

# Required Training for All Authorized Entrants, Contractors and Their Employers, Representatives and Sub-Contractors

## CHECK LIST FOR WORKER TRAINING

- Orientation & General Safety
- Nature of the Hazard (Hazard Communication)
- Exposure Routes (Hazard Communication)
- Signs and Symptoms of Exposure (Hazard Communication)
- Use of Protective Clothing, Boots, Gloves
- Respiratory Protection Program
- Respirator Selection
- Respirator Use
- Respirator Inspection, Cleaning & Storage
- Physically Fit for Respirator use
- Respirator Fit Testing
- Site Safety
- Remediation Procedures

This certifies that all persons engaged by our company will have been trained and understand the topics checked. I understand Personal Protection Equipment (PPE) is required on this job and workers must comply with all training and safety instructions provided. I understand that workers will be required to be free of facial hair (neatly trimmed mustaches are acceptable) and other conditions that might interfere with the proper and safe use of the respirator and other safety equipment.

Company: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_

## Personnel Protection

### WORKER INSTRUCTIONS AND CERTIFICATIONS

#### *Worker Instruction*

Before the remediation project begins, the Contractor shall instruct workers on using appropriate procedures for personal protection and when performing remedial techniques including:

1. Use and fit of respirators
2. PPE
3. Entry and exit from work areas
4. Aspects of work procedures, e.g. how to HEPA-vacuum a surface effectively
5. Hazard Communication
6. Safety and emergency egress procedures

#### *Certifications*

The Contractor shall ensure that all workers, including supervisory personnel, have the following certifications:

1. Current (within 1 year) physician's approval, including ability to wear a respirator
2. Current Respirator fit test certification
3. Worker's release forms stating the potential hazards involved with the scope of the work

#### *Special Worker Risks*

The potential health risk for Contractor's employees during fungal remediation is inhalation exposure or dermal contact with concentrations of fungi. Risks include, but are not limited to: allergic respiratory disease (e.g., asthma, hypersensitivity pneumonitis), and infection.

The Contractor shall be responsible for complete medical examination of all supervisors and workers involved in fungal remediation at the site. The Contractor must warn, in writing, workers involved in fungal remediation of the special risks associated with fungal aerosols and dermal exposure to fungi.

### NOTIFICATION OF OTHER CONTRACTORS/SUB CONTRACTORS

Before work begins, the Contractor shall inform other contractors who are working on the site regarding the nature of the contractor's work and the existence of requirements pertaining to enclosed work areas.

## RESPIRATORY PROTECTION

The Contractor shall provide workers with personally issued and marked respiratory protection equipment approved by the National Institute for Occupational Safety and Health (NIOSH).

The minimum respiratory protection in the building shall consist of full-face negative pressure air purifying respirators with combination cartridges consisting of HEPA filtration and organic vapors capable of chlorine removal. Contractor shall provide sufficient filter cartridges for replacement as necessary or as required by applicable regulations. Filters shall not be used longer than one workday. New respirator filters shall be stored unexposed to the ambient air at the job site in a clean storage cabinet.

The Contractor shall ensure that workers do not eat, drink, smoke, chew gum, or apply cosmetics in the building.

## PROTECTIVE CLOTHING

The Contractor shall provide workers with sufficient sets of protective disposable clothing, consisting of full-body coveralls, headcovers, and gloves in sizes to properly fit individual workers. Integral boot/head cover/coveralls are acceptable. All persons entering enclosed containment areas during demolition and fungal removal shall don two sets of disposable clothing over street clothes or undergarments before entering the enclosed work area.

Protective clothing worn during demolition and fungal removal shall be secured (e.g. taped) to ensure that skin is not exposed. Skin protection is essential to prevent contact with mycotoxins associated with fungal growth and contamination.

The contractor shall provide personal protective equipment as required by job conditions or by applicable safety regulations. Reusable equipment (e.g., footwear, hard hats) shall be left in the contaminated enclosed work area until the end of the remedial work. At that time such items shall be decontaminated for reuse.

The Contractor shall provide authorized entrants with suitable protective disposable clothing, headgear, gloves, and footwear, sized for proper fit, whenever they are required to enter the building. The Contractor shall not, under any circumstances, permit any person to enter the work areas without the appropriate protective clothing and equipment.

The contractor shall provide protective clothing for use by the Environmental Consultant. The Contractor shall furnish as many sets of the clothing necessary for full-time monitoring including that required for after hours access to work areas.

## RESPIRATION PROTECTION (ALTERNATE)

All respiratory protection shall be provided to workers in accordance with the submitted written respiratory protection program, which includes all items as required by OSHA. This program shall be available at the worksite.

Workers shall be provided, as a minimum, with personally issued and individually identified respirators equipped with stacked high efficiency particulate air (HEPA) filters approved by NIOSH to be worn in the designated work area and/or whenever a potential exposure to organic vapor exists.

Workers must perform positive and negative air pressure fit tests each time a respirator is put on, whenever the respirator design so permits. Powered air purifying respirators shall be tested for adequate flow as specified by the manufacturer.

Workers shall be given, at least, a qualitative fit test in accordance with procedures detailed in the OSHA requirements for all respirators to be used on this remediation project. An appropriately administered quantitative fit test may be substituted for the qualitative fit test.

Documentation of adequate respirator fit must be provided to the project manager.

No one wearing a beard shall be permitted to don a respirator and enter the work area unless it is the hood-type with no facial contact at the sealing surfaces of the respirator.

Additional respirators and training on their donning and use must be available at the worksite for authorized visitors who may be required to enter the work area.

Use of any respirator must be in compliance with the manufacturer's instructions for proper use and care of that product.

The contractor shall comply with OSHA CFR 1926.58(h) (Respiratory Protection). The following list of respirators and their associated "protection factors" shall be the criteria for the selection of respiratory protection.

Sufficient filters shall be provided for replacement as required by the workers or applicable regulations. Disposable respirators shall not be used.

Whenever powered-air-purifying respirator (PAPR) protection is used, a sufficient supply of replacement batteries and cartridges shall be provided to the workers. At least one spare fully charged battery must be available on-site for each PAPR in use. The flow rate delivered to the face piece shall be checked each time a worker dons the respirator. Written respiratory protection program must detail how this testing is to be performed by each employee.

## OSHA Respirator Medical Evaluation Questionnaire

### TO THE EMPLOYER:

Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

### TO THE EMPLOYEE:

Can you read (circle one):    Yes    No

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.

### PART A. SECTION 1. (MANDATORY)

The following information will be provided by every employee who has been selected to use any type of respirator.

Please print:

1. Today's date: \_\_\_\_\_
2. Your name: \_\_\_\_\_
3. Your age (to nearest year): \_\_\_\_\_
4. Sex (circle one):    Male    Female
5. Your height: \_\_\_\_\_ ft. \_\_\_\_\_ in.
6. Your weight: \_\_\_\_\_ lbs.
7. Your job title: \_\_\_\_\_
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): ( \_\_\_\_\_ ) \_\_\_\_\_
9. The best time to phone you at this number: \_\_\_\_\_ AM / PM
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, non-cartridge type only).
  - b. \_\_\_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one):    Yes    No  
 If "yes," what type(s): \_\_\_\_\_  
 \_\_\_\_\_

PART A. SECTION 2. (MANDATORY)

Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (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. Diabetes (sugar disease) ..... Yes No
  - c. Allergic reactions that interfere with your breathing ..... Yes No
  - d. Claustrophobia (fear of closed-in places) ..... Yes No
  - e. Trouble smelling odors ..... Yes No
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've 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

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness: *(Continued)*
  - 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 ..... Yes No
  - d. Heart failure ..... Yes No
  - e. Swelling in your legs or feet (not caused by walking) ..... Yes No
  - f. Heart arrhythmia (heart beating irregularly) ..... Yes No
  - g. High blood pressure ..... Yes No
  - h. Any other heart problem that you've 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 ..... Yes No
8. If you've used a respirator, have you *ever had* any of the following problems or if you have never used a respirator, check the following box 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. 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 to 15 below 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 problems ..... 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 or 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. 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

PART B.

Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen ..... Yes No  
If "yes", do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions ..... Yes No
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals ..... Yes No  
If "yes," name the chemicals if you know them \_\_\_\_\_  
\_\_\_\_\_
3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
  - a. Asbestos ..... Yes No
  - b. Silica (e.g., in sandblasting) ..... Yes No
  - c. Tungsten/cobalt (e.g., grinding or welding this material) ..... Yes No
  - d. Beryllium ..... Yes No
  - e. Aluminum ..... Yes No
  - f. Coal (for example, mining) ..... Yes No
  - g. Iron ..... Yes No
  - h. Tin ..... Yes No
  - i. Dusty environments ..... Yes No
  - j. Any other hazardous exposures ..... Yes NoIf "yes," describe these exposures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. List any second jobs or side businesses you have \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. List your previous occupations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. List you current and previous hobbies \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Have you been in the military services ..... Yes No
8. Have you ever worked on a HAZMAT team ..... Yes No
9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications) ..... Yes No  
If "yes," name the medications if you know them \_\_\_\_\_

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10. Will you be using any of the following items with your respirator(s):
  - a. HEPA Filters ..... Yes No
  - b. Canisters (for example, gas masks) ..... Yes No
  - c. Cartridges ..... Yes No
11. How often are you expected to use the respirator(s), circle "yes" or "no" for all answers that apply to you:
  - a. Escape only (no rescue) ..... Yes No
  - b. Emergency rescue only ..... Yes No
  - c. Less than 5 hours *per week* ..... Yes No
  - d. Less than 2 hours *per day* ..... Yes No
  - e. 2 to 4 hours *per day* ..... Yes No
  - f. Over 4 hours *per day* ..... Yes No
12. During the period you are using the respirator(s), is your work effort:
  - a. **Light** (less than 200 kcal per hour) ..... Yes No  
If "yes," how long does this period last during the average shift: \_\_\_ hrs. \_\_\_ mins.  
(Examples of light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press [1-3 lbs.] or controlling machines.)
  - b. **Moderate** (200 to 350 kcal per hour) ..... Yes No  
If "yes," how long does this period last during the average shift: \_\_\_ hrs. \_\_\_ mins.  
(Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load [about 35 lbs.] at trunk level; *walking* on a level surface about 2 mph or down a 3-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load [about 100 lbs.] on a level surface.)
  - c. **Heavy** (above 350 kcal per hour) ..... Yes No  
If "yes," how long does this period last during the average shift: \_\_\_ hrs. \_\_\_ mins.  
(Examples of heavy work are *lifting* a heavy load [about 50 lbs.] from the floor to waist or shoulder; *working* on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; *climbing* stairs with a heavy load [about 50 lbs.]
13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator ..... Yes No  
If "yes," describe this protective clothing and/or equipment \_\_\_\_\_

- 14. Will you be working under hot conditions (temperature exceeding 77° F) .Yes No
- 15. Will you be working under humid conditions .....Yes No
- 16. Describe the work you'll be doing while you're using your respirator(s)\_\_\_\_\_

\_\_\_\_\_

- 17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases) \_\_\_\_\_

\_\_\_\_\_

- 18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

- a. Name the first toxic substance \_\_\_\_\_

Estimated maximum exposure level per shift \_\_\_\_\_

Duration of exposure per shift \_\_\_\_\_

- b. Name of the second toxic substance \_\_\_\_\_

Estimated maximum exposure level per shift \_\_\_\_\_

Duration of exposure per shift \_\_\_\_\_

- c. Name of the third toxic substance \_\_\_\_\_

Estimated maximum exposure level per shift \_\_\_\_\_

Duration of exposure per shift \_\_\_\_\_

The name(s) of any other toxic substances that you'll be exposed to while using your respirator \_\_\_\_\_

\_\_\_\_\_

- 19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_