORGANIZED RESPIRATORY PROTECTION PROGRAM. SEE WARNING ON FIRST PAGE OF THIS DOCUMENT.

REGULAR OPERATIONAL INSPECTION

The following procedure shall be used when you first receive the respirator and for daily inspection of the respirator. A respirator not routinely used, but kept for emergency use, shall be inspected at least weekly. All respirators shall be inspected after each use. If any malfunction is noted, remove the respirator from service and tag for repair by authorized personnel.

1. Visually inspect the complete respirator for worn or aging rubber parts, worn or frayed harness webbing or damaged components.
2. Check the latest cylinder hydrostatic test date to ensure it is current, i.e., within 5 years for standard aluminum cylinders, within 3 years for composite (fiberglass overwrapped) cylinders.
3. Visually inspect cylinder for dents or gouges in metal or in fiberglass wrapping. Cylinders which show exposure to high heat or flame, such as paint turned brown or black, decals charred or missing, gauge lens melted or elastomeric bumper distorted, shall be removed from service and emptied of compressed air. Refer to current applicable publications on compressed gas cylinder inspection available from Compressed Gas Association, Inc., 1235 Jefferson Davis Hwy., Arlington, VA 22202.

WARNING

FOLLOW THE REGULAR OPERATIONAL INSPECTION PROCEDURE EXACTLY. IF THE VISUAL ALERT ALARM DOES NOT ACTUATE, THE PURGE DOES NOT ACTUATE, THE DONNING SWITCH DOES NOT OPERATE AS DESCRIBED OR ANY OTHER OPERATIONAL MALFUNCTION IS NOTED, DO NOT USE THE RESPIRATOR.

WARNING

CYLINDERS WHICH EXHIBIT THESE CONDITIONS MAY SUDDENLY LEAK OR RUPTURE IF CHARGED WITH COMPRESSED AIR.

4. Check cylinder pressure gauge for "FULL" indication. If cylinder pressure is less than "FULL", replace with a fully charged cylinder.
5. Check to ensure reducer hose coupling is hand tightened to the cylinder valve outlet.
6. Check that the breathing regulator purge valve (red knob on regulator) is closed (full clockwise and pointer on knob upward).
7. Fully depress the center of the donning switch on the top of the regulator and release.
8. Slowly open the cylinder valve fully by rotating knob counterclockwise. Vibralert alarm shall actuate and then stop. There shall be no airflow from the facepiece.
9. Don the facepiece or hold the facepiece to the face to effect a good seal.
10. Inhale sharply to automatically start the flow of air.
11. Breathe normally from the facepiece to ensure proper operation.

12. Remove facepiece from face. Air shall freely flow from the facepiece.
13. Fully depress the center of the donning switch on the top of regulator and release. The flow of air from the facepiece shall stop.
14. Rotate purge valve 1/2 turn counterclockwise (pointer on knob downward). Air shall freely flow from the regulator.
15. Rotate purge valve 1/2 turn clockwise to full closed position (pointer on knob upward). Airflow from regulator shall stop.
16. Push in and rotate cylinder valve knob clockwise to close. When cylinder valve is fully closed, open purge valve slightly to vent residual air pressure from system. The Vibralert shall actuate as the pressure drops below 500 psi. When airflow stops, return purge valve to the fully closed position (pointer on knob upward).

PREPARATION FOR USE

1. If carrying case is used for storage, proceed as follows:

Place carrying case on ground or level surface, open lid, check cylinder gauge for "FULL" indication. If not full, replace cylinder before use. Ensure that cylinder is firmly locked in position by the cylinder band and toggle strap. Stand to the right (top of cylinder end) of the open case, lean forward, position and spread out the shoulder straps, grasp the backframe with both hands, one on each side of the cylinder. Do not grasp the pressure reducer. Swing the respirator straight up and over the head keeping elbows close to body. Rest the respirator on the back while slightly bent over. The shoulder straps will slide along your arms and fall into place on the shoulders. Straighten up as you pull down on the side straps to adjust the harness to fit the body.

If storage bracket is used, proceed as follows:

Check the cylinder gauge for "FULL" indication. If not full, replace cylinder before use. Ensure that the cylinder is firmly locked in position by the cylinder band and toggle strap. Follow the instructions of the bracket manufacturer for placing arms through shoulder straps and freeing the respirator from the bracket.

CAUTION

WRENCHES SHALL NOT BE USED, AS DAMAGE PARTICULARLY TO THE COUPLING GASKET MAY RESULT.

CAUTION

DO NOT USE TOOLS TO OPEN OR CLOSE THE PURGE VALVE. OPEN OR CLOSE BY USING FINGER-PRESSURE ONLY. ROTATION OF THE PURGE VALVE IS LIMITED TO 1/2 TURN.

WARNING

IF IT IS DIFFICULT TO START AIR FLOW BY INHALING OR IT IS DIFFICULT TO INHALE OR EXHALE, REMOVE THE RESPIRATOR FROM SERVICE AND TAG FOR REPAIR BY AUTHORIZED PERSONNEL.

WARNING

DETERMINE WHICH CYLINDER, 30 MINUTE OR 15 MINUTE, IS IN PLACE. BE CERTAIN THE CYLINDER IS COMPATIBLE WITH THE INTENDED DURATION OF USE.

WARNING

A GAUGE INDICATION OF OTHER THAN FULL MAY INDICATE AN AIR LEAK IN THE CYLINDER AND VALVE ASSEMBLY OR A MALFUNCTION OF THE GAUGE ASSEMBLY.

2. Connect the waist belt buckle and adjust by pulling forward on the two (2) side-mounted belt ends.
3. Readjust shoulder straps to ensure the weight is carried on the hips.
4. Fully depress center of the donning switch on top of regulator and release.
5. Slowly open cylinder valve fully. The user will both hear and feel the Vibralert alarm in the facepiece start and stop. There will be no free flow of air from the facepiece at this time.

NOTE

If the donning switch has not been depressed prior to opening the cylinder valve, the alarm will not activate due to the air flowing freely from the facepiece.

The user is now in "stand-by" condition. The respirator is in place but not in use.

USE OF RESPIRATOR

If respirator use is expected at temperatures near or below freezing or if respirator is to be used after being kept at temperatures near or below freezing, refer to LOW TEMPERATURE OPERATION Section for additional information and supplemental procedures.

To begin use of respirator, don the facepiece (i.e., place facepiece on face and obtain a proper seal) as follows:

1. Adjust the head straps to the full outward position, making sure the temple straps are attached to the VELCRO® strip (approximately 1 inch).
2. Hold the head harness out of the way with one hand while placing the facepiece on the face with the other hand. (Note: Make sure the chin is properly located in the chin pocket.)
3. Pull the head harness over the head and make sure straps are lying flat against the head with no twists.
4. Tighten the neck straps by pulling on the two strap ends toward the rear of the head.
5. Stroke the head harness net down the back of the head using one or both hands. Retighten the neck straps.
6. Adjust the temple straps by pulling on the two strap ends toward the rear of the head. Reattach VELCRO ends to mating VELCRO strip on back of head harness net. Overtightening may cause discomfort.
7. Retighten the neck straps if required.

NOTE: On subsequent use by the same wearer, release and retightening of the temple straps may not be required.

8. When facepiece is sealed to face, inhale sharply to actuate respirator. Air will then be supplied during inhalation.
9. Ensure that the purge valve knob is rotated to the full closed position (pointer on knob upward). Fully depress and hold the center of the donning switch on the top of the regulator. Inhale slowly and hold your breath momentarily. No leakage of air shall be detected and the facepiece shall be drawn slightly to the face.

NOTE

If the purge valve is adjusted to produce a flow, it will not be possible to perform this check.

10. Remove finger from donning switch and inhale sharply. The respirator shall function normally and supply air during the user's inhalation.

NOTE

If the purge valve is adjusted to produce a flow, it may not be possible to reset the donning switch by inhaling.

WARNING

IF THE VIBRALERT ALARM FAILS TO ACTUATE OR DOES NOT STOP AFTER A BRIEF INTERVAL, DO NOT USE THE RESPIRATOR. REMOVE IT FROM SERVICE AND TAG FOR REPAIR BY AUTHORIZED PERSONNEL.

WARNING

THE CYLINDER VALVE MUST BE FULLY OPENED FOR PROPER OPERATION OF THE RESPIRATOR.

WARNING

DO NOT USE RESPIRATOR IF LEAKAGE OF AIR INTO THE FACEPIECE IS DETECTED OR IF IT IS DIFFICULT TO START AIRFLOW BY INHALING. REPEAT DONNING PROCEDURE AND IN THE EVENT THE FACEPIECE CANNOT BE ADJUSTED TO ELIMINATE THESE CONDITIONS, REMOVE THE RESPIRATOR FROM SERVICE AND TAG FOR REPAIR.

11. Proceed with use of respirator in accordance with your respiratory protection program.

EVERY ENTRY INTO A CONTAMINATED OR UNKNOWN ATMOSPHERE SHOULD BE PLANNED TO ENSURE THAT THERE IS SUFFICIENT AIR SUPPLY TO ENTER, CARRY OUT THE TASKS REQUIRED AND RETURN TO A SAFE BREATHING AREA. THE USER SHOULD CHECK THE REMOTE READING PRESSURE GAUGE ON THE SHOULDER STRAP PERIODICALLY TO DETERMINE THE RATE OF AIR CONSUMPTION. IN ANY EVENT, THE USER MUST BE CERTAIN TO ALLOW SUFFICIENT AIR FOR EGRESS FROM THE CONTAMINATED AREA. IF ENTRY IS ATTEMPTED AFTER THE AIR HAS BEEN PARTIALLY CONSUMED (CYLINDER LESS THAN FULL), THE USER MUST BE CERTAIN THAT THE REMAINING AIR WILL BE SUFFICIENT FOR SAFETY.

Leave the contaminated or unknown atmosphere immediately if the Vibralert alarm actuates and, in a safe area, determine cause of alarm. When air supply has been depleted, replace cylinder following CYLINDER REPLACEMENT PROCEDURE.

TERMINATION OF USE

To doff the facepiece (i.e., remove the facepiece and terminate respiratory protection), proceed as follows:

1. Leave contaminated area or be certain that respiratory protection is no longer required.
2. Loosen the neck straps by simultaneously lifting buckle release levers outward (away from the head) and lifting facepiece away from face. The buckle release levers are the "U-shaped" extensions of the facepiece buckle assemblies.
(NOTE: It may also be necessary to release the elastic temple straps from the VELCRO strip at back of head.)
3. To stop the flow of air from the facepiece, fully depress the donning switch on top of the regulator and release.

NOTE

Operation of the donning switch is intended to prevent a free flow of air and the depletion of the air supply when the facepiece is doffed. With the donning switch activated, the purge valve and Vibralert will function normally. If the purge valve has been adjusted to produce a flow or if the Vibralert is in operation, the air supply will continue to be depleted.

4. Remove the facepiece by pulling it up and over the head.
5. To prepare the facepiece for quick "re-donning", fold the head harness over the facepiece lens.

WARNING

ENTRY INTO HAZARDOUS, POTENTIALLY HAZARDOUS OR UNKNOWN CONDITIONS IS TO BE MADE USING A FULL CYLINDER WHENEVER POSSIBLE.

WARNING

WHEN THE VIBRALERT ALARM ACTUATES IT WARNS THE USER THAT APPROXIMATELY 20-25% OF THE FULL PRESSURE REMAINS IN THE CYLINDER (THAT IS, APPROXIMATELY 3/4 OF THE TOTAL AIR SUPPLY HAS BEEN USED), OR THAT THERE IS A MALFUNCTION IN THE PRIMARY BREATHING CIRCUIT. IN EITHER EVENT, LEAVE THE CONTAMINATED AREA AT ONCE. IN AREAS WHERE MORE THAN ONE RESPIRATOR IS BEING USED, YOU CAN IDENTIFY YOUR OWN ALARM BY SENSING THE VIBRATIONS THROUGH YOUR FACEPIECE.

WARNING

IF AIRFLOW FROM THE REGULATOR CANNOT BE STOPPED BY DEPRESSING THE DONNING SWITCH, IMMEDIATELY CLOSE THE CYLINDER VALVE TO PREVENT DEPLETION OF THE AIR REMAINING IN THE CYLINDER.

CAUTION

AN IMPACT TO THE REGULATOR WHILE THE CYLINDER VALVE IS OPEN AND THE DONNING SWITCH IS ACTIVATED MAY CAUSE AIR TO FLOW FROM THE REGULATOR AND DEplete THE AIR REMAINING IN THE CYLINDER.

NOTE

If the respirator is not going to be used for a period of time, close the cylinder valve. Leaving the donning switch activated and the cylinder valve open for an extended period of time, may result in intermittent activation of the VIBRALERT even when more than 25% of the air supply remains.

6. To resume use of the respirator, repeat the facepiece donning procedure (see USE OF RESPIRATOR Section).
7. When respirator operations are completed and only when in a safe breathing area, remove unit from service. Replace the cylinder with a fully charged cylinder (See CYLINDER REPLACEMENT Section) and carry out the instructions for STAND-BY INSPECTION, CLEANING AND STORAGE.

EMERGENCY OPERATION

The Pressure-Pak respirator is automatic in function requiring only the opening of the cylinder valve to place into use and the closing of the cylinder valve at the end of use. In the event of a malfunction or a suspected malfunction, implement the appropriate emergency procedure listed below:

1. Should the Vibralert alarm activate during use and before the air supply is depleted to 25% of full capacity, the primary reducer may have failed and the system automatically transferred to the back-up system. LEAVE THE CONTAMINATED AREA AT ONCE ON ACTUATION OF VIBRALERT.
2. Should the air supply be partially or completely cut off during use or if you are unable to start the flow of air automatically, fully open purge valve (red knob on regulator) by turning it counterclockwise, (pointer on knob downward). LEAVE THE CONTAMINATED AREA AT ONCE AFTER OPENING THE PURGE VALVE.
3. Should the air supply begin to flow freely into facepiece, fully open purge valve (red knob on regulator) by turning it counterclockwise (pointer on knob downward), partially close the cylinder valve by pushing in and rotating clockwise to regulate the flow of air to satisfy the requirements of the user. Do not close the cylinder valve completely. LEAVE THE CONTAMINATED AREA AT ONCE AFTER PARTIALLY CLOSING CYLINDER VALVE.

WARNING

IF RESPIRATOR USE IS RESUMED AFTER THE AIR HAS BEEN PARTIALLY CONSUMED (CYLINDER LESS THAN FULL), YOU MUST BE CERTAIN THAT THE REMAINING AIR WILL BE SUFFICIENT FOR YOUR SAFETY. (SEE STEP 8 IN USE OF RESPIRATOR SECTION.)

WARNING

THE FLOW OF AIR MAY NOT START AUTOMATICALLY WHEN YOU INHALE IF THE FACEPIECE IS NOT PROPERLY DONNED AND SEALED TO THE FACE. RE-DON FACEPIECE (SEE USE OF RESPIRATOR SECTION) OR OPEN PURGE VALVE (SEE EMERGENCY OPERATION SECTION).

CAUTION

DO NOT LEAVE CYLINDER VALVE OPEN WHEN RESPIRATOR IS NOT IN USE.

WARNING

THESE EMERGENCY OPERATION PROCEDURES ARE FOR EMERGENCY USE ONLY AND ARE MEANT TO SUPPLEMENT, NOT REPLACE, THE EMERGENCY PROCEDURES PRESCRIBED BY YOUR RESPIRATORY PROTECTION PROGRAM. IF THEIR USE IS REQUIRED, LEAVE THE CONTAMINATED AREA AT ONCE. USE OF THESE PROCEDURES WILL INCREASE THE RATE OF CONSUMPTION OF THE AIR SUPPLY AND MAY CAUSE THE INTENSITY OF THE VIBRALERT ALARM TO BE DIMINISHED OR THE VIBRALERT ALARM TO STOP COMPLETELY.

WARNING

THE CYLINDER VALVE MUST BE FULLY OPENED FOR PROPER OPERATION OF THE RESPIRATOR.

WARNING

THE AIRFLOW THROUGH THE RESPIRATOR WHEN THE PURGE VALVE IS IN USE CAN EXCEED 200 LITERS PER MINUTE. TO REDUCE AIR CONSUMPTION, THE EXISTING AIRFLOW MAY BE REDUCED BY PARTIALLY CLOSING THE PURGE VALVE.

WARNING

EMERGENCY PROCEDURE #3 IS THE ONLY TIME THE RESPIRATOR MAY BE OPERATED WITH THE CYLINDER VALVE LESS THAN FULLY OPENED.

4. In the unlikely event of the blockage of air flow or sudden and complete loss of the system air supply such that there is total irreversible loss of respiratory protection, **LEAVE THE CONTAMINATED AREA AT ONCE USING ALL PRECAUTION AND FOLLOW EMERGENCY PROCEDURES PRESCRIBED BY USER ESTABLISHED RESPIRATORY PROTECTION PROGRAM.**

If the above procedures are implemented during use, **REMOVE THE RESPIRATOR IN A SAFE AREA**, tag the respirator and hold it for service and repair by Authorized Personnel.

LOW TEMPERATURE OPERATION

Respirators intended for routine use and respirators not routinely used but kept for emergency use shall be located in areas where the temperature is maintained above freezing (32°F).

Where it is expected that the respirator will be used in ambient temperatures near or below freezing, the respirator shall be equipped with either a **Nose Cup Assembly** or an **Anti-Fog Applique** to reduce the formation of vision impairing mist or ice on the interior of the facepiece vision area.

The use of the **Nose Cup Assembly** or the **Anti-Fog Applique** is recommended whenever ambient conditions which tend to promote the formation of fog or mist on the interior of the facepiece vision area are encountered (i.e., in atmospheres which are saturated with water vapor).

if a respirator may be unavoidably kept at a temperature below freezing before the next use, special care **MUST** be exercised to be certain that all components of the respirator are **THOROUGHLY DRIED** after cleaning and before storage.

if a respirator has been unavoidably kept at a temperature below freezing and it is not possible to bring it to room temperature before it is to be used, the following modifications to the **USE OF RESPIRATOR** Section are required:

WHEN USING A NOSE CUP ASSEMBLY, do not exhale into the facepiece until the facepiece is completely donned and the nose cup is properly in place against the face.

WHEN USING AN ANTI-FOG APPLIQUE, don the facepiece without the breathing regulator attached. Breathe onto the applique surface of the facepiece while restricting airflow slightly by partially covering the facepiece inlet opening with one hand. Continue doing so until applique surface inside facepiece lens remains clear. If clearing does not occur within approximately one minute, the facepiece should be doffed and placed under overwear and warmed next to the body for approximately two minutes. Redon the facepiece and again direct exhalation onto the applique surface of the facepiece lens while partially blocking the inlet opening. Once the facepiece lens remains clear in the applique area, connect the breathing regulator to the facepiece and proceed with the respirator use instructions contained in the **USE OF RESPIRATOR** Section.

WARNING

USE OF THIS RESPIRATOR AT TEMPERATURES AT OR BELOW FREEZING (32°F) WITHOUT FOLLOWING THE LOW TEMPERATURE OPERATION INSTRUCTIONS MAY RESULT IN OBSCURED VISION AND/OR PARTIAL OR COMPLETE BLOCKAGE OF THE AIRFLOW. IF THIS SHOULD OCCUR, THE AIR SUPPLY MAY BE PARTIALLY OR COMPLETELY CUT OFF AND THE EMERGENCY OPERATION PROCEDURE MAY NOT BE ABLE TO RESTART THE AIRFLOW.

NOTE

Effectiveness of Anti-Fog Applique in preventing fogging or moisture condensation on interior surface of facepiece assembly may diminish with repeated uses or over time. The applique can be replaced if it has diminished in effectiveness or sustained damage. See ACCESSORIES Section for replacement kit information.

WHEN USING A NOSE CUP ASSEMBLY IN A FACEPIECE EQUIPPED WITH AN ANTI-FOG APPLIQUE, follow the supplemental procedures for use of the Nose Cup Assembly contained on previous page.

If, after using the respirator, the facepiece is doffed in a safe breathing area which is at temperatures near or below freezing, place the facepiece with regulator connected under outerware to keep it warm next to the body if respirator reuse is intended.

Whenever the respirator is in place but not in use ("STAND-BY" CONDITION) in areas at or below freezing, the facepiece and regulator **MUST** be protected against exposure to water.

CYLINDER REPLACEMENT PROCEDURE

1. Leave the contaminated area and be certain that respiratory protection is not required.
2. Doff the facepiece. (See TERMINATION OF USE Section).
3. Push in and rotate the cylinder valve knob clockwise to close cylinder valve.
4. Bleed down residual air pressure by opening the purge valve slightly. When flow of air from facepiece stops, close purge valve fully. Remove respirator or have an assistant perform the following steps.
5. Unsnap the cylinder band toggle lock strap and release the toggle lever by pulling upward on, and then releasing the lock strap.
6. Grasp the cylinder below the band, push the locking tab below the valve, lift the cylinder free from the bottom hook and remove.
7. Replace with a fully charged cylinder and valve assembly. Slide the top of the cylinder upward under the band. Engage the cylinder hanger in the hook at the bottom of the backframe.
8. While holding the lock strap, push the toggle lever to secure cylinder, then lock the toggle lever in position by attaching the cylinder band toggle lock strap to the snap on the toggle lever.

NOTE

Do not force the toggle lever. Adjust the band for a snug fit by sliding the band assembly on the angled side rails. When changing between 30 minute and 15 minute cylinders, the cylinder band must also be adjusted at the bail as well as the angled side rail.

9. Align and tighten the hose coupling to the cylinder valve.
10. The respirator is ready for reuse.
11. The removed cylinder shall be refilled and inspected by authorized personnel. See Scott Owner's Manual, available on request from Scott Aviation, for further information.

WARNING

TWO SIZES OF CYLINDERS, 30 MINUTE AND 15 MINUTE, ARE AVAILABLE FOR USE WITH THIS RESPIRATOR. REPLACE WITH CYLINDER SUITABLE FOR THE INTENDED DURATION OF USE.

CAUTION

DO NOT LEAVE THE CYLINDER VALVE OPEN WHEN THE RESPIRATOR IS NOT IN USE.

STAND-BY INSPECTION, CLEANING AND STORAGE

1. Clean the respirator after each use as follows:
 - a. Inspect the equipment for worn or aging rubber parts, worn or frayed harness webbing or damaged components.
 - b. Remove the breathing regulator from the facepiece.
 - c. Carefully wash the facepiece assembly with warm (120° F maximum) soap or detergent solution and thoroughly rinse in clean water.
 - d. Disinfect the facepiece by one of the following methods:
 1. Sponge it with a 70% solution of ethyl, methyl or isopropyl alcohol
or
 2. Submerge it in a hypochlorite solution made with two tablespoons of chlorine bleach in one gallon of water.
or
 3. Submerge it in an aqueous solution of iodine made with one teaspoon tincture of iodine in one gallon of water.
 - e. Rinse in cool water and allow to completely air dry.
 1. Connect the breathing regulator to the facepiece quarter-turn coupling and rotate it until it latches in place.
 - g. Damp-sponge dirt accumulations from the rest of the respirator.
 - h. Replace the respirator in the carrying case, making sure all components are thoroughly dry.
2. If any damage or deterioration is noted, remove the respirator from service and tag for repair by authorized personnel.

PERIODIC TESTING

Scott recommends that this respirator be checked, both visually and functionally, by a Scott Authorized Service Center at least every two years. However, heavy use may require more frequent testing. This recommendation is in addition to all other cleaning and maintenance procedures. A manual covering the operating and maintenance of this respirator is available on request from: Scott Aviation.

ACCESSORIES

1. Lens Kit, P/N 23695-01, allows installation of corrective spectacles in facepiece. User must provide spectacles.
2. Neck Strap, P/N 803942-01, used to hold facepiece in a ready position.
3. Carrying Case, P/N 802162-01 or -04, used to store and transport respirator.
4. Nose Cup Assembly, P/N 802819-01, is used to minimize facepiece fogging and required for operation below 32°F if Anti-Fog Applique, P/N 803939-02, is not used. Nose Cup Installation Kit, P/N 802862-01, and Adhesive, P/N 50855-01, must be ordered when installing nose cup in facepiece for the first time. The installation kit contains nose cup and required mounting components.
5. Anti-Fog Applique, P/N 803939-02, is used to minimize facepiece fogging and required for operation below 32°F if Nose Cup Assembly, P/N 802819-01, is not used. Anti-Fog Applique Installation Kit, P/N 803939-25, contains twenty-five appliques (P/N 803939-01) and instructions for new or replacement installation.

WARNING

RESPIRATORS WITH DAMAGED OR WORN COMPONENTS SHALL NOT BE USED.

CAUTION

CERTAIN CLEANING AND DISINFECTING AGENTS SUCH AS QUATERNARY AMMONIUM COMPOUNDS (AMMONIUM CHLORIDES) MAY CAUSE DAMAGE, DETERIORATION OR ACCELERATED AGING TO PARTS OF THE RESPIRATOR. USE ONLY THE RECOMMENDED CLEANING AND DISINFECTING AGENTS.

6. Accessory Hose Assembly, P/N 27537-01, -02, -03 or -04, is used for the purpose of extending duration by means of a low pressure airline air supply. Instruction Sheet P/N 80167-01, included with each accessory hose assembly, contains information required for installation and operation.

NOTE

Only respirators equipped with a P/N 802276-03 Pressure Reducer are capable of having the accessory hose installed. To convert 2.2 respirators with a P/N 802276-01 Pressure Reducer, use Modification Kit P/N 27540-02

7. Gauge Protector, P/N 80002-01, provides the remote reading pressure gauge with protection from impact and abrasion.
8. Facepieces for this respirator are available in three sizes and two configurations.

Facepiece only:

Small	- P/N 803921-01
Small - required for use with NFPA-1981 compliant respirators (contains anti-fog interior)	- P/N 803923-01
Large	- P/N 803921-02
Large - required for use with NFPA-1981 compliant respirators (contains anti-fog interior)	- P/N 803923-02
Extra Large	- P/N 803921-03
Extra Large - required for use with NFPA-1981 compliant respirators (contains anti-fog interior)	- P/N 803923-03

Facepiece with Head Harness:

Small	- P/N 803937-01
Small with 803923-01 facepiece	- P/N 803938-01
Large	- P/N 803937-02
Large with 803923-02 facepiece	- P/N 803938-02
Extra Large	- P/N 803937-03
Extra Large with 803923-03 facepiece	- P/N 803938-03

9. Clear protective Lens Cover, P/N 803941-25 (package of 25) (to protect full facepiece lens against external scratching, spatter, paint spray and abrasion).

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Appendix B - Respirator Fit Test Protocol & Fit Test Record Sample

OSHA 29 CFR 1910.134 Protocol Details:

Minimum fit factor: 100 for half masks, 500 for full-face masks

Exercise duration: 60 seconds each

Number of exercises: 8

Exercises:

1. Normal breathing
2. Deep breathing
3. Head side-to-side
4. Head up-and-down
5. Talking out loud
6. Grimace*
7. Bending
8. Normal breathing

*The OSHA protocol includes special provisions for the grimace exercise. It is allowed to be 15 seconds long and the resulting fit factor may be discarded (excluded) before calculating the overall fit factor. This is allowed because the grimace exercise is done to intentionally break the face seal in order to make sure the mask reseats itself before the next exercise. In Stand-alone mode, the PORTACOUNT Plus cannot perform an exercise in less than 30 seconds and cannot “exclude” the resulting fit factor. These details are automatically handled when using FitPlus software. If a person fails a fit test due to the grimace exercise while using stand-alone mode, OSHA allows you to manually recalculate the overall fit factor with the grimace exercise excluded. See the appendix on “Calculating Fit Factors.”

Procedure:

1. Instruct the person to be tested to don the respirator five (5) minutes before the fit test starts. This purges the particles trapped inside the respirator when it was donned and permits the wearer to make certain the respirator is comfortable. The individual should have already been trained on how to wear the respirator properly.
2. Attach the clear Sample Tube to the respirator. Use one of the Tube Adapters if necessary.
3. Press the TEST START/STOP key to start the fit test and instruct the individual to begin the first exercise. A single audible "beep" signals the end of an exercise and the immediate beginning of the next exercise. There is no pause between exercises. During an exercise, the fit factor from the previous exercise will remain visible on the display along with the PASS or FAIL message. As originally shipped, the PORTACOUNT Plus will use 60-second exercises to comply with U.S. OSHA Standard 29CFR1910.134.

Normal breathing - Remain still and breathe as usual.

Deep breathing - Take long deep breaths as if working hard. Don't overdo it.

Head side to side - Breathe normally while slowly turning the head from side to side. Turn far enough to each side to stretch the neck muscles. Each cycle from left to right should take several seconds, pausing momentarily at each side to take a breath.

Head up and down - Breathe normally while slowly alternating between looking up at the ceiling and down at the floor. Each up and down cycle should take several seconds.

Talking out loud - Read a prepared paragraph (like the Rainbow Passage located in the appendix of this manual) or count out loud to simulate the workplace.

Grimace - Grimace by smiling and/or frowning to create a leak in the respirator face seal. This exercise will often result in a failed fit factor if you are “good” at grimacing, which is why the OSHA standard allows you to not count or “exclude” that fit factor when computing the overall fit factor. The idea is that you are intentionally creating a break in the face seal in order to see if the mask re-seals afterwards. Successful re-sealing is proven by achieving a passing fit factor on the *next* exercise.

NOTE: FitPlus fit test software is designed to automatically “exclude” the grimace exercise result for you. However, in stand-alone mode, the PORTACOUNT Plus cannot exclude the results of an exercise. If you are using the PORTACOUNT in stand-alone mode and the person being fit tested fails the overall fit factor due to a low

grimace fit factor, OSHA permits you to manually recalculate the overall fit factor without the grimace fit factor. See the appendix on "Calculating Fit Factors" in this manual for details.

Bend and touch toes - Bend at the waist as if you were touching your toes while breathing normally.

Normal breathing - Remain still and breathe as usual.

4. After displaying the last exercise fit factor for a few seconds, the PORTACOUNT Plus will sound a triple "beep" and automatically calculate and display the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The PASS or FAIL message will indicate whether or not the test was successful. If the test was a PASS, the fit test is over.
5. Assuming the fit test was successful, you will need to keep a record of the test on file. If you used the optional printer, you can attach the printout to a larger sheet of paper that contains the individual's identification and information describing the make, model and size respirator used, test date, etc. TSI recommends that the Zero Check filter be left attached to the sample line whenever the PORTACOUNT Plus is turned on but not in use. This prevents lint and debris from being drawn into the instrument and blocking the airflow.

12/05/2009

LAST NAME *DOE*
FIRST NAME *JOHN*

FIT TEST REPORT

ID NUMBER DPS 100
LAST NAME *DOE*
FIRST NAME *JOHN*
COMPANY ACDPS
LOCATION
NOTE

CUSTOM1
CUSTOM2
CUSTOM3
CUSTOM4

TEST DATE 12/05/2009 PORTACOUNT S/N 80249967
TEST TIME 11:52 NBS-COMPANION N
DUE DATE 12/05/2010

RESPIRATOR SURVIVAIR TWENTY-TWENTY PROTOCOL OSHA 29CFR1910.134
MANUFACTURER SURVIVAIR PASS LEVEL 500
MODEL TWENTY TWENTY
MASK STYLE FULL FACE APPROVAL
MASK SIZE MEDIUM EFFICIENCY <99% N

EXERCISE	DURATION (sec)	FIT FACTOR	PASS
NORMAL BREATHING	60	1520	Y
DEEP BREATHING	60	1290	Y
HEAD SIDE TO SIDE	60	1310	Y
HEAD UP AND DOWN	60	2470	Y
TALKING	60	1240	Y
GRIMACE	15	Fvsl	Y
BENDING OVER	60	1680	Y
NORMAL BREATHING	60	2380	Y

OVERALL FIT FACTOR 1500 Y

FITTEST OPERATOR *[Signature]* DATE *12/5/09*
NAME *J. Doe* DATE *12/5/09*

At a minimum, the following topics are to be covered in annual the SCBA training.

- Why the SCBA is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
- What the limitations and capabilities of the SCBA are.
- How to use the SCBA effectively in emergency situations, including situations were the SCBA malfunctions. Instruction on recognizing medical signs and symptoms that may limit or prevent the effective use of the SCBA.
- How to inspect, put on and remove, use, and check the seals of the SCBA.
- What the procedures are for maintenance, and storage of the SCBA.
- The general requirements of the OSHA Respiratory Protection Standard.

At a minimum the following topics are to be covered in the fill station training:

- Procedures for inspecting the SCBA cylinder for damage.
- Information to ensure that the cylinder has the proper hydrostatic test date.
- Information to ensure that composite cylinders older than 15 years are not refilled and are removed from service.
- Procedures for safely operating the fill station.
- Information on the importance of using at least grade D air.
- Information on the consequences of cylinder failure.
- The manufacturer's instructions for the fill station.
- Record keeping requirements.

Medical evaluation will be provided to each Fire Medic before they are fit tested for respirator use. The Department has an occupational physician to provide medical evaluations.

Medical evaluation procedures are as follows:

- Medical examinations to determine the Fire Medic's ability to wear an SCBA will be provided by the Department physician.
- The medical evaluation will be conducted using the required questionnaire.
- Fire Medics will be permitted to fill out the questionnaire during work time.
- Fire Medics will receive follow-up medical evaluations as required by the Department's Respiratory Protection Standard, and/or as deemed necessary by the Department Physician.
- Upon request, the Fire Medic will have the opportunity to speak with the health care professional about their medical evaluation.

The Program Administrator has provided the Department Physician with a copy of this program, a copy of the OSHA Respiratory Protection Standard, information on the type of SCBA used by the fire department, information on the frequency and length of SCBA use, potential temperature and humidity extremes, and information on turn-out gear used for firefighting.

Additional medical evaluations will be provided to Fire Medics under the following circumstances:

- The Fire Medic reports signs and/or symptoms related to their ability to wear to use an SCBA, such as shortness of breath, dizziness, chest pains, or wheezing;
- The health care provider or supervisor informs the Department that the Fire Medic needs to be reevaluated;
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for reevaluation.

All examinations and questionnaires are to remain confidential.

The Department Physician will provide the Department with a written recommendation regarding the Fire Medic's ability to wear a respirator. The following information will be provided:

- a statement on the Fire Medic's ability to wear a respirator,
- the need for follow-up medical evaluation if any are necessary

Medical records will be maintained in compliance with the OSHA Access to Employee Exposure and Medical Records (29CFR1910.1020). The Department will provide employees access to their medical records. Access means the right and opportunity to examine and copy records.

Appendix G - Non-Department Owned SCBA



County of Accomack
Department of Public Safety

"Together We Make a Difference"

Fire & Rescue - Emergency Management

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www.aedps.net

Respiratory Protection Program Compliance Documentation

The Parkley Volunteer Fire Company understands that the Occupational Safety and Health Administration sets forth specific requirements regarding the respiratory protection of firefighters.

I also understand that the Accomack County Department of Public Safety has established a Respiratory Protection Program to meet those requirements and that each Fire Medic assigned to the above named fire company must comply with such program.

With my signature below, I certify that the above named volunteer fire company maintains its Self-Contained Breathing Apparatus (SCBA) in compliance with NFPA 1981, NFPA 1852 and OSHA 29CFR 1910.134.

Printed Name: P.H.L.P. Kelly Title: Fire Chief
Signature: [Signature] Date: 9-30-15

24420 Lankford Highway - P.O. Box 102 - Tasley VA 23441 - (757) 789-3610 - (757) 789-3053 fax



County of Accomack
Department of Public Safety

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Respiratory Protection Program Compliance Documentation

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With my signature below, I certify that the above named volunteer fire company maintains its Self-Contained Breathing Apparatus (SCBA) in compliance with NFPA 1981, NFPA 1852 and OSHA 29CFR 1910.134.

Printed Name: Adam W. James Title: Fire Chief
Signature: [Signature] Date: 9/18/15

24420 Lankford Highway - P.O. Box 102 - Tasley VA 23441 - (757) 789-3610 - (757) 789-3053 fax