

**BY ORDER OF THE COMMANDER
ROBINS AIR FORCE BASE**

**ROBINS AIR FORCE BASE
INSTRUCTION 48-137**

29 FEBRUARY 2004

Aerospace Medicine

***RESPIRATORY PROTECTION PROGRAM
(RPP)***



COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction aligns with AFD 48-1, *Aerospace Medical Program and AFOSH Standard 48-137, Respiratory Protection Program*. It establishes an RPP and explains procedures and responsibilities. It applies to all Warner Robins Air Logistics Center (WR-ALC) and tenant commands. It does not apply to Civilian contractors. It implements 29 CFR 1910.134, *Respiratory Protection* and covers procedures to implement the shop level RPP. This instruction is required to be maintained by workplaces where employees wear respiratory protection for industrial and medically related contaminants to include toxic industrial materials and communicable medical infectious agents and workplaces where escape respirators are provided to employees for escape from facilities involved in terrorist-initiated events resulting in release of potentially harmful airborne substances. Includes filtering face piece devices (FFPD) used for relief from nuisance level odors and particulates.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

The former regulation numerical designation is changed from 48-104 to 48-137. It updates references, and cartridges change schedule, respirator selection, and emergency procedures. Deletes the annual requirement for a respirator medical evaluation for FFPD users. Deletes the annual requirement for a respirator medical evaluation for respirator users. Requires the unit to validate medical clearance of all initial RPP training prior to initial RPP training. Updates compressed breathing air documentation to satisfy 29 CFR 1910.134. Revises office symbols, responsibilities, respirator selection, training, and program administration. Deletes the requirement to identify the organization or shop level Respiratory Protection Program Monitor(s), (RPPM), Respirator Issue Inventory Monitor (RIIM) and respirator Maintainer (RM) in writing to Bioenvironmental Engineering Flight (BEF). Requires 78th Medical Services Flight to contact 78 SGPF0 and SGPB if employees on the RPP are medically disqualified from respirator use. Requires supervisors to immediately cease and desist use of compressed breathing air (CBA) when notified of

unsatisfactory breathing air quality testing results and to only resume use after satisfactory testing results are reported.

Requires supervisors to schedule RPP retraining for employees and supervisors that cannot demonstrate performance level respirator procedures and adequate degree of RPP knowledge. Requires lock out/tag out of all CBA purification units that are unserviceable because of unsatisfactory breathing air quality or that have mechanical problems etc. This will prevent in advertent use. Requires the workplace supervisors to obtain a BEF sample control number and include the control number with all CBA quality analysis samples. Requires WR-ALC/MADLC to provide the customer with all satisfactory CBA quality analysis results NLT 5 workdays after completion and all unsatisfactory and subsequent follow-up sample results NLT 24-hour after completion of the analysis. In addition requires the supervisor to notify (provide a copy of the results also) 78 AMDS/SGPB (RPPA) at the same interval.

Requires Government employees to only wear government-provided respirators/FFPD. Prohibits the use of Military unique respirators for peacetime operations, unless specifically exempted by BEF and NIOSH certified for the contaminant. Identifies Houston County Medical Center Emergency Department for emergency care (communication center at 911). Requires that the union be given an opportunity to have representation to accompany BEF during the BEF initial and annual shop level RPP evaluations. Requires that the BEF survey report be posted in the shop until it is superseded by the next report.

1. Responsibilities:

1.1. Unit Commanders, Directors, and Functional Managers. Appoint the organization or shop level RPPM, RIIM, and RM. Depending on the organizational structure the RPPM, RIIM and RM may be at the organizational level and or shop level.

1.2. Workplace Supervisor:

1.2.1. Ensures all potential respirator employees receive initial respirator medical evaluation, prior to any respirator use. Includes respirator usage during temporary duty assignments and training classes where respirators will likely be used, such as First/Second Responder training as well as asbestos, lead, confined space, respiratory protection training etc.

1.2.2. Ensures all employees required to wear respiratory protection (RP) for OSHA standards, i.e., asbestos, lead abatement, emergency response team personnel etc., complete initial OSHA-directed training prior to reporting for initial RPP training.

1.2.3. Ensures all potential respirator-wearing employees (new hires, transfers in from other shops, agencies etc.) are scheduled and receive an initial respirator medical evaluation prior to initial RPP training and are reevaluated according to **para 2**. Direct all employees with respirator medically related problems to the base Occupational Medicine Clinic B-207. In addition, contact SGPB to ensure an appropriate workplace/process assessment is accomplished to identify respirator assembly requirements.

1.2.4. After normal duty hours if emergency medical care is required report to the Houston Medical Center Emergency Services for evaluation. If employee requires emergency medical assistance/transportation, contact Houston County 911 Emergency Center for assistance. In addition contact SGPB to ensure an appropriate assessment is accomplished.

1.2.5. Ensures potential respirator employees receive initial RPP training prior to using a respirator. RPP training is required annually.

1.2.5.1. Coordinates all requests for RPP training with the unit RPPM or equivalent. This includes emergency teams such as the fire department, hazardous materials spill response teams and aircraft rescue teams. The unit must validate the respirator medical clearance of all initial RPP candidates. All requests for initial Respiratory Protection Program training must be accompanied with the statement, "All candidates for Initial Respiratory Protection Program training have successfully completed their initial respirator medical evaluation with the Occupational Medicine Service, 78 SGPFO".

1.2.6. Develops from the RPPA provided template(s) a unit/shop specific RPP OI. All unit /shop RPP OI must be approved by the RPPA and reviewed annually.

1.2.6.1. Develop from RPPA template a lesson plan for use during the supervisor's annual/update training.

1.2.6.2. Instead of individual shop OIs, organizations with like respirator requirements in different shops may implement an organizational RPP OI, when coordinated and approved by the RPPA.

1.2.6.3. When authorized the use of FFPD conducts annual FFPD training (no fit test or respirator medical evaluation is required for FFPD use) using a lesson plan template provided and approved by the RPPA.

1.2.7. Conducts initial and annual RIIM training using a lesson plan template provided and approved by the RPPA.

1.2.8. Promptly reports all potential or actual contamination of compressed breathing air (CBA) system(s) and other respirator problems to the BEF, extension 7-7555. Unsatisfactory CBA systems shall be taken out of service (locked out/tagged out) immediately to prevent inadvertent use and repaired or replaced.

1.2.9. Schedule and attend Supervisor RPP training (this is normally a one time training requirement).

1.2.10. Ensures respirator cleaning, maintenance and storage provisions are available for employee use during the duty shift.

1.2.11. Purchases employee respirator eyeglass inserts with unit funds.

1.2.12. Coordinates all proposed respiratory protection changes with the 78th BEF/RPPA.

1.2.13. Performs the CBA daily user carbon monoxide (CO) monitor functional check where applicable, and documents results and all maintenance and repair corrective actions on AF Form 1071,

1.2.14. Collect and submit compressed breathing air quality samples every 90 days IAW T.O. 42B-1-22 and BEF guidance. Submit two AFTO Form 182, **Compressed Breathing Air Sample** in duplicate for submission with the CBA quality samples

1.2.15. Contact the BEF office to obtain a compressed breathing air sample control number. This number shall be documented on the AFTO Form 182 for base and laboratory reference.

1.2.16. Provide copies of all breathing air analysis results to BEF NLT 5 work days after receipt.

1.2.17. Provides prompt (within 24 hours of receipt) telephone (electronic) notification to BEF of all breathing air quality sample results that do not meet breathing air quality standards.

1.2.18. Provides prompt (within 24 hours of receipt) telephone (electronic) notification to BEF of the results of all follow-up (repeat) breathing air quality sampling.

1.2.19. Ensure worker RPP medical evaluation and training documentation and record keeping is properly accomplished.

1.2.20. When applicable inspects the carbon monoxide monitor on each shift of use and document findings on AF 1071, **Inspection/Maintenance Record**.

1.2.21. Immediately cease and desist CBA use when notified by Robins Science and Engineering Laboratory (WR-ALC/MADLC) or BEF that the CBA does not meet CBA quality standards. Resume CBA use only after approval by the responsible workplace supervisor.

1.2.22. Using AF Form 2772, **Certificate of Respirator Fit Test**, document RPP training on employee AF Form 55, Employee Safety and Health Record and file the AFF 2772 with the AFF 55.

1.2.23. Ensure a copy of the current BEF survey report for the workplace that contains the respirator requirements for the workplace is attached to the unit/workplace written RPP OI.

1.3. **Individuals who wear respirators or FFPDs:**

1.3.1. Wear and maintain respirators/FFPD according to manufacturer and BEF guidance.

1.3.2. Report to the supervisor any change in the process (i.e., change in duration or chemical(s) used in the process or failure of prescribed respiratory protection) that may require a change in respirator requirements

1.3.3. After completion of initial and or annual RPP training return the AF Form 2772 to the workplace supervisor (or designee) and maintain the Respirator cards (AF Form 483, **Certificate of Competency** overprints).

1.3.4. Wear only the respirator (s) identified on the current AF Form 2772 and or the Respirator cards (AF Form 483 overprints). Use only the respirators/FFPD that are issued and provided by the assigned workplace.

1.4. **Respirator/FFPD Issue Inventory Monitor (RIIM):**

1.4.1. Issues employees the specific respirator/FFPD as listed on their respirator card, AF Form 483, Certificate of Competency overprint, or AF Form 2772 or FFPD SGPB letters of approval. Issues only NIOSH approved respirators/FFPD, (no "suitable substitutes authorized or allowed.")

1.4.2. Ensures respirator assemblies from different respirator manufacturers are not interchanged or mixed.

1.4.3. Ensures only clean and serviceable respirators/FFPD is issued. Ensure unserviceable respirators are identified (tagged/bagged) to prevent inadvertent use by employees.

1.4.4. Conducts procurement, issue and inventory control of all organizational/shop respirators. Only NIOSH respirators may be used by DOD employees.

1.4.5. Ensures required respirator cartridges are on hand (if applicable) and stored IAW manufacturer recommendations.

1.4.6. Coordinate purchase of all respirators and components with the Hazardous Material Cell (WR-ALC/EMP-H) IAW Robins AFB Hazardous Material Management Plan AFI 32-7085.

1.5. Unit/Shop Respirator Maintainer (RM):

1.5.1. Inspects and repair respirators. Ensure respirator cartridges are changed IAW the BEF workplace assessment

1.5.2. Ensures respirator cleaning supplies and replacement parts are available to respirator users. Insure respirators are stored properly.

1.5.3. Performs unit/shop respirator maintenance according to the respirator manufacturer instruction and respirator NIOSH certification.

1.6. Unit/Shop Respiratory Protection Program Monitor (RPPM), Directorate PAC Monitors/ Unit/Shop Training Managers:

1.6.1. Coordinates RPP training forecasts with shop supervisors and maintain the unit RPP training tracking system to ensure training database is current.

1.6.2. Schedules and coordinates organizational RPP training requirements with the RPPA.

1.6.3. Completes initial and update training with the RPPA as requested.

1.6.4. Updates the unit RPP training tracking system database using RPP training rosters

1.7. Bioenvironmental Engineering Flight (78 AMDS/SGPB):

1.7.1. Develops and maintains respirator medical evaluation status database, Command Core System (CCS).

1.7.2. Develops and maintains respirator database, CCS.

1.8. Respiratory Protection Program Administrator (RPPA) (78 AMDS/SGPB):

1.8.1. Conducts all RPP user training and other training as follows (includes respirator fit testing when applicable):

1.8.1.1. Respirator Maintainer training.

1.8.1.2. Emergency/Rescue team RPP training.

1.8.1.3. FFPD wearer initial training (upon request only).

1.8.1.4. RIIM initial training (upon request only).

1.8.1.5. RPPM initial and update (as required).

1.8.1.6. Supervisor RPP training.

1.8.2. Provides RPP OI templates and FFPD lesson plan template to workplaces where respirators/FFPD are authorized. Review and approve shop/unit RPP OI initially and annually.

1.8.3. Provides RIIM lesson plan templates to workplaces where required.

1.8.4. Establishes and maintains a master respirator/FFPD inventory of all respirators/FFPD used in Robins AFB workplaces. The inventory will include status of the shop RPP OI and cartridge/filter requirement, and will be distributed IAW AFOSH STD 48-137 and to unit RPPM and safety offices upon request.

1.8.5. Conducts an annual self-inspection of the base RPP using a checklist developed and maintained by the RPPA.

1.8.6. Periodically evaluates workplace breathing air systems and provide recommendations to correct discrepancies and improve the systems.

1.8.7. Performs oversight for respirator purchasing, inventory control, and

1.8.8. Reviews all base respirator cleaning contract(s).

1.8.9. Maintain and periodically update the Respirator Authorized User List (RAUL).

1.8.10. Coordinate and evaluate for approval all breathing air compressor and ambient air pump intake locations and changes to these locations.

1.9. Occupational Medicine Services (78 AMDS/SGPFO):

1.9.1. Conducts Occupational health examinations as determined by the Occupational Health Working Group (OHWG) and approved by the Aerospace Medicine Council (AMC). Requirements are identified on Air Force Form 2766, **Clinical Occupational Health Examination Requirements** and maintained in Occupational Health Services.

1.9.2. Schedule respirator medical evaluations for employee working in BEF identified workplaces.

1.9.3. Disseminates the Respirator medical evaluation questionnaire to respirator users.

1.9.4. Coordinates and provides BEF/RPPA with a copy of the annual medical evaluation cover sheet of all RPP employees that are medically disqualified from respirator use.

1.9.5. Conduct re-evaluations of medical status of respirator users that report or display medical problems with respirator use as reported by the RPPA, shop supervisor or respirator users.

1.9.6. Provides to the employee's supervisor a written recommendation (New-Hire Respirator Medical Qualification Report) on the employee's eligibility to wear a respirator.

1.10. 78th Medical Services Flight (78th MDG/SGOM):

1.10.1. Promptly Notify 78th SGPFO and SGPB if a military or civilian employee who uses a respirator develops a medical condition that could affect their ability to use a respirator (i.e. shaving wavier, shortness of breath, etc).

1.11. Optometry Clinic (78th AMDS/SGPFE):

1.11.1. Conducts eye examinations for employees requiring respirator eyeglass inserts.

1.11.2. Assembles and distributes respirator eyeglass inserts.

1.12. Research Section (78th LRS/LGRDMC):

1.12.1. Forwards all requests (including local purchase and government purchase card requests) for respirators/FFPD (NSN 4240) to the base Hazardous Material Cell (WR-ALC/ EMHO).

1.13. Hazardous Material Cell (WR-ALC/EMHO):

1.13.1. Coordinates with RPPA to assign Issue Exception (IEX) code to all requests (including local purchase and government purchase card, IMPAC) for respirator /FFPD items (NSN 4240).

1.13.2. Authorizes purchase (including local purchase and government purchase card, IMPAC) of respirators/FFPD items only for workplaces that are approved by RPPA/ Respirator Authorized User List (RAUL).

1.13.3. Refers all new requests (including local purchase and government purchase card, IMPAC) for respirators/FFPD items to RPPA for review and disposition.

1.14. Robins Science and Engineering Laboratory (WR-ALC/MADLC):

1.14.1. Provides the customer with a copy of all CBA test results on AFTO Form 213, **Cryogenic Materials Laboratory Test Report** NLT 5 workdays after the analysis.

1.14.2. Provides the customer with prompt (within 24 hours) telephone (electronic) notification to the customer of all breathing air quality sample results that do not meet breathing air quality standards.

1.14.3. Provides the customer with prompt (within 24 hours) telephone (electronic) notification to the customer of the results of all follow-up (repeat) breathing air quality sampling.

1.15. Precision Measurement Equipment Laboratory Services Branch (WR-ALC/MADPMB):

1.15.1. Calibrates CBA systems carbon monoxide monitors every six months, unless a shorter frequency is requested by BEF.

1.16. Maintenance Team (WR-ALC/MADPMA):

1.16.1. Performs periodic maintenance and repair on all Robins AFB compressed breathing air systems, as prescribed by the manufacturers.

1.16.2. Schedules CBA systems preventive maintenance (PM) to ensure all (installed and portable) air-purification unit sorbent beds and filters are changed IAW manufacturer's instructions.

1.16.3. Maintains at the CBA unit/system (installed and portable units) a tag(s) that identifies the sorbent beds, filters and contains the signature of the person authorized by the commander to change the compressed breathing air in-line sorbent beds and filters and the latest date of the change(s).

1.16.4. All CBA purification units that are unserviceable because of CBA quality that does not meet the prescribed limits have mechanical problems etc. will be locked out/ tagged out to prevent inadvertent use.

1.17. General Services/Administration Team (WR-ALC/PKOS):

1.17.1. Coordinates all base service contracts for respirator cleaning and maintenance with 78 AMDS/SGPB (RPPA).

2. Respirator Medical Evaluation:

2.1. As a minimum all potential respirator wearers require an initial (prior to the initial respirator fit test and use) respirator medical evaluation.

2.2. Reevaluation is required if the employee reports signs or symptoms related to the ability to wear a respirator.

2.2.1. If the Health Care Provider, RPPA or Supervisor determines it is necessary to repeat the medical evaluation based on information from the RPP indicates a need for reevaluation; or a

change in workplace conditions that substantially increases the physiological burden placed on the employee.

2.3. The employees' organization must provide the respirator eyeglass insert frames to SGPF for assembly of the respirator eyeglass inserts.

2.4. All cases of respirator/FFPD medical disqualification shall be coordinated with RPPA.

2.5. Employees complaining of respirator related medical problems or displaying respirator related medical signs and symptoms should be referred to the base Occupational Medicine Clinic, B-207, during normal duty hours. After normal duty hours, report to the Houston County Hospital Emergency Services for medical evaluation. If employee requires emergency medical assistance/transportation, contact Houston County Medical Center Emergency communication center at 911.

3. Training (includes fit testing when applicable):

3.1. Employees and Supervisors in the workplace that cannot demonstrate performance level respirator procedures and degree of knowledge will be rescheduled for RPP refresher training with the RPPA by their supervisor.

3.2. Initial and Annual respirator user training and other RPP training and fit testing procedures will be scheduled and performed according to 29 CFR 1910.134, App A. and AFOSH Std 48-137.

3.3. Emergency and Rescue Teams Training:

3.3.1. Must be trained annually concerning the use and maintenance of self-contained breathing apparatus (SCBA) and other respirators used during emergency/rescue operations.

3.3.2. General user training shall be conducted by the RPPA during annual fit testing. Shop/task specific user training and maintenance will be conducted by the Emergency/Rescue Team supervisor with as needed assistance from the base Fire Department and the RPPA.

4. Respirator/FFPD Selection and Use:

4.1. BEF determines the respirators/FFPD needed in workplaces on RAFB. All respirator/FFPD selections (includes escape respirators) must be approved by BEF and coordinate with the RPPA.

4.2. Government employees must only use government provided National Institute of Occupational Safety and Health (NIOSH) certified respirators/FFPD. Privately owned or purchased respirators are not authorized for use in RAFB workplaces.

4.2.1. Military unique respirators will not be used for peacetime operations, unless specifically approved by BEF and NIOSH certified for the contaminant.

4.3. The workplace respirator use requirements are contained in the most recent BEF survey report(s) for the workplace. The report(s) identifies all processes where respirators/FFPD is authorized and must be attached to the workplace copy of the shop/unit RPP OI

4.4. Respirator selection is based on workplace industrial hygiene surveys and AFOSH Std 48-137 / 29 CFR 1910.134 selection requirements.

4.5. FFPD may be used for comfort only and their use must be approved by BEF in writing. Only the FFPD specified by BEF for the process/task may be used.

5. Respirator Filter/Cartridge Change Schedule:

5.1. Gas and vapor cartridges/canister change schedule data and rational is located in individual workplace case files maintained by BEF.

5.2. The respirator cartridge change-out schedules is determined by BEF and is based on objective information and data from Occupational Safety and Health (OSHA), NIOSH and the respirator manufacturer cartridge service data. For continued effectiveness of the respirator, cartridges and filters used by base employees must be changed:

5.2.1. When the respirator wearer detects an increase in breathing resistance or the cartridge/filter becomes damaged or soiled.

5.2.2. As required by the cartridge/filter change schedule contained in the most recent SGPB survey report(s) for the workplace/process.

5.2.3. When using a chemical vapors/gas cartridge or canister, the respirator wearer smells/tastes any contaminant or detects the irritant properties of the contaminant while wearing the respirator.

6. Guidelines for Emergency Use of Respirators:

6.1. BEF shall approve all proposed emergency, rescue or escape use of respirators.

6.2. Only trained rescue and or emergency response personnel (Base fire department personnel) may use respirators to enter oxygen deficient, unknown or IDLH atmospheres to perform rescue or emergency repairs.

6.2.1. Organizational rescue teams if formed are not allowed to enter IDLH environments on Robins AFB (ref RAFBI 91-25).

6.3. All CBA system carbon monoxide (CO) alarms must be audible and visible to the respirator users.

6.4. If the CO monitor alarms (audible or visual) should go off or employees complain about compressed breathing air or breathing air from an ambient breathing air pump (i.e. taste, odor or visible contamination), employees should immediately switch to the cartridge mode (if applicable), egress the work area safely and take off their respirators. Employees must not resume use of the respirator CBA or the respirator ambient air pump until told by the supervisor to do so.

6.4.1. The supervisor must be notified and the system must be locked out/ tagged out until the problem is found and corrected

6.4.2. Employees complaining of inhalation of contaminated breathing air should be referred to the Occupational Medicine Clinic located in Building 207, during normal duty hours. After normal duty hours, report to the Houston County Hospital Emergency Services for medical evaluation. If employee requires emergency medical assistance/transportation, contact Houston County Medical Center Emergency communication center at 911.

7. Program Administration:

7.1. Inventory Control of Respirators/FFPD and components.

7.2. A locally assigned Issue Exception (IEX) code is assigned to all respirators/FFPD and respirator components, to ensure appropriate respirator assemblies are issued to authorized users.

7.3. RPPA will review for approve all respirator/FFPD and respirator parts purchases.

7.4. RPPA will review for approval all suitable substitutes for a particular respirator or respirator part.

8. Procedures for Program Evaluation and Documentation:

8.1. The union will be given an opportunity to have representation to accompany BEF during the BEF initial and annual shop level RPP evaluations.

8.2. Results of the BEF initial and annual shop level RPP evaluations are published in the BEF shop survey reports and will be posted in the workplace until superseded by the next BEF evaluation.

8.3. BEF will conduct the annual base RPP evaluation and provide a written report to the Aerospace Medicine Council during the fourth quarter. (AMC) and Base Occupational Safety and Health Council in writing during the fourth quarter.

8.4. The shop level written RPP OI will be reviewed during the annual BEF shop survey, results of the review will be included in the survey report.

8.5. Inspection/Maintenance records (AF1071) of all respirators used for emergency, rescue, escape and CBA systems/monitors will be reviewed during the initial and routine BEF shop surveys.

8.6. The AF Form 1071 may be substituted by an electronic document provided all required information is included and maintained.

8.7. Respirator cards (AF Form 483 overprints) and AFF form 2772 will be issued upon successful completion of RPP training.

9. Care, Inspection and Maintenance:

9.1. Respirators must be cleaned and sanitized at the end of each day in which the respirator is used.

9.1.1. Use the respirator manufacturer instructions for cleaning/disinfecting and care. Provided the instructions are at least as effective as the instructions found in 29CFR 1910 .134, Appendix B-2 and AFOSH Standard 48-137, Attachment 12. Respirators must be cleaned and disinfected prior to re- issue. Contact the RPPA if there are questions.

9.2. Respirators issued to an individual shall be inspected before each use to ensure it is in proper working condition.

9.2.1. All Self Contained Breathing Apparatus (SCBA) and pressure demand supplied air respirators with auxiliary SCBA and respirators designated for use during emergency situations (i.e. EMERGENCIES, RESCUE, ESCAPE) must be cleaned and sanitized after each use (unless designated as one time use respirator, i.e., disposable escape respirators) and inspected monthly. Respirators that do not meet applicable inspection criteria shall be immediately removed from service and repaired or replaced.

9.2.2. The record of inspection shall be documented on AF Form 1071, **Inspection/Maintenance Record**. See [Attachment 1](#).

9.3. Properly dispose of FFPD when they become damaged, soiled, or contaminated.

9.4. Respirators must be stored in a manner that will prevent contamination, distortion and exposure to extreme climatic conditions.

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

T.O. 42B-1-22, *Quality Control of Compressed and Liquid Breathing Air*
29 CFR 1910.134, *Respiratory Protection*

Abbreviations and Acronyms:

ABW—Air Base Wing

AFB—Air Force Base

AMC—Aerospace Medicine Council

BEF—Bioenvironmental Engineering Flight

CBA—Compressed Breathing Air

FFPD—Filtering Face Piece Device(s)

IAW—In Accordance With

IDLH—Immediately Dangerous to Life and Health

IEX—Issue Exception

OHWG—Occupational Health Working Group

OI—Operating Instruction

PM—Preventive Maintenance

RM—Respirator Maintainer

RPP—Respiratory Protection Program

RIIM—Respirator Issue and Inventory Monitor

RPPA—Respiratory Protection Program Administrator

RPPM—Respiratory Protection Program Monitor

SCBA—Self-Contained Breathing Apparatus

T.O.—Technical Order

WR-ALC—Warner Robins Air Logistic Center