

**31 JANUARY 2002**

**Aerospace Medicine**

**RESPIRATORY PROTECTION PROGRAM**



**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**NOTICE:** This publication is available digitally on the AFDPO WWW site at:  
<http://afpubs.hq.af.mil>.

---

OPR: 90 AMDS/SGPB  
(SSgt Eric L Weatherholt)  
Supersedes 90 SWI 48-2, 1 October 1997

Certified by: 90 ADOS/CC  
(Lt Col James J. Carroll)  
Pages: 17  
Distribution: F

---

This instruction establishes procedures and responsibilities for implementing and maintaining the Respiratory Protection Program (RPP) at Francis E. Warren Air Force Base (FEW) and applies to all military and civilian personnel assigned and attached to organizations at FEW who require the use of respiratory protection. This instruction does not apply to contractors assigned or temporarily working on FEW. The primary objective of the program is to implement 29 Code of Federal Regulation (CFR) 1910.134, *Respiratory Protection*, and Air Force Occupational Safety and Health (AFOSH) Standard 48-137, *Respiratory Protection Program*. All organizations in which personnel wear respirators or filtering face piece devices are required to maintain this instruction. Glossary of References and Supporting Information may be found in **Attachment 1**. In accordance with AFI 33-360 V1, 90 SW SUP 1, the 90 SW/CC has delegated approving official authority for this publication to the 90 MDG/CC.

Maintain and dispose of records created as a result of prescribed processes in accordance with AFMAN 37-139, *Records Disposition Schedule* (will become AFMAN 33-322 Vol. 4). Comply with AFI 33-332, *Air Force Air Force Privacy Act Program*, for documents containing Privacy Act Information. For Official Use Only information, comply with DoDR 5400.7., *DOD Freedom of Information Act Program*, Air Force Supplement, Chapter 4.

**SUMMARY OF REVISIONS**

This instruction has been substantially revised and must be completely reviewed. This publication updates requirements and provides guidance for medically qualifying respirator users, updates sample format for workplace specific respiratory protection operating instructions (**Attachment 3**), adds training and documentation requirements for any worker who uses a filtering face piece device (FFPD) “dust mask.” It also adds that respirators will not be purchased unless authorized in writing by Bioenvironmental Engineering Services (BES) and respirators purchased without authorization will result in GPC card privileges being suspended.

**1. Responsibilities.** Specific program responsibilities for unit commanders, workplace supervisors, individuals who wear respiratory protection, BES, Aeromedical Council, Public Health, Physical Examinations Section, Commander of Aerospace Medicine, Ground Safety and Fire Department are defined in AFOSH STD 48-137. Additional responsibilities are as follows:

1.1. Workplace supervisors will:

1.1.1. Maintain a copy of AFOSH STD 48-137 and this instruction in the workplace.

1.1.2. Review the workplace operating instruction annually and document the review process. In addition, ensure the workplace RPP operating instruction is forwarded to BES for review when processes in the workplace change, new chemicals are introduced to the workplace, or engineering controls are modified or added. There is an annual BES review requirement for all operating instructions.

1.1.3. Provide BES with an updated personnel roster each year containing the names of all individuals who require the use of respiratory protection.

1.1.4. Provide BES a name and phone number of the individual appointed as the flight representative for respiratory protection issues.

1.1.5. Notify BES of new individuals who will require the use of respiratory protection.

1.1.6. Train all personnel who wear elective use filtering face piece devices for “comfort purposes.” Voluntary use of a filtering face piece device is acceptable; however, personnel who wear these devices must receive initial and annual training from their supervisor clearly instructing on the limitations of the device. Use **Attachment 2, Filtering Face Piece Device Training Lesson Plan**, to provide this training.

1.1.7. Purchase Respirator and Respirator Parts.

1.1.7.1. Provide a written request to BES to purchase respirator or respirator parts.

1.1.7.2. Will not purchase respirators or respirator parts without written permission from BES. Misuse of the government purchase card (GPC) to obtain respirator and respirator parts without the written permission of BES will result in a suspension of GPC card use.

1.1.8. Will use workplace written operating instruction (see **Attachment 3, Sample Respiratory Protection Program Operating Instruction**) to evaluate workplace RPP annually.

1.2. Individuals who wear respiratory protection will:

1.2.1. Wear respiratory protection for processes or tasks only when required or recommended by BES.

1.2.2. Remove facial hair that comes between the sealing surface of the face piece and the face or interferes with respirator valve function.

1.2.3. Ensure corrective glasses, goggles, or other personal protective equipment that must be worn does not interfere with the seal of the respirator.

1.2.4. Ensure they do not use elective use or privately procured respirators in Air Force workplaces.

1.2.5. Will not enter an immediately dangerous to life or health (IDLH) atmosphere (with the exception of the fire department).

1.2.6. Leave the respirator use area when vapor or gas breakthrough is detected (i.e., wearer smells chemical); when breathing resistance changes (i.e., it becomes difficult to breathe); when there is leakage around the face piece or when filtering elements need to be replaced.

1.3. Base Supply will:

1.3.1. Ensure all respirators and respirator parts are issue exception (IEX) coded "R" in the standard base supply system (SBSS).

1.3.2. Ensure no "suitable substitutes" for a particular respirator or respirator part is not issued.

1.3.3. Ensure BES has approved the purchase of respiratory protection before issuing respirators (this will ensure respirators are being issued to qualified users only).

1.4. Chief, Fire Department will:

1.4.1. Ensure self-contained breathing apparatus (SCBA) training conducted by anyone other than the fire department is adequate. The training shall be signed and dated stating that the training is satisfactory.

1.4.2. Ensure quality control of breathing air-sampling results is furnished to BES within 2 weeks of receipt.

1.5. Respirator maintainer will:

1.5.1. Ensure quality controls of breathing air air-sampling results are furnished to BES within 2 weeks of receipt.

1.5.2. Ensure "community use respirators" are washed and disinfected after each use for infection control purposes.

1.6. Bioenvironmental Engineering Services will:

1.6.1. Evaluate each work area annually where respirators are worn. During these evaluations, workplace supervisors will be asked to provide information concerning the workplace RPP.

1.6.2. Purchasing Respirators and Respirator Parts:

1.6.2.1. Ensure the respirator or respirator part has not been recalled by the National Institute for Occupational Safety and Health (NIOSH). In addition, BES will ensure the respirator will be used for an approved process/task.

1.6.2.2. Keep in mind, in accordance with AFOSH STD. 48-137, paragraph 9.1.5., every effort is made to keep the number of different respirator brands to a minimum.

1.7. Physical Exams Section will:

1.7.1. Provide BES a copy of the physician's written recommendation. A copy is provided whether the physician recommends a worker may wear a respirator (with or without restrictions) or recommends against respirator use.

1.7.2. Ensure the worker, the worker's supervisor, and the Civilian Personnel Office (if the worker is a civilian) is provided a copy of the written recommendation. A copy is provided whether the physician recommends a worker may wear a respirator (with or without restrictions) or recommends against respirator use.

1.7.3. Ensure all respirator users review their filed medical questionnaire at least annually.

## 2. Base Program Elements.

### 2.1. Medical Surveillance Process.

2.1.1. A medical evaluation to determine each employee's ability to use a respirator is required prior to training, fit testing, or use of respiratory protection.

2.1.2. A medical questionnaire is used to perform the initial medical evaluation. Medical questionnaires are obtained at the Physical Exams Section.

2.1.3. The respiratory protection program consultant physician (flight surgeon) or other licensed health care professional (PLHCP) will review completed questionnaires.

2.1.4. Following the review of the questionnaire and after a follow-up medical exam, if needed, the PLHCP will determine worker ability to use a respirator.

2.1.5. The PLHCP will provide a written recommendation whether or not the employee has the ability to use a respirator to the employee, their immediate supervisor, BES, and (if the employee is civilian) to the civilian personnel office.

2.1.6. After the initial medical evaluation, each individual who completed a medical questionnaire will review the questionnaire annually during the employee Physical Health Assessment (PHA).

2.1.6.1. If all information in the questionnaire is current (e.g., no change in workplace conditions or chemicals used, no change in employee physical condition, etc.), the employee will sign and date that the medical questionnaire is still current and correct.

2.1.6.2. If any of the information is not current or correct, a new medical questionnaire will be completed at that time.

2.1.7. Additional medical evaluations will be required if:

2.1.7.1. The employee has signs or symptoms related to his or her ability to use a respirator.

2.1.7.2. A PLHCP or supervisor determines another evaluation is necessary.

2.1.7.3. Information from the RPP administrator, including observations during the fit testing and program evaluation, indicates a need for reevaluation.

### 2.2. Respirator Fit Testing.

2.2.1. Fit testing procedures in accordance with AFOSH STD. 48-137, paragraph 6, and Appendix A of 29 CFR 1910.134, will be followed.

2.2.2. BES will not fit test any individual without proof of medical clearance.

2.2.3. A respirator fit test will be done for each wearer of a tight-fitting respirator at least once every 12 months.

2.2.4. Fit tests will be reaccomplished if there are changes in an individual's physical condition (e.g., facial scarring, dental surgery, cosmetic surgery to the face, or 10 percent change in current body weight). Contact BES to make fit tests arrangements if any of these conditions exist.

2.2.5. BES will schedule fit testing with the appointed program manager.

### 2.3. Program Training.

2.3.1. In accordance with AFOSH STD 48-137, initial and annual RPP training is required for workplace supervisors, individuals who wear respiratory protection, and personnel who maintain respirators.

2.3.2. Training will be held between the hours of 0730 to 1200, at a date, time and location convenient to BES and the workplace supervisor/workers.

2.3.3. Employees will be required to demonstrate knowledge of the following:

2.3.3.1. Why the respirator is necessary and how improper fit, usage or maintenance can compromise the protective effect of the respirator.

2.3.3.2. What the limitations and capabilities of the respirator are.

2.3.3.3. How to use the respirator effectively in emergency situations, to include situations when the respirator malfunctions.

2.3.3.4. How to inspect, put on and remove, and use the respirator.

2.3.3.5. What the procedures are for maintenance and storage of the respirator.

2.3.3.6. How to recognize medical symptoms that may limit or prevent the effective use of respirators.

2.3.3.7. Understand the general requirements of the OSHA standard 29 CFR 1910.134 and AFOSH STD. 48-137.

2.4. Operating Instructions (OIs).

2.4.1. Each workplace in which respiratory protection is used shall develop an OI, which shall be approved by BES annually.

2.4.2. A sample operating instruction has been developed by BES for use at FEW (See [Attachment 3](#)).

JON R. PEARSE, Col, USAF  
Commander, 90th Medical Group

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

29 CFR 1910.134, *Respiratory Protection*. CFR may be obtained from the Air Force Publications Web Site, (<http://afpubs.hq.af.mil/links>)

AFOSH Standard 48-137, *Respiratory Protection Program*. Standard may be obtained from the Air Force Publications Web Site (<http://afpubs.hq.mil/>)

***Abbreviations and Acronyms***

**CFR**—Code of Federal Regulation

**AFOSH**—Air Force Occupational Safety and Health

**FFPD**—Filtering Face Piece Device

**GPC**—Government Purchase Card

**RPP**—Respiratory Protection Card

**BES**—Bioenvironmental Engineering Services (90th ADOS/SGGB)

**IEX**—Issue exception

**SBSS**—Standard Base Supply System

**SCBA**—Self-Contained Breathing Apparatus

**PLHCP**—Physician or Licensed Health Care Professional

**PHA**—Physical Health Assessment

**OSHA**—Occupational Safety and Health Administration

**IDLH**—Immediately Dangerous to Life and Health

***Terms***

**Shall**—Indicates a mandatory requirement.

**Will**—Indicates a mandatory requirement, which expresses a declaration of intent, probability or determination.

**Should**—Indicates a preferred method of accomplishment.

**May**—Indicates an acceptable or satisfactory method of accomplishment.

**Community Use Respirator**—A respirator used by more than one individual.

**Facial Hair**—Any hair on the face of an individual that interferes with a normal face-to-respirator seal. This includes beards, sideburns, mustache, goatees, stubble or more than one day's facial hair growth.

**Filtering Face Piece Device**—A respirator that has a face piece made entirely of filtering or adsorbing material. These respirators do not have changeable filters or cartridges. The device does not have an inhalation valve, and may or may not have an exhalation valve.

**Immediately Dangerous to Life and Health**—Any condition that poses an immediate or delayed threat to life or that would cause irreversible adverse health effects or would interfere with an individual's ability to escape unaided from a contaminated area.

**Medical Clearance**—Two-part process for medically certifying personnel for respirator use. It includes medical evaluations and fit testing.

**Respirator**—Approved and designed to provide the wearer with respiratory protection against inhalation of potential harmful atmospheres. The respirator shall be tested and listed by the National Institute for Occupational Safety and Health (NIOSH).

**Respirator-Maintainer**—A person who maintains common use respirators (i.e., used by more than one person).

**Tight-Fitting Respirators**—A respiratory inlet covering that is designed to form a complete seal with the face.

## Attachment 2

### FILTERING FACE PIECE DEVICE TRAINING LESSON PLAN

A2.1. Filtering face piece devices are not considered by the US Air Force to be respiratory protection for purposes of AFOSH STD 48-137, *Respiratory Protection Program*. These devices may be worn strictly for comfort purposes if an Air Force employee desires to wear them.

A2.2. Do not use the dust masks for any operation, process involving normal workplace activities (e.g., painting, grinding, welding, sanding, cutting, etc.).

A2.3. Only used the dust mask for “comfort purposes” during non-routine tasks (e.g., sweeping the floor for shop cleanliness, lawn mowing, etc.).

A2.4. If you feel that respiratory protection is needed, you may request an evaluation of that process at any time by contacting Bioenvironmental Engineering Services.

A2.5. If you suspect that you are experiencing an illness related to your work, report to the F. E. Warren AFB clinic. Be sure to tell your health-care provider that you suspect that your illness is related to your workplace conditions.

A2.6. Limitations of the FFPD are to be trained initially and annually by the immediate supervisor. This training shall be documented on the AF Form 55, **Employee Safety and Health Record**.

A2.7. Filtering Face Piece Device (FFPD) Limitations:

A2.7.1. FFPDs are approved by NIOSH for protection against dusts and mists ONLY; that is, they remove some particles (large particles), but not gases and vapors.

A2.7.2. Examples of things a FFPD WILL NOT remove: carbon monoxide, solvents (in paint, cleaning solutions, etc), fuel vapors, alcohol vapors, welding fumes, asbestos and acids.

A2.7.3. FFPDs are NEVER to be worn during tasks for which respiratory protection is required, as specified by BES.

A2.7.4. FFPDs are NEVER to be used in atmospheres that could be immediately dangerous to life and health.

A2.7.5. FFPDs are NEVER to be used in atmospheres containing less than 19.5 percent oxygen.

A2.7.6. Follow the manufacturer’s instruction for replacing FFPDs. In general, if you detect breathing resistance (i.e., it becomes more difficult to breathe through the FFPD), you must replace the FFPD.

A2.7.7. The FFPD should be worn and maintained in accordance with the manufacturer’s instructions. The nosepiece and cup should be fitted to the face as closely as possible. Straps should be positioned in accordance with manufacturer’s instructions so that the FFPD does not shift around on the face. Straps will not be worn overhead coverings or hard hats.

A2.7.8. An FFPD will provide little or no protection if the wearer is not clean-shaven.

A2.8. For questions or concerns, contact Bioenvironmental Engineering Services.

**Attachment 3****SAMPLE RESPIRATORY PROTECTION PROGRAM OPERATING INSTRUCTION**

BY ORDER OF THE COMMANDER  
(Workplace)

(Workplace) OI 48-XX

1 JANUARY 2002

Aerospace Medicine

**RESPIRATORY PROTECTION PROGRAM**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

---

OPR: (Office Symbol) (Rank/Name)

Certified by: (Office Symbol) (Rank/Name)

Supersedes (workplace OI No., date) (if OI is a revision)

Pages: #

Distribution: F

---

This operating instruction (OI) establishes procedures for complying with responsibilities under the base Respiratory Protection Program (RPP). This OI provides control methods for approval of respirators, tracking respirators after approval, monitoring RPP requirements, respirator care and maintenance, fit testing, training, and record keeping. It applies to all military and civilian personnel assigned and attached to (workplace). Maintain and dispose of records created as a result of prescribed processes in accordance with AFMAN 37-139, *Records Disposition Schedule* (will become AFMAN 33-322 Vol. 4). Comply with AFI 33-332, *Air Force Privacy Act Program*, for documents containing Privacy Act Information. For Official Use Only information, comply with DODR 5400.7., *DOD Freedom of Information Act Program*, Air Force Supplement, Chapter 4.

**1. References.**

2.1. AFOSH STD 48-137, *Respiratory Protection Program*

2.2. 29 CFR 1910.134, *Respiratory Protection*

**2. Responsibilities.**

## 2.1. Bioenvironmental Engineering Services (BES):

2.1.1. Is the primary responsibility for the base RPP.

2.1.2. Is the authority for determining if respiratory protection is required.

2.1.3. Maintains current copies of 29 CFR 1910, 29 CFR 1926 (located on the Internet at <http://www.osha.gov>) and the National Institute for Occupational Safety and Health (NIOSH) Certified Equipment List.

2.1.4. Identifies all requirements outlined in applicable OSHA standards.

2.1.5. Is the base level authority on selection, use, fit testing, limitations, and maintenance of respirators used for protection against harmful atmospheres.

2.1.6. Gives guidance to workplace supervisors as necessary, in the preparation of the shop respiratory protection program OI and annual training program.

2.1.7. Ensures fit testing is conducted according to provisions in AFOSH STD 48-137 and local standards.

2.1.8. Prepares a master respiratory protection inventory for the base.

## 2.2. Bioenvironmental Engineering Commander will:

2.2.1. Administrator the base RPP or will appoint an individual to administer the RPP. As a minimum, the program administrator must meet one of the requirements according to AFOSH STD 48-137, paragraph 2.5.4.3.1.

2.2.2. If an administrator is appointed, the BES Commander will provide guidance to the program administrator as needed.

2.2.3. Has the responsibilities listed in AFOSH STD 48-137, paragraph 2.5.4.

2.2.4. Provides “train-the-trainer” instruction to other BES personnel.

2.3. (Your Workplace Name Here) NCOIC/Supervisor will:

2.3.1. Inform BES of all personnel who require the use of respiratory protection.

2.3.2. Maintain AFOSH Standard 48-137 and develop, maintain, and enforce a workplace operating instruction.

2.3.3. Contact BES whenever workplace operations change, new chemicals are introduced, engineering controls are modified or added, and processes or procedures change.

2.3.4. Contact BES if anyone experiences a change in physical condition that could affect the respirator fit (e.g., weight change of more than 20 pounds, facial scarring, dental changes, cosmetic surgery, disfigurement, etc.).

2.3.5. Not purchase respirators or respirator parts unless authorized in writing by BES.

2.3.6. Document initial and annual RPP training on the AF Form 55, Employee Safety and Health Record.

2.3.7. Be familiar and comply with all workplace supervisor and respirator user responsibilities listed in AFOSH Standard 48-137.

2.3.8. Ensures this operating instruction is reviewed and approved by 90 ADOS/SGGB annually.

2.3.9. Review this operating instruction annually with all individuals who wear respiratory protection.

2.3.10. Advise all respirator wearers that they may leave the area any time for relief from respirator use in the event of equipment malfunction, physical, or psychological distress, procedural or communication failure, significant deterioration of operation conditions, or any other conditions that might require such relief.

2.4. Individuals who wear respiratory protection will:

2.4.1. Use the respiratory protection according to this operating instruction.

2.4.2. Guard against damaging the respirator.

2.4.3. Report to their supervisor any change in medical status that may impact their ability to safely wear respiratory protection.

2.4.4. Inspect, clean, and maintain any respiratory protection device issued to them for their individual use.

2.4.5. Wear only that respiratory protection for which they have received fit testing and training, and only for the task specified.

2.4.6. Maintain the integrity of the NIOSH/MSHA certification by not mixing parts from different manufacturers.

### **3. Program Procedures:**

3.1. Selection of Respirators: In the event a respirator has never been used in a work section, all respirator types will be selected by BES using the information in AFOSH STD 48-137, paragraph 4.2. If a respirator is already in use, BES will complete an AF Form 2773, Respirator Selection Worksheet, to ensure that type of respirator is the correct respirator type for the operation or task. If a change needs to be made, BES will forward a memorandum to the supervisor informing of the change. The BES Commander or program administrator will research and designate replacement criteria for all cartridges, filters, and canisters on F. E. Warren Air Force Base.

#### **3.2. Program Training:**

3.2.1. BES will provide or arrange to provide the initial and annual RPP training of supervisors who have the responsibility of overseeing work activities of one or more persons who must wear respirators.

3.2.2. BES will provide initial RPP training to respirator wearers. BES will also provide annual instruction and retraining to respirator wearers.

3.2.3. Initial and annual RPP training will consist of an RPP training video and RPP training packet (PowerPoint®).

3.2.4. Annual retraining for respirator wearers will consist of the RPP video and RPP training packet (PowerPoint®).

3.2.4.1. BES will administer a true and false test with the RPP training packet to make sure the key points were addressed and understood by the supervisors and the respirator wearers.

3.2.4.2. If any individual fails the test, the supervisor will be notified and the individual must be re-trained and re-tested.

3.2.5. Training will be held between the hours of 0730 – 1200 and be held at a date, time, and location convenient to BES and the workplace supervisor/workers.

### 3.3. Fit Testing:

3.3.1. Fit Testing is documented on the AF Form 2772, **Certificate of Respirator Fit Test**, or similar document.

3.3.2. All fit testing on F.E. Warren Air Force Base will be done quantitatively. All personnel who use a respirator will be fit tested once every 12 months.

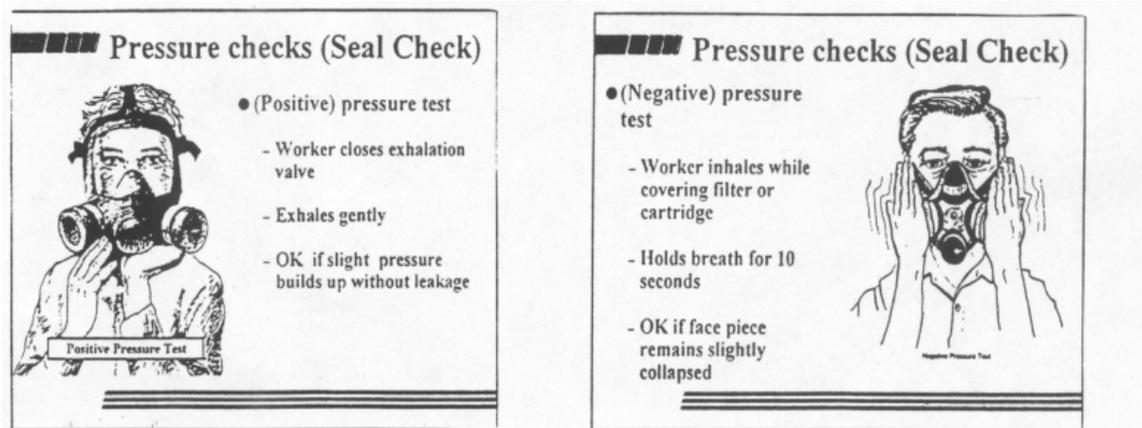
3.3.3. There must be no beards, goatee, bushy side burns, or large mustaches that interfere with the mask seal – the individual must have no more than a 24-hour facial hair growth; however, the technician performing the fit test will reschedule the fit test if the hair may degrade the test.

3.3.4. Shaving waivers will prevent an individual from wearing a respirator. This is a medical profile and respirator use while on a shaving waiver is unauthorized. Immediately inform your supervisor that you have been given a shaving waiver.

3.3.5. Respirator wearer must refrain from smoking at least 1 hour prior to class start time if quantitative fit testing is done. In addition, the respirator wearer must refrain from drinking coffee, chewing gum, or using breath spray at least 1 hour prior to class start time if quantitative fit testing is done.

3.4. Positive/Negative Pressure checks: Positive and negative pressure checks will be performed every time a respirator is donned (air purifying respirators only). (See **Figure 1. Positive and Negative Pressure Test**).

**Figure 1. Positive and Negative Pressure Test.**



### 3.5. Respirator Care, Inspection, and Maintenance:

3.5.1. All care and inspection of respirators are to be accomplished according to AFOSH STD 48-137, paragraph 8.

3.5.2. Suggested procedures for cleaning respirators is in [Attachment 2, Respirator Cleaning](#).

3.5.3. The respirators will be stored in a manner that will not damage or distort the respirator. Use zip-lock plastic bags to store respirators.

3.5.4. Respirators must be inspected before and after each use. The best time to inspect the mask is during the cleaning and sanitizing of the respirator. Use [Attachment 3, Respirator Inspection](#), to inspect your respirator.

3.5.5. Respirators shall be inspected before and after each use. Any qualified worker can accomplish replacement of parts.

## 4. Medical Evaluation Process:

4.1. A physician must medically qualify any individual who is required to wear respiratory protection before using a respirator.

4.2. The individual must complete a respirator medical questionnaire during duty hours at their convenience. Questionnaires can be obtained from the Physical Exams Section (PES) in the base clinic.

4.3. Once the questionnaire is completed, turn in the questionnaire to PES. A qualified physician will review the questionnaire to determine if the individual is able to wear a respirator without any adverse health affects.

4.4. Once a physician medically qualifies an individual, PES will forward a memorandum to BES stating the individual is medically qualified to wear a respirator.

4.5. BES will schedule training and fit testing with the workplace NCOIC/Supervisor as soon as the individual is identified by PES.

4.6. During the annual PHA, each individual will review the questionnaire filed in his or her medical record, and will sign/date that the information is still current. If the information is not current, the individual will complete a new questionnaire at that time.

## 5. (Workplace Name Here) Operations:

5.1. First Operation Description. Give a brief description of *each* process that workers are required to use respiratory protection. A more detailed explanation of these tasks is to be documented in **Attachment 1, Shop Specific Training**. If more than one task, add more paragraphs (i.e., 5.1., 5.2., 5.3., etc.).

5.2. See **Attachment 1, Shop Specific Training**, for (Your Workplace Name Here) workplace specific operations, training, and limitations. Use the RPP worksheet to build your workplace specific operations, training, and limitation attachment.

**6. Program Effectiveness:** Use **Attachment 4, Self-Inspection Checklist**, to ensure (Your Workplace Name Here) RPP program is effective. All answers should be answered "yes." If any of the questions are answered "no," contact the RPP administrator at Bioenvironmental Engineering for assistance.

**7. The 90 ADOS/SGBB Verification of Review and Approval.** By signing and dating here, the 90 ADOS/SGBB verifies review and approval of this OI as written (before approving official signs). Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8. Annual Review.** This Operating Instruction must also be reviewed annually by 90 ADOS/SGGB.

(COMMANDER'S SIGNATURE BLOCK)

*(Do not include the following note on your OI*

**NOTE:** Attachments are no longer listed on the signature page, but ensure you include the following attachments in your local operating instruction: **Attachment 1, SHOP SPECIFIC TRAINING;** **Attachment 2, RESPIRATOR CLEANING;** **Attachment 3, RESPIRATOR INSPECTION;** and **Attachment 4, SELF-INSPECTION CHECKLIST.** Obtain these attachments from Bioenvironmental Engineering Services.