

TITLE 3. CALIFORNIA CODE OF REGULATIONS  
DIVISION 6. PESTICIDES AND PEST CONTROL OPERATIONS  
CHAPTER 3. PEST CONTROL OPERATIONS  
SUBCHAPTER 3. PESTICIDE WORKER SAFETY  
ARTICLE 2. GENERAL SAFETY REQUIREMENTS

6739. Respiratory Protection.

(a) General Requirements.

(1) The employer shall assure that:

(A) Employees use approved respiratory equipment in compliance with this regulation when handling pesticides where respirators are required by label, restricted material permit condition, or regulation.

(2) In any workplace where respirators are required by label, restricted material permit condition, regulation, or employer, the employer shall establish a written respiratory protection program with work site-specific procedures. The program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions, as applicable:

(A) Procedures for selecting respirators for use in the workplace;

(B) Medical evaluations of employees required to use respirators;

(C) Fit testing procedures for tight-fitting respirators;

(D) Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;

(E) Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;

(F) Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;

(G) Training of employees in the respiratory hazards to which they are potentially exposed during routine and emergency situations, including Immediately Dangerous to Life or Health (IDLH) atmospheres, if appropriate;

(H) Training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and

(I) Procedures for evaluating the effectiveness of the program pursuant to subsections (n)(1) and (2).

1. The respirator program administrator shall administer the respiratory protection program in compliance with this section.

2. The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

(b) Voluntary Respirator Provision.

(1) An employer may provide respirators at the request of employees or permit employees to use their own respirators for use on a voluntary basis, if the employer determines that such respirator use will not in itself create a hazard.

(2) If the employer determines that any voluntary respirator use is permissible, the employer shall provide the respirator users with the information contained in subsection (r) and display this information alongside the display of either the Hazard Communication Information for Employees Handling Pesticides in Agricultural Settings (Pesticide Safety Information Series leaflet A-8), or Hazard Communication Information for Employees Handling Pesticides in Noncrop Settings (Pesticide Safety Information Series leaflet N-8), at a central location in the workplace.

(3) Under the employer-supplied voluntary respirator provision, the employer shall establish and implement the provisions of a written respiratory protection program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator, and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user. Employers are not required to include a written respiratory protection program for those employees whose only use of respirators involves the voluntary use of filtering facepieces (dust masks).

(A) The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

(c) Selection of Respirators. The employer shall select and provide an appropriate respirator

certified by the National Institute for Occupational Safety and Health (NIOSH) based on the respiratory hazard(s) and relevant workplace and user factors to which the worker is exposed; and the appropriate pesticide label, restricted materials permit condition, regulation, or employer requirements, whichever is most protective.

(1) The employer shall select respirators from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits, the user.

(2) Fumigant-confining structures shall be considered IDLH atmosphere unless proven not to be by appropriate measuring devices as to that chemical. The employer shall provide the following respirators for employee use in IDLH atmospheres:

(A) A full facepiece pressure demand self-contained breathing apparatus (SCBA) certified by NIOSH for a minimum service life of thirty minutes, or

(B) A combination full facepiece pressure demand supplied-air respirator (SAR) with auxiliary self-contained air supply.

(C) Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

(d) Medical Evaluation. The employer shall ensure a medical evaluation is conducted to determine the employee's ability to use a respirator before the employee is fit tested or required to use the respirator in the workplace. The employer may discontinue an employee's medical evaluations when the employee is no longer required to use a respirator.

(1) Medical Evaluation Procedures.

(A) The employer shall identify a physician or other licensed health care professional (PLHCP) to perform medical evaluations using the medical questionnaire in subsection (q) or an equivalent form or an initial medical examination that obtains the same information as the medical questionnaire.

(B) The medical evaluation shall obtain the information requested by the questionnaire in subsection (q), sections 1 and 2.

(2) Follow-up Medical Examination.

(A) The employer shall ensure that a follow-up medical examination is provided when a PLHCP determines that there is a need for a follow-up medical examination.

(B) The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

(3) Administration of the Medical Questionnaire and Examinations.

(A) The medical questionnaire and examinations shall be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee. The medical questionnaire shall be administered in a manner that ensures that the employee understands its content.

(B) The employer shall provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP.

(4) Supplemental Information for the PLHCP.

(A) The employer shall provide the following information to the PLHCP before the PLHCP makes a recommendation concerning an employee's ability to use a respirator:

1. The type and weight of the respirator to be used by the employee;
2. The duration and frequency of respirator use (including use for rescue and escape);
3. The expected physical work effort;
4. Additional protective clothing and equipment to be worn; and
5. Temperature and humidity extremes that may be encountered.

(B) The employer shall not be required to provide any supplemental information provided previously to the PLHCP regarding an employee for a subsequent medical evaluation if the information and the PLHCP remain the same. When the employer replaces a PLHCP, the employer shall ensure that the new PLHCP obtains the information specified in (4)(A)1-5 by having the documents transferred from the former PLHCP to the new PLHCP. Employers are not required to have employees medically reevaluated solely because a new PLHCP has been selected.

(C) The employer shall provide the PLHCP with a copy of the written respiratory protection program and a copy of this section.

(5) Medical Determination.

(A) The employer shall obtain a written medical recommendation from the PLHCP regarding the employee's ability to use the respirator. The written medical recommendation shall be

provided on the form in subsection (s) or provide substantially the same information as follows:

1. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
2. The need, if any, for follow-up medical evaluations; and
3. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written medical recommendation.

(B) If a negative pressure respirator is to be used and the PLHCP finds a medical condition that may place the employee's health at increased risk, the employer shall either provide a powered air purifying respirator (PAPR) provided the PLHCP's medical evaluation finds that the employee can use such a respirator or make changes in the workplace such that respiratory protection is not required. If a subsequent medical evaluation finds that the employee is medically able to use a negative pressure respirator, then the employer shall no longer be required to provide a PAPR.

(6) Additional Medical Evaluations. The employer shall provide additional medical evaluations that comply with the requirements of this section if:

- (A) An employee reports medical signs or symptoms that are related to their ability to use a respirator;
- (B) A PLHCP, supervisor, or the respirator program administrator informs the employer that an employee needs to be reevaluated;
- (C) Information from the respiratory protection program administrator, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation; or
- (D) A change occurs in workplace conditions including, but not limited to, physical work effort, protective clothing, or temperature, that may result in a substantial increase in the physiological burden placed on an employee.

(e) Fit Testing. The employer shall assure that employees using a tight-fitting facepiece respirator pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT).

(1) The employer shall ensure that an employee using a tight-fitting facepiece respirator is fit tested prior to initial use of the respirator whenever a different respirator facepiece (size, style, model or make) is used, and at least annually thereafter.

(2) The employer shall conduct an additional fit test whenever the employee reports, or the employer, PLHCP, supervisor, or respirator program administrator makes visual observations of changes in the employee's physical condition that could affect respirator fit. Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

(3) If after passing a QLFT or QNFT, the employee subsequently notifies the employer, PLHCP, supervisor, or respirator program administrator that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator facepiece and to be retested.

(4) The fit test shall be administered using either the Cal/OSHA-accepted QLFT or QNFT protocols (Title 8, California Code of Regulations, section 5144, Appendix A), or as recommended by the manufacturer of the respirator, if such recommendations are in accordance with Title 8 CCR section 5144, Appendix A, Part II. QLFT is acceptable for all negative-pressure tight-fitting half or full facepiece respirators used in the application of pesticides.

(5) If the fit factor, as determined through a Cal/OSHA-accepted QNFT protocol (Title 8, California Code of Regulations, section 5144, Appendix A), is equal to or greater than 100 for tight-fitting half facepieces, or equal to or greater than 500 for tight-fitting full facepieces, the QNFT has been passed with that respirator.

(6) Fit testing of tight-fitting atmosphere-supplying respirators and tight-fitting powered air-purifying respirators shall be accomplished by performing quantitative or qualitative fit testing in the negative pressure mode, regardless of the mode of operation (negative or positive pressure) that is used for respiratory protection.

(A) Qualitative fit testing of these respirators shall be accomplished by temporarily converting the respirator user's actual facepiece into a negative pressure respirator with appropriate filters, or by using an identical negative pressure air-purifying respirator facepiece with the same sealing surfaces as a surrogate for the atmosphere-supplying or powered air-purifying respirator facepiece.

(B) Quantitative fit testing of these respirators shall be accomplished by modifying the

facepiece to allow sampling inside the facepiece in the breathing zone of the user, midway between the nose and mouth. This requirement shall be accomplished by installing a permanent sampling probe onto a surrogate facepiece, or by using a sampling adapter designed to temporarily provide a means of sampling air from inside the facepiece.

(C) Any modifications to the respirator facepiece for fit testing shall be completely removed, and the facepiece restored to NIOSH-approved configuration, before that facepiece can be used in the workplace.

(f) Facepiece Seal Protection. A respirator that requires a tight face-to-facepiece seal shall not have any interference with the establishment of this seal. The employer shall ensure that:

(1) Employees shall not wear a respirator with a tight-fitting facepiece if:

(A) Facial hair comes between the sealing surface of the facepiece and the face or interferes with valve function; or

(B) Any physical or mental condition interferes with the face-to-facepiece seal or valve function.

(2) Corrective glasses or goggles or other personal protective equipment worn by an employee do not interfere with the face-to-facepiece seal.

(3) Employees perform a user seal check each time they put on the respirator using the Cal/OSHA procedures (Title 8, California Code of Regulations, section 5144, Appendix B-1) or procedures recommended by the respirator manufacturer that the employer demonstrates are as effective as those in the Cal/OSHA procedures when using tight-fitting respirators.

(4) Appropriate surveillance shall be maintained of work area conditions and degree of employee exposure or stress. When there is a change in work area conditions or degree of employee exposure or stress that may affect respirator effectiveness, the employer shall reevaluate the continued effectiveness of the respirator.

(5) Employees shall leave the contaminated area:

(A) To wash their faces and respirator facepieces as necessary to prevent eye or skin irritation associated with respirator use;

(B) If they detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece; or

(C) To replace or adjust the respirator or the filter, cartridge, or canister elements.

(6) If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece, the employer shall replace or repair the respirator before allowing the employee to return to the work area.

(g) Procedures for Immediately Dangerous to Life or Health (IDLH) Atmospheres. Fumigant-confining structures shall be considered IDLH atmosphere unless proven not to be by appropriate measuring devices. For all IDLH atmospheres, the employer shall assure that:

(1) One employee, or when needed pursuant to (2), more than one employee is located outside the IDLH atmosphere;

(2) Visual, voice, or signal line communication is maintained between the employee(s) in the IDLH atmosphere and the employee(s) located outside the IDLH atmosphere;

(3) The employee(s) located outside the IDLH atmosphere is trained and equipped to provide effective emergency rescue;

(4) The employee(s) located outside the IDLH atmosphere notifies the employer or designee, and/or calls 9-1-1 before entering the IDLH atmosphere to provide emergency rescue. Once notified, the employer or designee authorized to do so by the employer, shall provide necessary assistance appropriate to the situation; and

(5) Employee(s) located outside the IDLH atmospheres is equipped with:

(A) Pressure demand or other positive pressure self-contained breathing apparatus (SCBA), or a pressure demand or other positive pressure supplied-air respirator with auxiliary SCBA; and if necessary,

(B) Appropriate retrieval equipment for removing the employee(s) who enter(s) these hazardous atmospheres where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry.

(h) Cleaning and Disinfecting. The employer shall provide each respirator user with a respirator that is clean, sanitary, and in good working order. The employer shall ensure that respirators are cleaned and disinfected using the procedures recommended by the respirator manufacturer. If the manufacturer requires a cleaning agent that does not contain a disinfectant, the respirator components shall be disinfected with a registered disinfectant approved for such

use. The employer shall assure that:

(1) Respirators issued for the exclusive use of an employee shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.

(2) Respirators maintained for emergency use shall be cleaned and disinfected after each use.

(3) Respirators that are collected and reissued for use of any employee shall be cleaned and disinfected before reissued.

(4) Respirators are stored to protect them from damage, contamination, dust, sunlight, extreme temperatures, excessive moisture, and damaging chemicals. Respirators shall be packed or stored to prevent deformation of the facepiece and exhalation valve.

(i) Storage of Emergency Respirators. Emergency respirators shall be:

(1) Stored immediately accessible to the work area.

(2) Stored in compartments or in covers that are clearly marked as containing emergency respirators.

(3) Stored in accordance with any applicable manufacturer instructions.

(4) Stored in such a location as to be safely accessible for use if conditions develop requiring utilization of emergency respiratory protection.

(j) Inspection and Repair.

(1) The employer shall ensure that all respirators are inspected before each use and during cleaning, and that:

(A) Routine-use respirator inspections include the following:

1. A check of respirator function, tightness of connections, and the condition of the various parts including, but not limited to, the facepiece, head straps, valves, connecting tube, and cartridges, canisters or filters;

2. A check of elastomeric parts for pliability and signs of deterioration; and

3. SCBA air cylinders are checked to ensure that they are recharged when the pressure falls to 80 percent of the manufacturer's recommended pressure level by the end of any workday.

(B) Emergency-use respirators are also inspected at least monthly according to the routine-use inspection criteria, and in accordance with the manufacturer's recommendations. For escape-only respirators, also conduct inspection before being brought into the workplace for use. For both emergency use and escape-only respirators, inspections shall include the following:

1. A check for proper function before and after each use;

2. Certify by documenting the date the inspection was performed, the name (or signature) of the person who made the inspection, the findings, required remedial action, and a serial number or other means of identifying the inspected respirator; and that this information is included on a tag or label that is attached to the storage compartment for the respirator or is kept with the respirator. This information shall be maintained until replaced following a subsequent certification;

3. A check for properly functioning SCBA regulator and warning devices; and

4. SCBA air cylinders are checked to ensure that they are maintained at 100 percent manufacturer's recommended capacity.

(2) The employer shall ensure that respirators that fail an inspection or are otherwise found to be defective shall be removed from service, and discarded, repaired, or adjusted in accordance with the following procedures:

(A) Repairs or adjustments to respirators shall be made only by persons appropriately trained to perform such operations and shall use only the respirator manufacturer's NIOSH-approved parts designed for the respirator;

(B) Repairs shall be made according to the manufacturer's recommendations and specifications for the type and extent of repairs to be performed; and

(C) Reducing and admission valves, regulators, and alarms shall be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer.

(k) Breathing Air Quality and Use. The employer shall ensure:

(1) Compressed breathing air suppliers meet at least the requirements for Grade D breathing air described by the Compressed Gas Association (CGA) Commodity Specification for Air, G-7.1-1997 and certify such with a Certificate of Analysis (original or copy) from the supplier.

(2) Cylinders shall be tested and maintained as prescribed in the Shipping Container Specification Regulations of the Department of Transportation (49 Code of Federal Regulation part 173 and part 178).

(3) Compressors used to supply breathing air to respirators are constructed and situated so as to

conform to Title 8, California Code of Regulations, section 5144.

(l) Identification of Filters, Cartridges, and Canisters. The employer shall ensure that all filters, cartridges and canisters used in the workplace are labeled and color-coded with the NIOSH approval label. The label shall remain legible and not be removed.

(m) Training and Information. In addition to the training requirements specified in section 6724, the employer shall ensure that:

(1) Each employee can demonstrate knowledge of at least the following:

(A) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator;

(B) What the limitations and capabilities of the respirator are;

(C) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions;

(D) How to inspect, put on and remove, use, and check the seals of the respirator;

(E) What the procedures are for maintenance and storage of the respirator;

(F) How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and

(G) The general requirements of this section.

(2) Training shall be conducted in a manner that is understandable to the employee.

(3) Training is provided prior to requiring the employee to use a respirator in the workplace.

(4) A new employee who has received training within the last 12 months that addresses the elements specified in subsection (m)(1)(A) through (G) is not required to repeat such training provided that, as required by subsection (m)(1), the employee can demonstrate knowledge of those element(s). Previous training not repeated initially by the employer must be provided no later than 12 months from the date of the previous training.

(5) Retraining shall be administered annually, and when the following situations occur:

(A) Changes in the workplace or the type of respirator render previous training obsolete;

(B) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill; or

(C) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

(6) The basic advisory information on respirators specified in (r) is provided in any written or oral format to employees who wear respirators when such use is not required by label, restricted materials permit condition, regulation, or by the employer.

(n) Program Evaluation.

(1) The employer shall conduct evaluations of the workplace as necessary to ensure that the provisions of the current written program are being effectively implemented and that it continues to be effective as required by this section.

(2) The employer shall annually consult employees required to use respirators to assess the employees' views on program effectiveness and to identify any problems. Any problems that are identified during this assessment shall be corrected. Factors to be assessed include, but are not limited to:

(A) Respirator fit (including the ability to use the respirator without interfering with effective workplace performance);

(B) Appropriate respirator selection for the pesticides to which the employee is exposed;

(C) Proper respirator use under the workplace conditions the employee encounters; and

(D) Proper respirator maintenance.

(3) A written record of these evaluations and consultations shall be documented and at least contain:

(A) Name of workers consulted.

(B) Date of evaluation/consultation.

(C) Description of any finding from the evaluation or consultation requiring modification of written respiratory protection program or a declaration of no findings.

(4) Any findings from either the employer evaluation or the employee consultation that necessitate the modification to the written respiratory protection program shall be implemented within 30 days from the date of the evaluation/consultation.

(o) End-of-Service Life. When air-purifying respirators are required for protection against pesticides, the employer shall ensure that air-purifying elements (or entire respirator, if disposable type) shall be replaced according to the following hierarchically arranged criteria:

- (1) At the first indication of odor, taste, or irritation while in use, the respirator wearer leaves the contaminated area, adjusts the mask for fit and on returning still encounters odor, taste, or irritation. This criterion item supercedes any of the criteria listed in (2)-(6).
- (2) When any End-of-Service-Life-Indicator (ESLI) indicates that the respirator has reached its end of service;
- (3) All disposable filtering facepiece respirators shall be discarded at the end of the workday;
- (4) According to pesticide-specific label directions/recommendations;
- (5) According to pesticide-specific directions from the respirator manufacturer;
- (6) Absent any pesticide-specific directions/recommendations, at the end of the day's work period;
- (p) Recordkeeping. The employer shall retain written information regarding medical recommendations, fit testing, and the respirator program.
- (1) Records required by this section shall be maintained while the employee is required to use respiratory protection and for three years after the end of employment conditions requiring respiratory protection and shall be available for inspection by the employee, the Director, or commissioner.
- (2) Fit testing.
- (A) The employer shall establish a record of the qualitative and quantitative fit tests administered to an employee including:
1. The name or identification of the employee tested;
  2. Type of fit test performed;
  3. Specific make, model, style, and size of respirator tested;
  4. Date of test; and
  5. The pass/fail results for qualitative fit testing or the fit factor and strip chart recording or other recording of the test results for QNFTs.
- (3) A written copy of the current respirator program shall be retained by the employer. Previous versions of the written respirator protection program shall be retained for three years.
- (4) Written information required to be retained under this subsection shall be made available upon request to employees falling under the respiratory protection program and to the commissioner or persons designated by the Director for review and copying.
- (q) Medical Evaluation Questionnaire. The completion of this form, or a form that obtains the same information as the medical questionnaire to the DEPARTMENT OF PESTICIDE REGULATION, by each respirator wearing employee; and the review of the completed form by a physician or licensed health care provider, is mandatory for all employees whose work activities require the wearing of respiratory protection.

The medical evaluation questionnaire shall be administered in a manner that ensures that the employee understands the document and its content. The person administering the questionnaire shall offer to read or explain any part of the questionnaire to the employee in a language and manner the employee understands. After giving the employee the questionnaire, the person administering the questionnaire shall ask the following question of the employee: "Can you read and complete this questionnaire?" If the answer is affirmative, the employee shall be allowed to confidentially complete the questionnaire. If the answer is negative, the employer must provide either a copy of the questionnaire in a language understood by the employee or a confidential reader, in the primarily understood language of the employee.

To the employee:

Can you read (circle): Yes/No (This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of the employee.)

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Section 1. (Mandatory, no variance in this format allowed) Every employee who has been

selected to use any type of respirator must provide the following information (please print):1

- 1. Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- 2. Your name: \_\_\_\_\_
- 3. Your age: \_\_\_\_\_
- 4. Sex (circle one): Male/Female
- 5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
- 6. Your weight: \_\_\_\_\_ lbs.
- 7. Your job title: \_\_\_\_\_
- 8. How can you be reached by the health care professional who reviews this questionnaire?  
\_\_\_\_\_
- 9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:  
(include the area code): \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_
- 10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
- 11. Check the type of respirator you will use (you can check more than one category):
  - a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
  - b. Half-face respirator (particulate or vapor filtering or both)
  - c. Full-face respirator (particulate or vapor filtering or both)
  - d. Powered air purifying respirator (PAPR)
  - e. Self contained breathing apparatus (SCBA)
  - f. Supplied air respirator (SAR)
  - g. Other

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (please circle "yes" or "no").

- 1. Do you currently smoke tobacco or have you smoked tobacco in the last month: Yes/No
- 2. Have you ever had any of the following conditions?
  - a. Seizures (fits): Yes/No
  - b. Allergic reactions that interfere with your breathing: Yes/No
  - c. Claustrophobia (fear of closed-in places): Yes/No
  - d. Trouble smelling odors: Yes/No/Do not know
  - e. Diabetes (sugar disease): Yes/No/Do not know



3. Have you ever had any of the following pulmonary or lung problems?
- a. Asbestosis: Yes/No
  - b. Asthma: Yes/No
  - c. Chronic bronchitis: Yes/No
  - d. Emphysema: Yes/No
  - e. Pneumonia: Yes/No
  - f. Tuberculosis: Yes/No
  - g. Silicosis: Yes/No
  - h. Pneumothorax (collapsed lung): Yes/No
  - i. Lung cancer: Yes/No
  - j. Broken ribs: Yes/No
  - k. Any chest injuries or surgeries: Yes/No
  - l. Any other lung problem that you have been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No
  - h. Coughing that wakes you early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina (pain in chest): Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Irregular heart beat (an arrhythmia): Yes/No/Do not know.
  - g. High blood pressure: Yes/No/Do not know
  - h. Any other heart problem that you have been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No
  - d. Seizures (fits): Yes/No

8. If you have used a respirator, have you ever had any of the following problems?  
(If you have never used a respirator, check the following space and go to question 9:)
- a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Breathing difficulty: Yes/No
  - f. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10-15 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
  - b. Back pain: Yes/No
  - c. Difficulty fully moving your arms and legs: Yes/No
  - d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
  - e. Difficulty fully moving your head up or down: Yes/No
  - f. Difficulty fully moving your head side to side: Yes/No
  - g. Difficulty bending at your knees: Yes/No
  - h. Difficulty squatting to the ground: Yes/No
  - i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
  - j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

At the discretion of the PLHCP, if further information is required to ascertain the employee's health status and suitability for wearing respiratory protection, the PLHCP may include and require the questionnaire found in Title 8, California Code of Regulations, section 5144, Appendix C, Part B, Questions 1-19.

(r) Voluntary Respirator Provision Information. The employer shall ensure that the following information is provided to employees who voluntarily wear a respirator when not required to do so by label, restricted materials permit condition, regulation, or employer.

Information for Employees Using Respirators When Not Required By Label or Restricted Material Permit Conditions or Regulation.

Respirators are an effective method of protection against designated hazards when properly

selected and worn. Respirator use, even when exposures are below the exposure limit, may provide an additional level of comfort and perceived 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 exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards or Department of Pesticide Regulation guidelines. 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.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Air filtering respirators DO NOT supply oxygen. Do not use in situations where the oxygen levels are questionable or unknown.

(s) Medical Recommendation Form. A physician or other licensed health care professional's report of evaluation and approval for respirator use must be on file with the employer before work requiring respirator use is allowed. The following or substantially similar statement from a physician is acceptable:<sup>2</sup>

On \_\_\_\_\_, I evaluated \_\_\_\_\_.  
Date Patient's name

At this time there (are)/(are not) medical contraindications to the employee named above wearing a respirator while working in potential pesticide exposure environments. The patient (does)/(does not) require further medical evaluation at this time. Any restrictions to wearing a respirator or to the type of respiratory protection are given below.

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I have provided the above-named patient with a copy of this form.

\_\_\_\_\_  
Physician Date

INFORMATIONAL NOTE for section 6739: Employers requiring employees to enter oxygen-deficient atmospheres shall conform to respiratory protection requirements in Title 8, California Code of Regulations, section 5144. Oxygen-deficient atmospheres contain less than 19.5 percent oxygen by volume.

NOTE: Authority cited: Sections 11456 and 12981, Food and Agricultural Code. Reference: Sections 12980 and 12981, Food and Agricultural Code.