

Respiratory Protection Program

Policy · US · Published 2026-10-26 · Square brackets are placeholders to replace with your own details.

A respiratory protection program is the written program OSHA requires wherever respirators are necessary to protect employees' health, or whenever the employer requires them: how respirators are chosen for the hazard, how each wearer is medically evaluated and fit tested, how respirators are used, cleaned, stored, and inspected, and how wearers are trained. Without the program behind it, a respirator is a piece of equipment nobody can show works on the face it was issued to.

Respirators fail quietly. The cartridge used past its service life, the beard under the seal, the mask that fit last year before a new model arrived, the wearer who was never medically cleared: none of them shows until someone breathes what the respirator was meant to stop. That is why the standard puts medical evaluation and fit testing before use, and fit testing and retraining on an annual cycle.

This template gives you the complete written program with worksite-specific placeholders: the program administrator, hazard evaluation and selection, medical evaluation, fit testing, routine and emergency use, cleaning and maintenance, breathing air, training, voluntary use, program evaluation, and records.

Purpose and scope

This program sets out how [Your company] protects employees from respiratory hazards at [site(s)] wherever respirators are necessary to protect their health or are required by [Your company], as OSHA's respiratory protection standard, 29 CFR 1910.134, requires. It covers every employee required to use a respirator, as listed in the assignment table below, and the voluntary use described later in this program.

Respirators are not the first answer. [Your company] controls airborne contaminants first by engineering measures (enclosing or confining the operation, general and local ventilation, and substituting less toxic materials) and uses respirators where those controls are not feasible or while they are being put in place. Each assignment records why engineering controls do not yet do the job alone.

This program is updated as necessary to reflect changes in workplace conditions that affect respirator use. A written copy of the current program is kept at [location/system].

Program administrator and responsibilities

- Program administrator ([name/role]): qualified by [training/experience] that matches the complexity of this program. Administers the program, carries out the hazard evaluations and program evaluations, arranges medical evaluations and fit testing, and keeps the records.
- Supervisors: make sure employees in their area wear the assigned respirator correctly whenever the assignment table requires it, enforce the facial hair rule, let employees leave the area for the reasons in this program, and report changes in conditions to the administrator.
- Employees: wear the assigned respirator as trained, perform a user seal check each time they put on a tight-fitting respirator, inspect and care for it as this program requires, and report malfunctions, breakthrough, fit problems, and medical symptoms immediately.
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Physician or other licensed health care professional (PLHCP) ([name/provider]): performs the medical evaluations and gives a written recommendation on each employee's ability to use a respirator.

- Fit testing ([provider/person]): performs fit tests using an OSHA-accepted protocol from Appendix A to the standard.

Hazard evaluation and respirator selection

The administrator identifies and evaluates the respiratory hazards in each work area and task, including a reasonable estimate of employee exposures and the contaminant's chemical state and physical form. Where an exposure cannot be identified or reasonably estimated, the atmosphere is treated as immediately dangerous to life or health (IDLH), as the standard requires. Evaluations are recorded at [location/system].

- Only NIOSH-certified respirators are selected, and they are used in compliance with the conditions of their certification.
- Each respirator is chosen for the hazard and for the workplace and user factors that affect its performance and reliability, using the assigned protection factors in Table 1 of the standard, so that the employee's exposure, measured outside the respirator, stays at or below its maximum use concentration.
- Gases and vapors: an atmosphere-supplying respirator, or an air-purifying respirator with an end-of-service-life indicator certified by NIOSH for the contaminant. Where no such indicator suits conditions at [Your company], cartridges and canisters are changed on a schedule based on objective information or data, recorded in the table below with the data it relies on.
- Particulates: an atmosphere-supplying respirator, or an air-purifying respirator with a filter NIOSH certifies for particulates, as the standard sets out.
- IDLH atmospheres: only the respirators paragraph (d)(2) of the standard specifies, a full facepiece pressure demand SCBA certified by NIOSH for a minimum service life of thirty minutes, or a combination full facepiece pressure demand supplied-air respirator with auxiliary self-contained air supply. IDLH work at this site: [none / describe].
- Respirators are offered in enough models and sizes that each one is acceptable to, and correctly fits, the person using it.

Respirator assignment table: one row for each task or area where respirators are required

Task or area	Respiratory hazard and estimated exposure	Why engineering controls are not enough	Respirator (make, model, sizes)	Filter, cartridge, or air supply	Change schedule and its basis
[task/area]	[contaminant, form, exposure estimate]	[not feasible, or being put in place]	[make/model/sizes]	[filter/cartridge type]	[schedule and data relied on]

Medical evaluation

Every employee is medically evaluated before being fit tested or required to use a respirator in the workplace. [Your company] uses [PLHCP name/provider] to carry out evaluations with the medical questionnaire in Appendix C to the standard, or an initial medical examination that obtains the same information.

- The questionnaire and examinations are given confidentially, during normal working hours or at a time and place convenient to the employee, and in a way that ensures the employee understands the questionnaire. The employee has the chance to discuss the questionnaire and results with the PLHCP.
- A follow-up medical examination is provided where the questionnaire or the initial examination shows the need, as the standard sets out.
- Before making a recommendation, the PLHCP receives the type and weight of the respirator, the duration and frequency of use (including use for rescue and escape), the expected physical work effort, any additional protective clothing and equipment, and the temperature and humidity extremes that may be met, plus a copy of this written program and of the standard.
- [Your company] obtains the PLHCP's written recommendation, which is limited to any limitations on respirator use, the need for any follow-up evaluations, and a statement that the employee has been given a copy. Where the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the employee's health at increased risk if it is used, a powered air-purifying respirator (PAPR) is provided if the PLHCP finds the employee can use one.
- Further evaluations are provided when an employee reports medical signs or symptoms related to respirator use; when the PLHCP, a supervisor, or the administrator says reevaluation is needed; when fit testing or program evaluation shows a need; or when a change in workplace conditions may substantially increase the physiological burden on the employee.

Fit testing

Every employee who uses a tight-fitting facepiece respirator must pass a qualitative (QLFT) or quantitative (QNFT) fit test, using an OSHA-accepted protocol from Appendix A to the standard, with the same make, model, style, and size of respirator they will use. Fit tests are carried out by [provider/person] at [location].

- When: before initial use, whenever a different facepiece (size, style, model, or make) is used, and at least annually after that.
- Again whenever the employee reports, or the employer, PLHCP, supervisor, or administrator sees, a change in the employee's physical condition that could affect fit, such as facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.
- An employee who passes but then finds the fit unacceptable is given a reasonable opportunity to pick a different facepiece and be retested.
- QLFT is used only for negative pressure air-purifying respirators that must achieve a fit factor of 100 or less. Tight-fitting PAPRs and atmosphere-supplying respirators are fit tested in negative pressure mode, as the standard specifies.

Using respirators

1. Check the assignment table for the task, and take the respirator, size, and filter or cartridge it names. No substitutes.
2. Inspect the respirator before each use: its function, the tightness of connections, the condition of the facepiece, head straps, valves, connecting tube, and cartridges, canisters, or filters, and the elastomeric parts for pliability and signs of deterioration.
3. Make sure nothing interferes with the seal. A tight-fitting respirator is not worn with facial hair that comes between the sealing surface and the face or interferes with valve function, or with any other condition that interferes with the seal or valves. Glasses, goggles, and other PPE are worn so they do not interfere with the seal.
4. Put the respirator on as trained and perform a user seal check every time, using the procedures in Appendix B-1 to the standard or the manufacturer's procedure, where [Your company] has shown it is as effective.
5. Leave the respirator use area to wash your face and facepiece when needed to prevent eye or skin irritation; if you detect vapor or gas breakthrough, changes in breathing resistance, or facepiece leakage; or to replace the respirator or its filter, cartridge, or canister. After breakthrough, resistance changes, or leakage, do not go back in until the respirator has been replaced or repaired.
6. Report any change in work area conditions or exposure that may affect the respirator's effectiveness to [name/role], so it can be reevaluated.
7. After use, clean, inspect, and store the respirator as set out in this program.

Emergency use and IDLH atmospheres

Emergency use: [describe the reasonably foreseeable emergencies, such as a chemical release, the respirators kept for them, and where they are kept]. Emergency respirators are kept accessible to the work area, in compartments or covers clearly marked as containing emergency respirators, and stored in line with the manufacturer's instructions.

IDLH work, if any, follows paragraph (g)(3) of the standard: at least one employee stays outside the IDLH atmosphere, in visual, voice, or signal line contact with those inside, trained and equipped to provide effective emergency rescue; the employer or a designee is told before anyone outside goes in to rescue; and the employees outside have the SCBA or supplied-air equipment, and the retrieval equipment or equivalent means of rescue, that the standard specifies. IDLH procedures at this site: [none / describe].

Cleaning, storage, inspection, and repair

- Cleaning and disinfecting, using the procedures in Appendix B-2 to the standard or the manufacturer's procedures of equivalent effectiveness: respirators issued for one employee's exclusive use as often as necessary to keep them sanitary; shared respirators before being worn by a different person; emergency respirators after each use; and respirators used in fit testing and training after each use. Done by [employee/designated person] at [location].
- Storage: protected from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals, and packed or stored to prevent deformation of the facepiece and exhalation valve: [storage arrangements].
- Inspection: respirators in routine use before each use and during cleaning; emergency respirators at least monthly and as the manufacturer recommends, and checked for proper function before and after each use; escape-only respirators before being carried into the workplace. SCBA is also inspected monthly, and its cylinders are recharged when the pressure falls to 90% of the manufacturer's recommended level.
- Each inspection of an emergency respirator is certified on a tag or label attached to its storage compartment, kept with the respirator, or in the inspection reports: the date, the inspector's name, the findings, any remedial action, and the respirator's serial number or other identifier.
- A respirator that fails inspection or is otherwise defective is removed from service, then discarded, or repaired or adjusted only by appropriately trained persons using the manufacturer's NIOSH-approved parts and following the manufacturer's recommendations. Reducing and admission valves, regulators, and alarms are adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.
- Every filter, cartridge, and canister carries its NIOSH approval label and color coding, and the label is not removed and stays legible.

Breathing air for supplied-air respirators and SCBA

Where [Your company] uses atmosphere-supplying respirators, [name/role] makes sure the breathing air meets paragraph (i) of the standard: compressed breathing air meets at least Grade D under ANSI/Compressed Gas Association Commodity Specification G-7.1-1989; compressed and liquid oxygen meets United States Pharmacopoeia requirements; cylinders are tested and maintained under the Department of Transportation's rules, with a certificate of analysis for purchased air; compressors are built and sited to keep contaminated air out of the supply, with the moisture control, in-line sorbent beds and filters, change tag, and carbon monoxide controls the standard requires; and breathing air couplings are incompatible with outlets for nonrespirable air or other gas systems. Atmosphere-supplying respirators at this site: [none / describe the system].

Training

Every employee required to use a respirator is trained before being required to use it in the workplace, in a way they understand, including on the respiratory hazards they may be exposed to in routine and emergency situations. Retraining is given annually, and also when changes in the workplace or the type of respirator make earlier training obsolete, when the employee's knowledge or use of the respirator shows they have not kept the understanding or skill, or when any other situation makes retraining necessary. Each employee must be able to demonstrate knowledge of:

- Why the respirator is necessary, and how improper fit, usage, or maintenance can compromise its protective effect.
- The limitations and capabilities of the respirator.
- How to use it effectively in emergency situations, including when it malfunctions.
- How to inspect, put on and remove, use, and check the seals of the respirator.
- The procedures for maintenance and storage of the respirator.
- How to recognize medical signs and symptoms that may limit or prevent its effective use.
- The general requirements of the standard.

Voluntary respirator use

Where respirators are not required, [Your company] may provide respirators at an employee's request or let employees use their own, if the administrator determines that the use will not in itself create a hazard. Every voluntary user is given the information in Appendix D to the standard.

For voluntary use of any respirator other than a filtering facepiece (dust mask), [Your company] also applies the parts of this program needed to make sure the user is medically able to use it and that it is cleaned, stored, and maintained so that it does not present a health hazard. Employees whose only respirator use is the voluntary use of filtering facepieces do not have to be included in this written program. Voluntary users at this site: [roles, respirator types].

Program evaluation

The administrator evaluates the workplace [frequency, e.g. annually, and after any change in hazards, respirators, or processes] to make sure this written program is being effectively implemented and continues to be effective. Respirator users are consulted regularly on how well the program works and on any problems, and the problems found are corrected. The consultation covers at least:

- Respirator fit, including the ability to use the respirator without interfering with effective workplace performance.
- Whether the respirator selected is appropriate for the hazards the employee is exposed to.
- Proper respirator use under the workplace conditions the employee meets.
- Proper respirator maintenance.

Records and review

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Medical evaluation records are kept and made available in line with 29 CFR 1910.1020, held by [PL-HCP/location]. Fit test records (the employee's name or identification, the type of fit test, the make, model, style, and size of respirator tested, the date, and the pass or fail result for QLFT or the fit factor and recording of results for QNFT) are kept until the employee's next fit test, at [system/location]. A written copy of the current program is kept, and these written materials are made available on request to affected employees and to OSHA for examination and copying. Training records (who, when, what, the trainer, and how knowledge was shown) are kept at [system/location].

This program is reviewed [frequency, e.g. annually], after any respirator-related incident or complaint, and whenever processes, materials, or respirator models change. Owner: [name/role]. Next review due: [date].

How to use this template

1. Evaluate the hazards first, measuring or reasonably estimating exposures task by task, and ask whether engineering controls can remove the need for respirators before you fill in the assignment table.
2. Name a program administrator whose training or experience matches the complexity of your program, and give them the time to run it.
3. Contract a PLHCP for medical evaluations and a fit test provider, and book both before anyone is required to wear a tight-fitting respirator.
4. Stock enough models and sizes for every wearer to get a good fit, and write your cartridge change schedule from objective data, such as the manufacturer's, rather than habit.
5. Train each wearer on their own respirator with hands-on donning and seal checks, and diary the annual fit test and retraining for each person.
6. Check OSHA's substance-specific standards for your contaminants, and your state plan, for requirements beyond 1910.134.

Official guidance

- › [OSHA — Respiratory protection](#)
- › [OSHA — Respiratory protection standard \(29 CFR 1910.134\)](#)
- › [OSHA — Information for voluntary respirator users \(Appendix D to 1910.134\)](#)

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