

National Institutes of Health (NIH)

Respiratory Protection Program (RPP)



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**The National Institutes of Health
Office of Research Services
Division of Safety**

RESPIRATORY PROTECTION PROGRAM

1.0 INTRODUCTION

The National Institutes of Health (NIH) is committed to providing a safe and healthy work environment for all employees, contractors, students, and visitors. In support of this commitment, the NIH Respiratory Protection Program (RPP) establishes requirements and procedures to protect individuals from exposure to airborne hazards that may be encountered during research, clinical, maintenance, animal care, emergency response, and facility operations activities.

Respiratory hazards may include biological agents, chemical vapors, gases, particulates, dust, mist, fumes, and oxygen-deficient atmospheres. When engineering controls and administrative controls are not sufficient to eliminate or adequately reduce exposure, appropriate respiratory protection must be provided and used in accordance with federal regulations and NIH policy.

This program is developed in compliance with [the Occupational Safety and Health Administration \(OSHA\) Respiratory Protection Standard, 29 CFR 1910.134](#), and applicable public health guidance. The program outlines responsibilities, medical clearance requirements, fit testing procedures, training standards, respirator selection criteria, maintenance protocols, and recordkeeping requirements.

The NIH Division of Safety (DS), and Occupational Medicine Service (OMS) collaborate to administer and oversee the RPP. Supervisors are responsible for identifying job tasks requiring respiratory protection and ensuring employee compliance. Employees are responsible for using respirators properly, maintaining assigned equipment, and completing required medical evaluations, training, and fit testing.

Participation in the RPP may be required when occupational exposure to airborne contaminants exceeds permissible exposure limits (PELs), when mandated by NIH policy, or when required by specific laboratory biosafety levels (e.g., BSL-3). Voluntary use of respirators is also addressed in accordance with OSHA requirements.

Through the implementation of this Respiratory Protection Program, NIH ensures regulatory compliance, protects worker health, and supports the safe advancement of biomedical research and public health missions.

1.1 Purpose

The National Institutes of Health (NIH) Respiratory Protection Program (RPP) establishes uniform procedures following the [Occupational Safety and Health Administration \(OSHA\) Standards, 29 CFR Part 1910.134, Respiratory Protection](#), for the appropriate selection, use, and care of respiratory protective equipment for NIH employees. (Use Google Chrome or MS Edge browsers for all hyperlinks.)

1.2 Scope and Applicability

The Office of Research Services (ORS), [Division of Safety](#) (DS), and Industrial Hygiene and Campus Safety Branch (IHCSB) provide administrative management for the NIH RPP. The NIH RPP applies to all Federal Employees at the NIH. Several employee groups provide additional, site-specific RPP training and administrative management, including the NIH [Division of Fire and Rescue Services](#) (DFRS), the NIH [Division of Police](#) (DP), the NIH [Clinical Center](#) (CC), and any NIH Biosafety Level 4 (BSL-4) facilities. Most NIH contractors are **not** covered under the NIH RPP. Exceptions to this policy may exist and will be determined case-by-case. In general, these exceptions will only be made where hazards unique to the government workplace exist and community-based resources are unavailable to provide adequate occupational safety support to the contractors. Regardless of enrollment status in the NIH RPP, all contractors shall develop appropriate measures to ensure their workers have adequate respiratory protection by contracting companies. It means they are trained in its selection, use, and limitations, understand when to use it, and document/maintain records accordingly. Only a specific group of contractors will be fit-tested by NIH RPP, for example, contractors enrolled in the Biosurety program (Bldg.33).

DFRS and DP employees are fully covered under the NIH RPP for operations requiring negative pressure, tight-fitting respirators, and N-95. The DS IHCSB provides support by providing respirator fit testing services to employees of the DFRS and DP. The DFRS and DP provide all other training and administrative management components for their respective RPPs.

CC employees are covered under the NIH RPP for operations requiring negative pressure and tight-fitting respirators. The CC Safety Office provides administrative management support for the NIH RPP within the CC, including providing administrative management for patients on highly contagious bacilli or viruses (for example: tuberculosis, measles, SARS) and special respiratory isolation precautions for employees who perform higher-risk procedures (e.g., work in the mycobacteriological laboratory) associated with patient care; determining the type and model of respirators used in the CC.

If a CC employee is expected to use a Powered Air Purifying Respirator, the employee must select “PAPR” in the medical clearance form and complete the Maxair PAPR course posted on the [DS RPP web page](#). Hands-on training can be provided by RPP team upon request for first time users.

Determination of an employee’s participation in the Respiratory Protection Program (RPP) and PAPR usage is the responsibility of the employee’s direct supervisor and the Occupational Medicine Service (OMS). The RPP team may also assign employees to a PAPR system if they fail all N95 fit tests or have facial hair that prevents an adequate seal.

The Positive Pressure Airline Suit (PPAS) is required in NIH BSL-4 facilities. These facilities establish their specific requirements, separate from those described in the NIH RPP. Employees working in BSL-4 facilities receive respiratory support and training through the BSL-4 training program(s). Contact the Biosurety Manager for more details. See Appendix F-4, IRF-Frederick Supplied Air Respirator Program.

Voluntary use of [NIOSH](#)-approved negative pressure respirator (e.g., a half-face respirator) requires partial participation in the Respiratory Protection Program (RPP).

If a supervisor determines that voluntary respirator use could create a hazard, the supervisor must provide the employee with the written information contained in [29 CFR 1910.134, Appendix D – Information for Employees Using Respirators When Not Required Under the Standard](#). Employees must also receive training on proper respirator maintenance procedures from their supervisor or work group.

The Division of Safety (DS) and Occupational Medicine Service (OMS) must determine that voluntary use will not create a health risk. The employee must be provided with Appendix D, complete the NIH RPP Voluntary Use Form, and submit it as required.

Face coverings that do not interfere with breathing do not require participation in the NIH RPP.

For additional questions regarding voluntary use of respirators, please contact DS IHCSB providers for clarification and support.

1.3 Policy Statement

It is the policy of the NIH to provide, at no cost to the employee, respiratory protection when the best available administrative or engineering controls fail to reduce employee exposure to respiratory hazards adequately; substitution of respiratory hazards with less hazardous elements is not feasible; modifications in hazardous operations fail to reduce exposures to below regulated or acceptable levels; or national guidelines for minimizing healthcare-associated infections recommend respirator use. Respiratory protection shall be provided during interim periods when engineering controls are being implemented, and no other means of worker protection are available. The Respiratory Protection provided by NIH shall be equivalent to or more protective than the protection described in OSHA standards 29 CFR 1910.134. Industry best practices should be applied when possible and practical to reduce employee exposure, and procedures must maintain employee exposure within regulatory compliance limits.

Regulatory References:

Regulatory Standard	Title	Application to NIH RPP
29 CFR 1910.134	Respiratory Protection	Primary regulatory framework
29 CFR 1910.1020	Access to Medical Records	Medical file retention (30 years)
42 CFR Part 84	NIOSH Respirator Certification	Approved respirator requirements
ANSI Z88.2-2015	Respiratory Protection Standard	Industry best practices
CGA G-7.1	Commodity Spec for Air	Breathing air quality (if applicable)

2.0 Terms and Definitions

Term	Definition
Air-Purifying Respirator	A respirator with an air-purifying filter, cartridge, or canister that can remove specific air contaminants by passing ambient air through the air-purifying element.
Aerosol-Removing Respirators	A respirator that provides respiratory protection against airborne particulate matter, including dust, mist, and fumes, but does not protect against gases, vapors, or oxygen deficiency. It is a subset of an air purifying respirator.
Assigned Protection Factor (APF)	A properly functioning respirator provides the minimum expected workplace level of respiratory protection in the planned environment of usage.
Employee Exposure	Exposure to a concentration of an airborne contaminant that would occur if the employee were not using a respirator.
End-Of-Service-Life Indicator (ESLI)	A system that warns a respirator user of the approach of the end of adequate respiratory protection (i.e., a sorbent media is approaching saturation).
Face Covering	Coverings that must cover the nose and mouth of the individual as authorized or required by NIH senior leadership. Must not have an exhaust valve. Not appropriate substitutes for respirators or medical facemasks in workplaces where work-related PPE is required.
Filter	A respirator component is used to remove particulates from the inspired air.
Fit Factor	A quantitative estimate of the fit of a particular respirator to a specific individual. It typically estimates the ratio of the concentration of a substance in ambient air to its concentration inside the respirator when worn.
Fit Test	A qualitative or quantitative evaluation of the air seal between the respirator and an individual's face.
Full-Face Respirator	A facepiece that covers from roughly the hairline to below the chin. Provides the most significant protection, usually seals most reliably, and provides some eye protection.

Term	Definition
Gas/Vapor-Removing Respirators	Air-purifying respirators that protect against certain gases and vapors by using various chemical cartridges (usually activated charcoal) to purify the inhaled air. A subset of air-purifying respirators.
Half-Face Respirator	A facepiece that fits over the nose and under the chin and does not protect the eyes.
Immediately Dangerous to Life or Health (IDLH)	Any atmosphere that poses an immediate hazard to life or poses direct, irreversible debilitating effects on health.
Negative Pressure Respirator	A respirator in which the air pressure inside the facepiece is negative during inhalation concerning the ambient air pressure outside the respirator.
NIOSH Approved	A respirator that has been tested by the National Institute for Occupational Safety and Health and assigned a NIOSH approval number.
Positive Pressure Airline Suits (PPAS)	A biological/chemical protective suite where the air pressure inside the suit always maintains positive. Breathing air is supplied through a supply hose via a compressor or compressed air cylinders.
Powered Air-Purifying Respirator (PAPR)	An air-purifying respirator that uses a blower to force ambient air through an air-purifying cartridge or filter and into the facepiece.
Qualitative Fit Test (QLFT)	A pass/fail evaluation of the seal between the respirator and the individual's face that relies on the individual's ability for sensory response to detecting a challenge agent (e.g., sweet taste).
Quantitative Fit Test (QNFT)	A pass/fail evaluation of the seal between the respirator and the individual's face that uses an instrument to measure the differential between a level of a challenge agent.
Respirator Cartridge	A container with a filter, sorbent medium, or combination that removes specific contaminants (particulates, gases, and vapors) from air passed through the container.
Respirator	PPE certified by NIOSH or other reputable, nationally recognized accrediting organizations that protect users from airborne hazards. Certification must include predictable filtration capabilities. Available in disposable and reusable forms.
Self-Contained Breathing Apparatus (SCBA)	A respirator that provides breathing gas from a source independent of the surrounding atmosphere instead of purifying the atmosphere. The user carries the gas tank on his/her back.

Term	Definition
Service Life	The time a cartridge or filter provides adequate protection to the wearer.
Single Use Respirator (SUR)	A NIOSH-approved disposable negative pressure respirator with a filter as an integral part of the facepiece or the entire facepiece composed of the filtering medium (e.g., N-95). Requires full participation in the NIH RPP when use is required by the employer.
Tight-Fitting Facepiece	A respiratory facepiece that forms a complete seal with the face. It could be a half-face respirator or a full-face respirator.
User Seal Check	A self-test conducted by a respirator user to determine if a respirator is correctly seated to the face before its use in the workplace.
Voluntary Use	Use of respiratory protection by employees for comfort or other personal reasons, exclusive of occupational exposure concerns. Refer to OSHA's description of the Voluntary Use Program .

3.0 RESPONSIBILITIES

3.1 Respiratory Protection Program Manager (RPPM)

The RPPM develops the NIH RPP's written operating procedures; remains abreast of changing regulations and recommendations concerning respirator use; and advises supervisors and workers in the selection, use, and maintenance of respirators upon request. The Chemical Exposures Program Manager is responsible for keeping the RPPM updated on employees or situations that may require RPP based upon the CEP's assessments (upon supervisor or employee request) in the area of chemical hazards. The supervisor for the employee in question is responsible for the selection of appropriate respiratory protection. The RPPM shall periodically review and evaluate the effectiveness of the NIH RPP. The RPPM periodically updates the RPP FAQ on the [DS website](#). The RPPM periodically holds a web conference, webcast, conference call, or similar meeting with NIH satellite sites twice a year or upon request to ensure collaboration and support services from the RPPM are adequate.

3.2 Safety Specialist

Institute or Center (IC) Safety Specialists shall periodically conduct walk-through surveys and observations of respirator use in their areas of responsibility. Safety Specialists shall notify the RPPM of any potential respiratory hazard noted during a survey and assist the RPPM in performing a comprehensive respiratory hazard assessment to determine respirator use requirements.

3.3 Supervisor

The supervisor shall have a comprehensive knowledge of the potential respiratory hazards and respiratory protection requirements for their areas of responsibility. Supervisors are ultimately responsible for the full disclosure of known respiratory hazards in the workplace to their employees and the RPPM. The RPPM, representatives for RPP, or RPP staff, provide appropriate respiratory protection options, and the supervisor selects PPE from within those guidance options. This ensures the PPE selected provides protection as intended. Supervisors shall ensure that employees complete their interval medical clearance, attend annual fit testing, complete their training in a timely manner and that their employees have adequate access to correctly fitting PPE.

3.4 Employee

Employees shall remain informed of potential respiratory health hazards and the respiratory protection requirements for their work areas. Employees shall complete a mandatory initial medical clearance and will complete annual training for N95 respirator and assigned PAPR system and N95 fit testing (or full-face mask fit testing for fire fighters or police officers.) Employees shall perform a positive/negative fit check with their respirator before each use and follow manufacturer, supervisory, and IC guidelines for the use, maintenance, and disposal of their respirator and its components. In the event of medical changes or facial structure changes (weight gain/loss, dental procedures, etc.) that may impact the respirator seal or the ability to use an N95, the employee shall contact the OMS and complete the interval medical clearance form and contact the RPP team to schedule a re-fit test. (nihrespirator@mail.nih.gov) Employees are responsible for remembering the assigned model of N95 respirator (for example: 3M 1870+, 3M 1860 S respirators for medical personal or 3M 9210+ respirator for lab personal) and wear this model till the next annual fit test. If employees use the PAPR system as their personal respiratory protection device, they must know the model of the PAPR system and train the assigned model of PAPR (for example: 3M Versaflo 300/ 600 PAPR or Maxair PAPR (helmet)).

3.5 Occupational Health Registered Nurse (OHRN)

Under the direction of the Medical Director, OMS, the OHRN shall provide medical clearance for NIH RPP enrollment through the administration of an initial and interval medical questionnaires. Only employees free of respiratory or cardiac risk factors, as determined by the questionnaire, shall be cleared for respirator use by the OHRN.

3.6 Occupational Medical Service Physician/Physician Assistant (OMS-P/PA)

The OMS-P/PA establishes medical evaluations to determine an individual's health status relative to their ability to tolerate the use of a respirator to avoid an adverse medical event. The assessments are completed on those employees who are not initially cleared by the OHRN.

3.7 Contractors

NIH contractors shall have a fully implemented RPP, in accordance with or better than (IHCSB Contractor Safety Program Manager is reviewing the RPP as part of the Accident Prevention Plan) the requirements of the OSHA Respiratory Protection Standard, in place before performing work on behalf of the NIH that requires the use of respiratory protection. Contractors are to ensure that they meet *all*

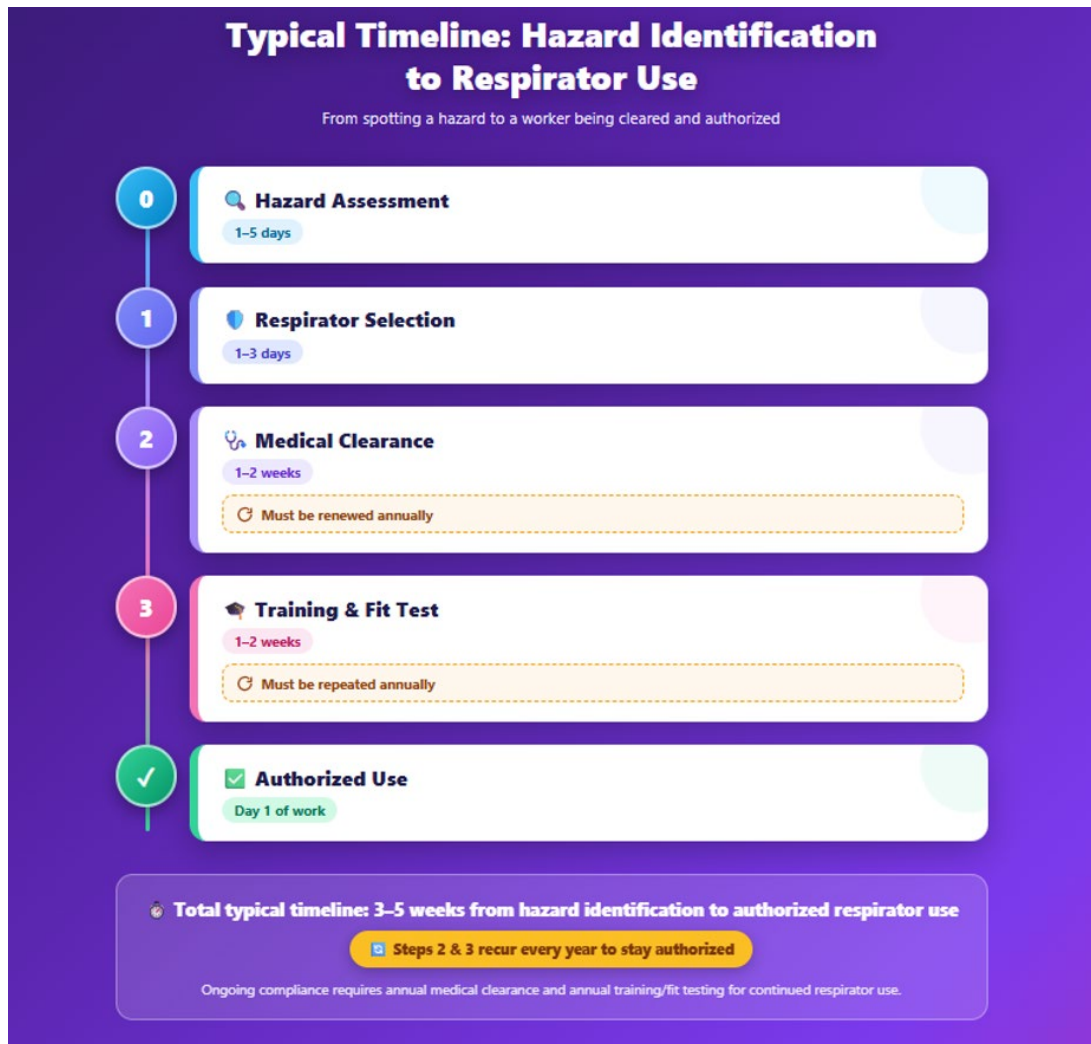
applicable RPP requirements (e.g., obtaining medical clearance, fit testing, and training) through their employer. “Applicability” is determined by the IHCSB Contractor Safety Program Manager.

The IHCSB Contractor Safety Program Officer may elect to verify the implementation of contractor Respiratory Protection Programs. However, the contractor is ultimately responsible for its adequacy, consistency, implementation, and maintenance in accordance with NIH RPP, regulatory, and contractual compliance drivers.

4.0 RESPIRATORY HAZARD ASSESSMENT, RESPIRATOR SELECTION, AND MEDICAL EVALUATION

4.1 General

Respiratory Protection is not the default method of control for inhalation hazards. Whenever feasible, alternative control methods shall be used to eliminate or reduce hazardous exposures. NIH guidelines for assessing the degree of risk associated with a respiratory hazard, the potential for exposure in the workplace, and the process of selecting an appropriate respirator once a respiratory hazard assessment has been completed are described in the following sections. Supervisors and employees shall notify the RPPM of any significant changes in workplace conditions that may affect respirator use or if engineering control methods can be used to eliminate the need for a respirator. The figure below shows the typical timeline for hazard identification to respirator use.



4.2 Respiratory Hazard Assessment

The employee’s supervisor or employee’s workgroup (with final supervisory approval) shall conduct a comprehensive respiratory hazard assessment for any potential aerosol or airborne hazards (i.e., chemical, biological, radiological, physical). The assessment must consider any hazardous properties of the potential respiratory hazard, as well as the work area characteristics and job description. Oxygen deficient atmospheres, physical and chemical properties of the hazard, adverse physiological interactions and health effects, actual airborne concentrations of the contaminant generated during work activities, and relevant occupational exposure limits (OEL) shall be considered. The location, operation or process characteristics, materials used or produced during the process, the employee's duties and actions, and any abnormal situations or characteristics which may affect respirator selection shall also be considered.

4.3 Respirator Selection

Appendix B, Respirator Decision Logic, shows the NIH Respirator Selection Chart; Appendix C-1, Assigned Protection Factors, and includes the NIOSH Assigned Protection Factors (APFs) for air purifying and powered air-purifying respirators. Only NIOSH-approved respirators are authorized for mandatory use at the NIH. However, circumstances may arise where Emergency Use Authorizations

(EUAs) are issued for other types of respirators. DS will determine if alternative respirators are appropriate.

If available, gas/vapor-removing respirators shall have cartridges equipped with a NIOSH-approved end-of-service-life indicator (ESLI). If an ESLI is not available, the supervisor of the affected employee shall implement a cartridge change schedule based on the manufacturer's supplied data, estimated breakthrough periods (provide calculations and reasons for parameters or manufacturer suggestions), workplace-specific conditions, concentrations of contaminants in the workplace air, patterns of respirator use (i.e., whether the use is intermittent or continuous throughout the workday), and environmental factors. The method utilized for determining the cartridge change schedule must be scientific in nature, quantifiable, and rational and shall be documented, easily accessible and available for review by internal and external auditors upon request. Potentially variable (even if only minutely) warning properties, such as odor, shall not be relied upon as the sole determining factor for cartridge replacement. ESLI and cartridge change schedules will be reviewed periodically and updated as appropriate.

Aerosol-removing respirators shall be approved by NIOSH as defined by [42 CFR Part 84, Approval of Respiratory Protective Devices](#). When particle size and composition are unknown, NIH employees shall only use High Efficiency Particulate Air (HEPA) filters as defined by 42 CFR Part 84.

Expired N95 respirators may be used for **fit testing and training purposes only**, provided the respirator is **clean, visually inspected, and determined to be in good working condition** (e.g., intact straps, functional nosepiece, no material degradation) and capable of achieving an adequate face seal.

In accordance with **29 CFR 1910.134**, respirators used for employee protection must be **NIOSH-approved, within manufacturer specifications, and maintained in a clean and serviceable condition**. Therefore, **expired respirators shall not be issued or used for occupational exposure protection** under the NIH Respiratory Protection Program (RPP).

All respirator use, including fit testing and clearance status, must be **documented and maintained in the Cority database** in accordance with NIH DS procedures.

Summary Table of Respirator Selection.

Additional information is present in the Appendix J.

Hazard Type	Recommended Respirator	Minimum APF	NIOSH Approval Required
Particulates (non-oil)	N95, N99, N100	10	Yes
Particulates (oil present)	P95, P99, P100	10	Yes
Organic vapors	Half-face with OV cartridge	10	Yes
Combination hazards	Full-face with combo cartridges	50	Yes

IDLH atmospheres	SCBA or airline w/escape	10,000	Yes
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4.4 Medical Evaluation

The NIH OMS must medically clear NIH employees for mandatory respirator use *prior to* adding individuals to the software system. The software to conduct medical evaluations, ensure staff competencies, and abide by applicable regulations for occupational medical information, is under the direction of the Medical Director, OMS. Medical clearance evaluations shall be administered confidentially and during regular working hours. Medical records are stored in a secured location with access restricted to authorized personnel. The medical clearance forms are presented online on the [DS web page](#).

The OMS OHRN is responsible for determining fitness for duty for employees who require a respirator. The OHRN shall administer the OSHA Medical Evaluation Questionnaire for Respirator Use and Initial Clearance (See Appendix E). Medical evaluation questionnaires shall be administered to ensure that employees understand the contents and have an opportunity to discuss the questionnaire and results with the OHRN. If an employee successfully meets the medical clearance requirements, the OHRN shall fill out an OMS Medical Evaluation of Functional Activities (MEFA) form. The OHRN must note any limitations for respirator use on the MEFA form.

If the OHRN fails to clear an employee, the OHRN arranges for the employee to be medically evaluated by an OMS Physician/Physician Assistant (OMS-P/PA). The medical evaluation shall include any medical tests, consultations, or diagnostic procedures that the OMS-P/PA deems necessary to make a final medical clearance determination. If the employee successfully meets the medical clearance requirements, the OMS-P/PA shall fill out the MEFA form. The OMS-P/PA must note any limitations for respirator use on the MEFA form.

If the OMS-P/PA identifies medical limitations for an employee that restrict the use of a negative pressure respirator, a PAPR shall be provided to that employee by his/her IC. The RPPM will recommend several PAPR types; however, it is the IC's responsibility to purchase, maintain, and train their employees appropriately using the PAPR. If the OMS-P/PA subsequently determines that the employee is fit to wear a negative pressure respirator, the IC is no longer obligated to provide a PAPR to that employee. Specific ICs may have additional protocols and options for the use of the PAPR.

OMS is responsible for notifying the RPPM when an employee is medically cleared. Upon notification, the RPPM shall schedule the employees for respirator training and fit testing.

OMS shall provide a medical re-evaluation for respirator users whenever:

- A. An employee reports symptoms relevant to their ability to wear a respirator.
- B. Information from the RPPM, including observations made during fit testing or program evaluation, indicates a need for an employee reevaluation.
- C. A change occurs in workplace conditions (physical work effort, protective clothing, temperature, etc.) that may increase the physiological burden placed on the employee.

5.0 RESPIRATOR TRAINING AND FIT TESTING

5.1 Training Objectives

Upon completion of training, employees shall be able to demonstrate a working knowledge of the potential respiratory hazards and respirator requirements for their work areas. Employees shall demonstrate proficiency in the proper use, inspection, maintenance, and storage of a respirator. Employees should understand the respirator's limitations and capabilities and any physical or medical conditions that may limit or prevent the effective use of a respirator. Training or refresher training is an annual requirement for the continued use of a respirator.

All training courses are present on the [DS web page](#).

5.2 Scheduling

The employee must schedule a fit test with NIH RPP after OMS has medically cleared them, and they have completed the Respiratory Fit Test Training. Fit-testing slots are available on a first-come, first-served basis; confirmation reserves an appointment. Failure to confirm an appointment may make the slot available to others. Respirator fit testing (e.g., N-95 respirator) and training (e.g., N-95 respirators, PAPR) shall occur upon initial enrollment in the RPP and every twelve (12) months after that. The [MyCority](#) database system will notify personnel when they are due for the 12-month fit test and/or training. If personnel fail to respond to notification after one month, they may be removed from the NIH RPP, and their supervisor will be notified. This is to keep the database accurate.

More frequent training and/or fit testing will be performed, if needed, through a supervisor's request (for example, observing improper use of respiratory protection, etc.)

An employee who fails to attend scheduled training and fit testing for two (2) consecutive years without documented justification will be removed from the NIH RPP enrollment listing. The employee's supervisor will be notified of the deactivation. The employee will only be reactivated in the NIH RPP when he or she re-schedules and completes training and fit testing. If an employee does not exhibit sufficient understanding and skill as described above in the use of a respirator, the employee will need to review the training materials and study until they pass the exam. All questions on the exam will be derived from the information covered within the training materials provided. Suppose the employee does not understand the questions or the material, in that case, they may consult their supervisor, the RPPM, the manufacturer's website (for specific resp. protection equipment), etc., for additional information or clarification, but not during an ongoing exam. If an employee does not need to wear any respiratory protection due to the chance of work environment or work task then employee must notify the RPP team to remove him/her from the program, including the direct supervisor in the email for confirmation. Employee must send this email directly to the RPP team email group: nihrespirator@mail.nih.gov

5.3 Training Syllabus

Respirator users will be trained in basic respirator practices using audiovisual materials and by personal instruction, as outlined in Appendix F. Examinations shall be administered at the end of each training session. N-95 Respirator Donning and Doffing procedures present in **Appendix H**. Respirator Effectiveness according to the Facial Hairstyles present in **Appendix I**.

1. N-95 respirator course <https://ors.od.nih.gov/sr/dohs/Documents/disposable-n95-training-for-cority-users.pdf>
2. Maxair PAPR course <https://ors.od.nih.gov/sr/dohs/Documents/papr-maxair-carp-system-for-cority-users.pdf>
3. 3M Versaflo PAPR course [Powered Air Purifying Respirator Training 3M Versaflo](#)

5.4 Respirator Fit Testing

If an employee is late by more than 10 minutes, they forfeit their scheduled time slot.

If the model, style and size of the respirators available and approved at the workplace doesn't fit the employee, the RPPM may recommend another NIH approved respirator if it passes the Respirator Fit Test. If no Respirator can be found, a PAPR may be recommended instead.

With the exception of emergencies and supply shortages, respirator fit testing shall be performed for an employee who is using a respirator for the first time and annually thereafter. The fit test shall be administered using the OSHA-accepted [Quantitative Fit Test](#) (QNFT) or [Qualitative Fit Test](#) (QLFT) protocols as determined appropriate by the RPPM.

The DS, IHCSB, shall conduct a fit test whenever the employee, supervisor, or the OMS reports a change in the employee's physical condition that could affect respirator fit.

5.5 Quantitative Fit Testing Procedure

This procedure is considered the "gold" standard and is the primary method for evaluating the seal between the individual's face and the respirators at NIH. The QNFT measures the amount of leakage into the respirator by using an aerosol as a test agent (See Appendix E-1, Quantitative Fit Testing Protocol). The TSI PortaCount™ measures respirator fit by comparing the aerosol concentration outside a respirator to the aerosol concentration inside the respirator. The ratio of the outside aerosol concentration to that of the concentration inside the respirator determines the respirator fit factor. Half-face respirators must achieve a minimum fit factor of 100, and a minimum fit factor of 500 is required for full-face respirators. The fit factor must exceed the assigned protection factor (APF) by at least ten times for the fit to be deemed adequate.

5.6 Qualitative Fit Testing Procedure

The RPPM may determine that a Qualitative Fit Test is necessary due to a variety of factors such as PPE availability, testing supply availability, number of personnel to be tested, concerns about the pathogenic spread, etc. The QLFT is an acceptable OSHA standard method of verifying respirator fit that does not destroy the respirator being tested. The Qualitative Fit Test requires the introduction of an aerosol test agent into the area surrounding the head of negative-pressure air-purifying respirator users. If the respirator user detects the presence of the test agent (i.e., odor, taste, or irritation), the respirator fit is deemed inadequate. If the user detects no odor, taste, or irritation, the respirator fit is acceptable. Saccharin and Bitrex protocols are described in Appendix E-2, Qualitative Fit Test Protocols. The NIH RPP does not utilize irritant smoke as a test agent due to health concerns.

Ambiguity in User Seal Check vs. Fit Test

Procedure	When Required	Who Performs	Documentation
User Seal Check	Every time respirator is donned	Employee (self-check)	None required
Qualitative Fit Test (QLFT)	Annual OR when QNFT unavailable	Trained fit tester	Pass/Fail record
Quantitative Fit Test (QNFT)	Annual (NIH standard)	DOHS IHCSB staff	Fit factor documented

6.0 RESPIRATOR USE

6.1 Facepiece Seal Leakage

It is NIH policy to require that employees wearing mandatory respiratory protection have no hair interfering with the respirator's face seal. Hair/Facial hair must not interfere with the seal of a respirator in any way during employee use of the respirator (not merely during the fit test but also on the job). If corrective glasses, goggles, or other personal protective equipment are required, the employee will receive specific instructions by the RPPM to ensure that interference with the seal of the facepiece does not occur.

Employees shall perform a negative/positive pressure seal check prior to each use following the procedure shown in **Appendix D**, User Seal Check Procedures.

6.2 Continuing Respirator Effectiveness

The supervisor shall periodically monitor the work area conditions, employees, employee behavior, procedural/process changes, and other relevant factors to ensure the continued effectiveness of a selected respirator. Supervisors shall ensure that employees leave the respirator use area whenever:

- A. Employees wash their face and respirator facepiece as necessary to prevent eye or skin irritation associated with respirator use, if applicable.
- B. Employees detect vapor or gas, changes in breathing resistance, or leakage of the facepiece.
- C. Employees replace a respirator filter or cartridge element that is not functioning properly.
- D. Employee's facial hair seems likely to interfere with the seal of the facepiece.
- E. There is another factor that seems likely to cause the respirator's failure/malfunction.

6.3 Issuance of Respirators

Respirators shall be assigned to individual employees for their exclusive use and shall only be issued to NIH employees who have received the appropriate respirator training, fit testing, and respiratory medical clearance. Except for PAPRs, respirators shall not be shared with other employees. Employees shall not be issued respirators without receiving training and/or fit testing. On-the-job training, on its own, is insufficient; there is online training and a quiz for determining proficiency with the information.

6.4 Identification of Filters and Cartridges

NIH shall only provide NIOSH-approved filters and cartridges. The RPPM, supervisors, and employees shall ensure that the labels are not removed, obscured, or defaced. The DS maintains a limited supply of respirators and cartridges/filters for initial issuance and emergency use only. It is the responsibility of each IC to supply appropriate replacement cartridges/filters to their employees.

6.5 Glasses

Glasses may be worn with half-face respirators only if the glasses do not interfere with the face-to-face piece seal of the respirator. If an employee must wear a full-face respirator and requires corrective lenses, the employee may need eyepiece inserts for the full-face respirator. The DS will provide guidance on obtaining eyepiece inserts. Corrective glasses with temple bars are not allowed with full facepiece respirators. Contact lenses are permitted with respirators.

7.0 RESPIRATORY MAINTENANCE AND CARE

7.1 Respirator Cleaning and Disinfection

The NIH provides employees with new respirators according to the work hazard assessment. Employees shall clean and disinfect their respirators using procedures described in [Appendix B-2 to § 1910.134: Respirator Cleaning Procedures \(Mandatory\)](#) or by respirator manufacture guidance. Respirators shall be cleaned and disinfected:

- A. As often as necessary to be maintained in a sanitary condition for respirators that have been issued for the exclusive use of an employee.
- B. After each use for respirators intended for emergency use.
- C. After each use for respirators intended for fit testing and training use.
- D. N-95 respirators are only single use PPE.

7.2 Respirator Storage

Respirators must be in suitable containers and placed in locations that protect them from contaminants, direct sunlight, extreme temperatures, excessive moisture, or damaging substances. They must be stored in such a way that the facepiece and other respirator parts are not distorted. Respirators shall not be stored in areas, such as toolboxes or in lockers, without being placed in a secondary container to prevent facepiece distortion. Store respirators per the manufacturer's directions and email/contact the manufacturer if uncertain. At a minimum, keep a copy of the contact and the manufacturer's response (the date, a point of contact on both sides, an exact question from your group, and an exact response/quote from the manufacturer). If possible, keep the original response document sent by the manufacturer, especially if the storage method recommended deviates significantly from common practice or is unusual. If the manufacturer has no opinion on the matter or is unwilling to put their comments into writing, ask DS for the RPPM recommendation and implement the more protective/conservative option.

7.3 Elastomeric, Half-Face, or Full-Face Reusable Respirator Inspection

Employees shall inspect respirators before each use and during cleaning. If the respirator is defective during an inspection, it shall be discarded and replaced at no cost to the employee. Respirator inspection items should include but are not limited to:

- A. Tightness of connections and contact points.
- B. Condition of facepiece, straps, and all other parts and filter and cartridge elements.
- C. Condition of the exhalation and inhalation valves. (If the sides of the exhalation valve do not seal, even slightly, it must be replaced with a new valve).
- D. Pliability and flexibility of rubber parts. Deteriorated rubber parts must be replaced. Unused rubber parts should be worked, stretched, and manipulated with a massaging action according to the manufacturer's specifications.
- E. If using a full-face respirator, the condition of the lens should be checked. The lens must be tight in the facepiece, and a scratched or damaged lens must be replaced.

The supervisor should conduct routine inspections to ensure that respirators are properly selected, fitted, used, cleaned, maintained, and stored. For a detailed respirator checklist, refer to **Appendix L**, N-95 Respirator Inspection Checklist.

7.4 Respirator Repair

Employees shall promptly remove damaged or defective respirators and discard them or have them repaired. Defective respirators not yet discarded must be clearly marked as defective immediately after the discovery of the defect and should still be discarded as soon as feasible to prevent accidental use.

Repairs shall only be made according to the manufacturers' recommendations and specifications and only with NIOSH-approved components by qualified individuals. Repaired respirators must pass testing before being put back into service. Documentation of repaired respirators and testing of such respirators must be maintained by the IC providing the respirator. Also, a copy of the repairs done to a respirator must follow the respirator itself. Respirators on loan to another IC, for example, should come with a record of repairs from the IC that purchased and maintains them.

8.0 PROGRAM EVALUATION

The RPPM shall annually review and evaluate the effectiveness of the NIH RPP. The RPPM shall regularly consult NIH respirator users to assess employees' views on program effectiveness. The NIH RPP is formally audited and reviewed by RPP team annually.

9.0 RECORD KEEPING

Records are maintained as described:

9.1 Medical Evaluation

OMS maintains the NIH employee medical records for thirty (30) years. Currently, this is done electronically. These records are available upon request by the employee, in accordance with [1910.1020 - Access to employee exposure and medical records. | Occupational Safety and Health Administration](#).

9.2 Fit Testing

DS maintains “passed” fit testing records. Failed tests result in the employee’s status being incomplete, and reminder emails are auto generated until the employee completes their fit testing. Records are kept for one year, as new records are saved annually. Employees may use our user-friendly RPP cards with fit test results as reminders. See **Attachment K**.

9.3 Respiratory Protection Program

A written copy of the current NIH RPP shall be maintained by the DS, IHCSB.

Medical Clearance Forms and Fit Test Results Tracking Periods:

Record Type	Retention Period	Storage Location	Access Rights
Medical questionnaires	30 years post-employment	OMS secure database	Employee, PLHCP, OSHA inspector with warrant
MEFA forms	30 years post-employment	OMS + Employee file	Employee, supervisor (limitations only), PLHCP
Medical restrictions	Duration of employment + 30	OMS	PLHCP only (summary to supervisor)
Fit test results	1 year (superseded by new test)	DS database	Employee, RPPM, supervisor

10.0 EMERGENCIES

In the event of an emergency, discuss the appropriate use of respirators with your supervisor. Your supervisor will provide further guidance as information becomes available.

11.0 INTERNAL REVIEW

The internal review serves as a checklist of things that the Program Manager should consider when updating this program document and its associated program. The Program Manager can add or remove items from the list as deemed appropriate, but the reasoning for removing an item must be documented.

1. Are all the sections in a coherent, easy-to-follow format?
2. Is the document flow acceptable?
3. Do terms or definitions need to be added or clarified further?
4. Is the OEL up to date with current regulatory or industry best practices?
5. Have all the comments gathered throughout the year been addressed in the comment resolution matrix?
6. Have all the IHCSB director's comments been thoroughly addressed to the satisfaction of both parties?
7. Has at least one CIH not directly responsible for the program document reviewed this document for technical strength, and have those comments been resolved or added?
8. Have comments from clients, questions, etc., been addressed by this document?
9. If there is a template for IHCSB programs, does this follow closely?



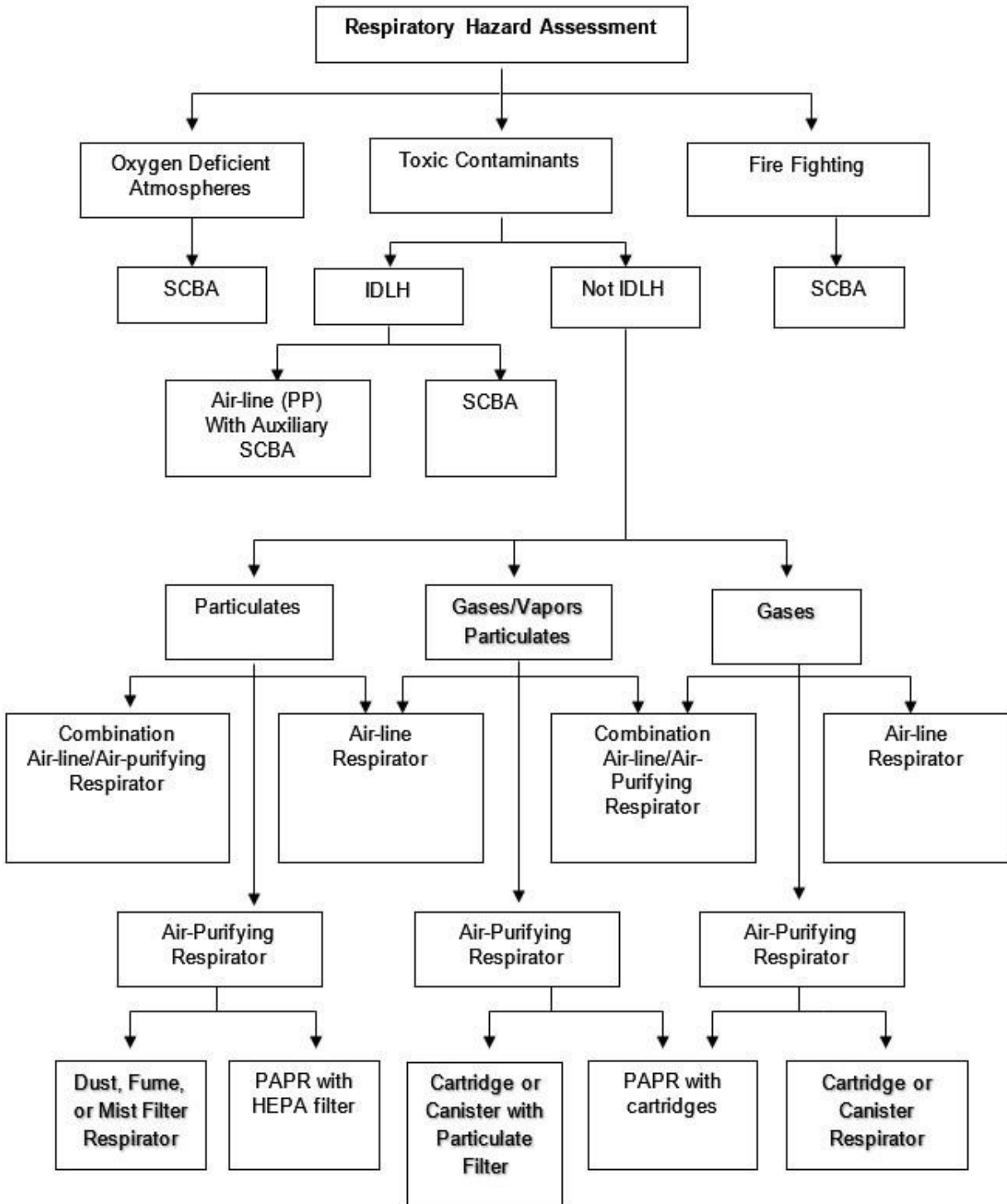
APPENDIX A: VOLUNTARY RESPIRATOR USE PROGRAM

The purpose of the NIH Voluntary Respirator Use Program is to guide users through this process.

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 exposure 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. In order to use a respirator, you will need to click on the following link: [NIH Voluntary Respirator Use Form](#), follow the directions and fill out the form. You will need a PIV card for the system to record your progress correctly.

Please note that your supervisor is responsible for conducting and documenting a risk assessment of your work to ensure that wearing a respirator does not create additional risks or hazards. Your supervisor can contact the **NIH Respiratory Protection Program Manager at (301) 496-2960** or your [IC Safety Specialist](#) for assistance. Please see our DS [website](#) for more information.

APPENDIX B: RESPIRATOR DECISION LOGIC



APPENDIX C: ASSIGNED PROTECTION FACTORS

Table I: Assigned Protection Factors ⁵

Type of Respirator ^{1,2}	Quarter Mask	Half Mask	Full Facepiece	Helmet/Hood	Loose-Fitting Facepiece
1. Air-Purifying Respirator	5	10 ³	50	—	—
2. Powered Air-Purifying Respirator (PAPR)	—	50	1,000	25/1,000 ⁴	25
3. Supplied-Air Respirator (SAR) or Airline Respirator					
• Demand mode	—	10	50	—	—
• Continuous flow mode	—	50	1,000	25/1,000 ⁴	25
• Pressure-demand or other positive pressure mode	—	50	1,000	—	—
4. Self-Contained Breathing Apparatus (SCBA)					
• Demand mode	—	10	50	50	—
• Pressure-demand or other positive pressure mode (e.g., open/closed circuit)	—	—	10,000	10,000	—

Notes:

¹ Employers may select respirators assigned for use in higher workplace concentrations of a hazardous substance for use at lower concentrations of that substance, or when required respirator use is independent of concentration.

² The assigned protection factors in Table I are only effective when the employer implements a continuing, effective respirator program as required by this section (29 CFR 1910.134), including training, fit testing, maintenance, and use requirements.

³ This APF category includes filtering facepieces, and half masks with elastomeric facepieces.

⁴ The employer must have evidence provided by the respirator manufacturer that testing of these respirators demonstrates performance at a level of protection of 1,000 or greater to receive an APF of 1,000. This level of performance can best be demonstrated by performing a WPF or SWPF study or equivalent testing. Absent such testing, all other PAPRs and SARs with helmets/hoods are to be treated as loose-fitting facepiece respirators, and receive an APF of 25.

⁵ These APFs do not apply to respirators used solely for escape. For escape respirators used in association with specific substances covered by 29 CFR 1910 subpart Z, employers must refer to the appropriate substance-specific standards in that subpart. Escape respirators for other IDLH atmospheres are specified by 29 CFR 1910.134(d)(2)(ii).

APPENDIX D: USER SEAL CHECK PROCEDURE

PART I: FACEPIECE POSITIVE AND/OR NEGATIVE PRESSURE CHECKS

All employees using a tight-fitting respirator shall perform a user seal check to ensure that an adequate seal is achieved each time the respirator is put on. User seal checks are not substitutes for qualitative or quantitative fit tests.

A. Positive Pressure Seal Check

- (1) Close off the exhalation valve.
- (2) Exhale gently into the facepiece.
- (3) If slight positive pressure is built up with no apparent outward leakage around the seal, the facepiece-to-face seal is satisfactory.

B. Negative Pressure Seal Check

- (1) Close the inlet opening of the cartridge by covering it with the palm of the hand(s), replacing the filter seal(s).
- (2) Inhale gently so that the facepiece collapses slightly and hold your breath for 10 seconds.
- (3) If the facepiece remains slightly collapsed and no inward leakage occurs, the facepiece-to-face seal is satisfactory.

PART II: MANUFACTURER'S RECOMMENDED USER SEAL CHECK PROCEDURE

The manufacturer's recommended procedures for performing a user seal check may be used instead of the positive and/or negative pressure check procedures if the manufacturer's procedures are equally effective.

APPENDIX E: MEDICAL EVALUATION

OSHA Medical Evaluation: Occupational Medical Services

The RPP Medical clearance can be filled out online in the Cority Database:

<https://orsp-cority1.ors.nih.gov/mycority/#/sso-login>

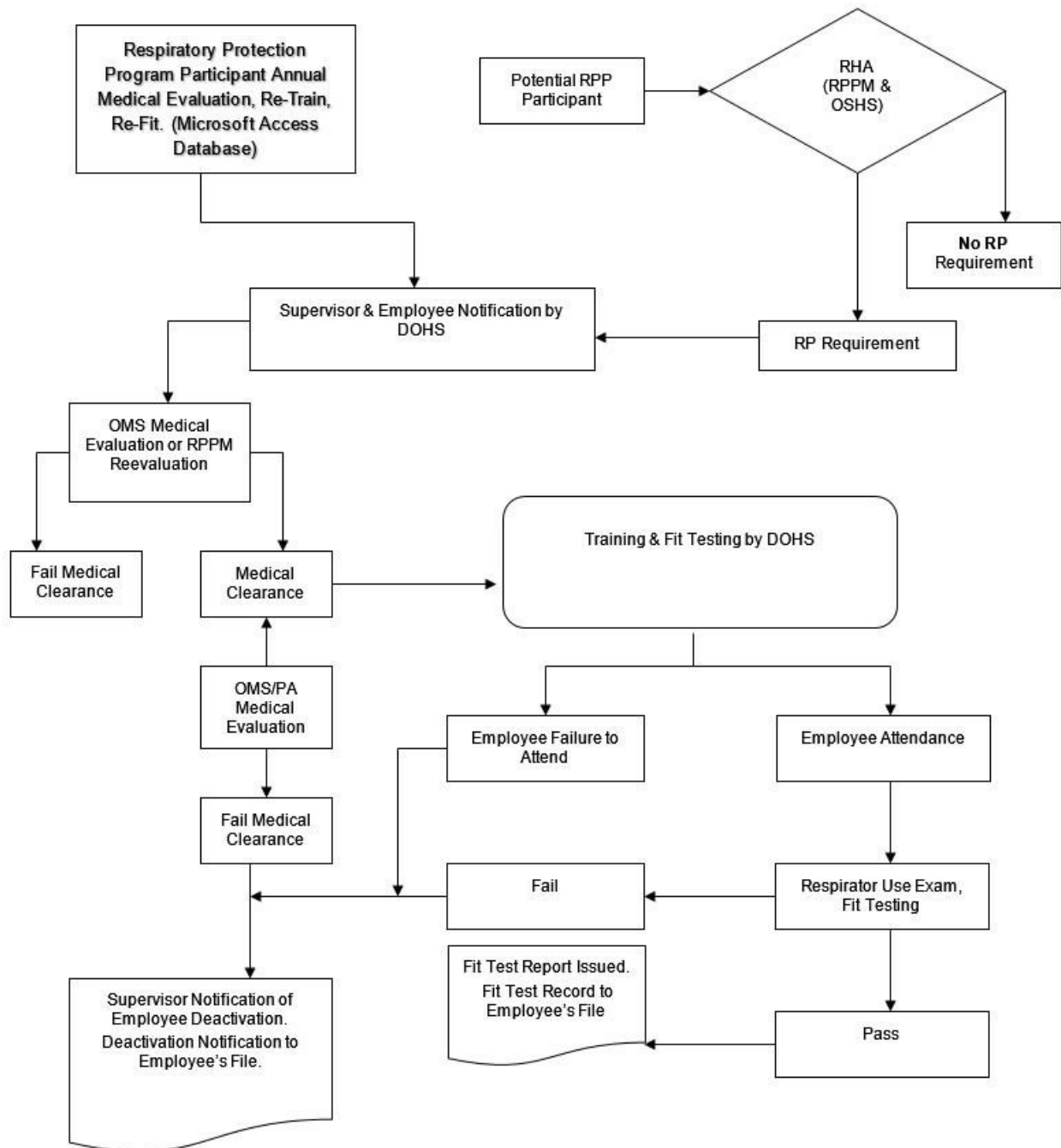
Questions about medical clearance form must be addressed to one of the NIH Occupational Health Clinics.

Bethesda, MD Building 10, Room 6C306 Monday - Friday 7:30 am - 5:00 pm Tel: (301) 496-4411 Fax: (301) 402-0673 Email: OMS@mail.nih.gov	Frederick, MD 8200 Research Plaza, Room 1B116 Monday - Friday 7:30 am - 5:00 pm Tel: (301) 631-7233 Fax: (301) 631-7391
Baltimore, MD 251 Bayview Blvd., Suite 200 Monday - Friday 8:00 am - 4:30 pm Tel: (667) 312-5843 Fax: (667) 312-5505	Hamilton, MT 903 South 4th Street, Room 5202 Monday - Friday 7:30 am - 5:00 pm Tel: (406) 375-9755 Fax: (406) 375-9729
Research Triangle Park, NC 111 T W Alexander Drive, Building 101, Room E111 Monday - Friday 8:00 AM - 4:30 pm Tel: (984) 287-4178 Fax: (919) 541-1182	

For respiratory virus guidance, please go to [NIH Respiratory Virus Guidance](#). If you are symptomatic or have recently tested positive for a respiratory virus infection and you provide direct patient care or work in a patient care area or tested positive for a respiratory virus infection after a work-related exposure, please contact OMS directly at 301-496-4411.

Website: https://www.ors.od.nih.gov/sr/dohs/HealthAndWellness/OccupationalMedical/Pages/oms_main.aspx

APPENDIX F: FLOWCHART OF RPP PROCESS



APPENDIX G: ABBREVIATION GLOSSARY

(APF)- Assigned Protection Factor
(BSL-4)- Biosafety Level 4
(CC)- Clinical Center
(DFRS)- Division of Fire and Rescue Services
(DS)- Division of Safety
(DP)- Division of Police
(ESLI) - End-Of-Service-Life Indicator
(EUAs)- Emergency Use Authorizations
(HEPA)- High-Efficiency Particulate Air
(IC)- Institute or Center
(IDLH)- Immediately Dangerous to Life or Health
(IHCSB)- Industrial Hygiene and Campus Safety Branch
(IRF)- Inpatient Rehabilitation Facility
(MEFA)- Medical Evaluation of Functional Activities
(NIH)- National Institutes of Health
(NIOSH)- National Institute of Occupational Safety and Health
(OEL)- Occupational Exposure Limits
(OHRN) - Occupational Health Registered Nurse
(OMS)- Occupational Medical Service
(OMS-P/PA)- Occupational Medical Service Physician/Physician Assistant
(ORS)- Office of Research Services
(OSHA)- Occupational Safety and Health Administration
(OSHS)- Occupational Safety and Health Standards
(PAPR)- Powered Air Purifying Respirator
(PPAS)- Positive Pressure Airline Suit
(PPE)- Personal Protective Equipment
(QLFT)- Qualitative Fit Test
(QNFT)- Quantitative Fit Test
(RP)- Respiratory Protection
(RHA)- Respiratory Hospital Admission
(RPP)- Respiratory Protection Program
(RPPM)- Respiratory Protection Program Manager
(SCBA)- Self-Contained Breathing Apparatus
(SUR)- Single Use Respirator
(SWPF)- Simulated Workplace Protection Factor
(WPF)- Workplace Protection Factor

APPENDIX H: DONNING/DOFFING N95 RESPIRATOR

Office of Research Services
Serving the NIH Community

Donning/Dooffing N95 3M 1860 Respirator

3M™ Health Care Particulate Respirator and Surgical Masks, 1860/1860S

Application



1 Cup the respirator in your hand with the nosepiece at fingertips, allowing the head straps to hang freely below hand.



2 Position the respirator under your chin with the nosepiece up.



3 While holding the respirator in place, pull the top strap over your head so it rests high on the back of your head.



4 While continuing to hold the respirator firmly in place, pull the bottom strap over your head and position it around your neck, below your ears. Untwist the straps. Position the respirator low on your nose.



5 Using both hands, mold the nosepiece to the shape of your nose by pushing inward while moving your fingertips down both sides of the nosepiece.

Note: Always use two hands when molding nosepiece. Pinching with one hand may result in improper fit and less effective respirator performance.

PERFORM A USER SEAL CHECK



6 The respirator must be checked before each use. To perform the user seal check, place both hands completely over the respirator, being careful not to disturb the position, and exhale sharply. If air leaks around your nose, adjust the nosepiece as described in step 5. If air leaks at respirator edges, adjust the straps back along the sides of your head. Perform seal check again if an adjustment is made. If you cannot achieve a proper fit, see your supervisor. Do not enter area requiring respirator use.

Removal



1 Without touching the respirator, slowly lift the bottom strap from around your neck up and over your head.



2 Lift off the top strap. Do not touch the respirator.



3 Store or discard according to your facility's infection control policy.

Infection Prevention Division
3M Health Care
2510 Conway Avenue
St. Paul, MN 55144-1000
U.S.A.
1-800-228-3957
www.3m.com/infectionprevention

3M is a trademark of 3M, used under license in Canada.
Please recycle. Printed in U.S.A.
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70-2009-0557-1

WARNING

This respirator helps protect against certain particulate contaminants, but does not eliminate exposure to or risk of contracting disease or infection. Misuse may result in sickness or death. For proper use, see your supervisor, or User Instructions, or call 3M Health Care Helpline at 1-800-228-3957. In Canada, call 3M Helpline at 1-800-563-2921.

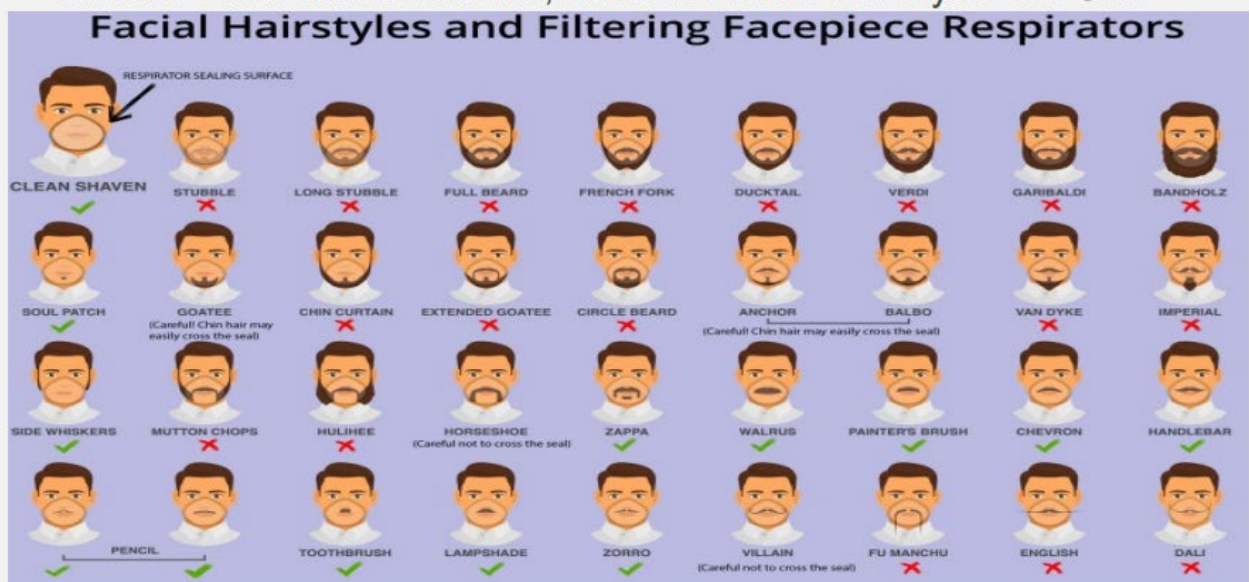
3M

APPENDIX I: RESPIRATOR EFFECTIVENESS ACCORDING TO FACIAL HAIRSTYLES

Office of Research Services
Serving the NIH Community

Respirator Effectiveness

- Respirators are only effective when the face piece seal is flush with the face
- Respirators can't be worn with facial hair coming between the sealing surface of the mask and face, but some facial hair styles are OK.



APPENDIX J : ENHANCED RESPIRATOR LOGIC SECTION

If hazard involves...	And concentration is...	Select respirator type...	With minimum APF...
Oxygen deficiency (<19.5%)	Any level	SCBA or airline	N/A
IDLH atmosphere	By definition >IDLH	SCBA (pressure-demand)	10,000
Particulates only	<10× PEL	Half-face APR with HEPA	10
Particulates only	10-50× PEL	Full-face APR with HEPA	50
Particulates only	50-1000× PEL	PAPR with HEPA	25-1000
Gases/vapors with warning properties	<10× PEL	Half-face with appropriate cartridge	10
Gases/vapors with warning properties	10-50× PEL	Full-face with appropriate cartridge	50
Gases/vapors WITHOUT warning properties	<25× PEL	PAPR or SCBA only	25+
Combination particulate + gas/vapor	Based on highest multiplier	Combination cartridge respirator	Per table above

APPENDIX K:

Front side:

NIH Respiratory Protection Program - Quick Reference Card

Employee Name: _____

Respirator Model: _____

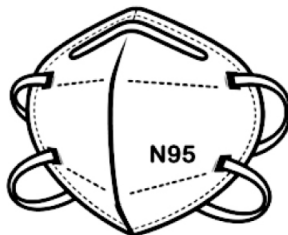
Size: _____

Last Fit Test Date: _____

Next Fit Test Date: _____

Steps:

1. Medical Clearance (OMS)
2. Online Training (RPP)
3. Fit Test (RPP)



RPP Team: nihrespirator@mail.nih.gov **OMS Team:** OMS@mail.nih.gov

Back side:

BEFORE EACH USE OF RESPIRATORY EQUIPMENT:

1. Inspect facepiece
2. Check straps and elasticity
3. Perform user seal check
4. Clean shaven (if required)

POSITIVE PRESSURE SEAL CHECK	NEGATIVE PRESSURE SEAL CHECK
• Cover exhalation valve • Exhale gently • Check for leaks	• Cover cartridge inlets • Inhale gently • Facepiece should collapse

RPP Team: nihrespirator@mail.nih.gov **OMS Team:** OMS@mail.nih.gov

APPENDIX L: N95 RESPIRATOR INSPECTION CHECKLIST

N95 RESPIRATOR INSPECTION CHECKLIST

National Institutes of Health (NIH)
Division of Occupational Health and Safety

Important: Inspect N95 before each use. If any item fails, DO NOT USE - obtain replacement immediately.

User Name:	Date:	Manufacturer:	Model:	Building:	Work Area:
	01 / 30 / 2025	Select ▼			

I. VISUAL INSPECTION

- | | |
|----------------------------------|---|
| 1. Clean, free from dirt/debris | ☐ Pass ☐ Fail |
| 2. No holes, tears, or punctures | ☐ Pass ☐ Fail |
| 3. Not crushed, wet, or deformed | ☐ Pass ☐ Fail |
| 4. Free from contaminants | ☐ Pass ☐ Fail |
| 5. Not expired (check date) | ☐ Pass ☐ Fail |

II. STRAPS & FASTENERS

- | | |
|-----------------------------|---|
| 6. Straps intact, no breaks | ☐ Pass ☐ Fail |
| 7. Adequate elasticity | ☐ Pass ☐ Fail |
| 8. Attachments secure | ☐ Pass ☐ Fail |

III. NOSE CLIP & SEAL

- | | |
|---------------------------------|---|
| 9. Nose clip present and intact | ☐ Pass ☐ Fail |
| 10. Moldable, retains shape | ☐ Pass ☐ Fail |
| 11. Foam cushion not degraded | ☐ Pass ☐ Fail |

IV. EXHALATION VALVE (if present)

- | | |
|------------------------|--|
| 12. Valve cover intact | ☐ Pass ☐ Fail ☐ N |
| 13. No cracks or tears | ☐ Pass ☐ Fail ☐ N |
| 14. Clean, no debris | ☐ Pass ☐ Fail ☐ N |

V. SEAL CHECK

- | | |
|------------------------------------|---|
| 15. Positive pressure check passed | ☐ Pass ☐ Fail |
| 16. Negative pressure check passed | ☐ Pass ☐ Fail |

VI. NIOSH CERTIFICATION

- | | |
|----------------------------|---|
| 17. NIOSH markings visible | ☐ Pass ☐ Fail |
| 18. TC number readable | ☐ Pass ☐ Fail |

RESULT: ☐ ✓ PASS - Approved for use ☐ ✗ FAIL - Do NOT use

Comments/Issues:

Signature:

Date:

01 / 30 / 2025