

Army Regulation 11–34

Army Programs

The Army Respiratory Protection Program

**Headquarters
Department of the Army
Washington, DC
25 July 2013**

UNCLASSIFIED

SUMMARY of CHANGE

AR 11-34

The Army Respiratory Protection Program

This major revision, dated 25 July 2013--

- o Redefines policies for the Army Respiratory Protection Program and mandates compliance with regulatory criteria (para 1-4).
- o Eliminates the request for waivers requirement (formerly para 1-6).
- o Revises leaders' responsibilities for the Army Respiratory Protection Program (chap 2).
- o Updates titles of commanders and directors (paras 2-4 and 2-11).
- o Establishes program objectives (para 3-1).
- o Revises requirements for selecting respiratory-protective devices (para 3-4).
- o Revises requirements for using respirators and related equipment (para 3-5).
- o Revises and adds guidance for evaluating use, training, maintenance, testing, air quality, recordkeeping and program requirements (paras 3-6 through 3-12).
- o Makes other administrative changes (throughout).

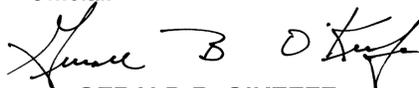
Army Programs

The Army Respiratory Protection Program

By Order of the Secretary of the Army:

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General, United States Army
Chief of Staff

Official:



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to the Secretary of the Army

History. This publication is a major revision.

Summary. This regulation has been revised to update the policies and responsibilities for the Army Respiratory Protection Program.

Applicability. This regulation applies to the Active Army, Army National Guard, Army National Guard of the United States, and the U.S. Army Reserve, unless otherwise stated. Military-unique masks and chemical, biological, radiological, and

nuclear respirators used for emergency response are exempt from this regulation.

Proponent and exception authority.

The proponent of this regulation is The Surgeon General. The proponent has the authority to approve exceptions to this regulation that are consistent with controlling law and regulations. The proponent may delegate the approval authority, in writing, to a division chief within the proponent agency or its direct reporting unit or field operating agency, in the grade of colonel or the civilian equivalent. Activities may request a waiver to this regulation by providing justification that includes a full analysis of the expected benefits and must include formal review by the activity's senior legal officer. All waiver requests will be endorsed by the commander or senior leader of the requesting activity and forwarded through their higher headquarters to the policy proponent. Refer to AR 25–30 for specific guidance.

Army internal control process. This regulation contains internal control provisions in accordance with AR 11–2 and identifies key internal controls that must be evaluated (see appendix B).

Supplementation. Supplementation of this regulation and establishment of command and local forms are prohibited without prior approval from HQDA (DASG–PPM–NC), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

Suggested improvements. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to HQDA (DASG–PPM–NC), 5109 Leesburg Pike, Falls Church, VA 22041–3258.

Distribution. This publication is available in electronic media only, and is intended for command level C for the Active Army, the Army National Guard/Army National Guard of the United States, and the United States Army Reserve.

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*This regulation supersedes AR 11–34, dated 15 February 1990. This regulation rescinds TB MED 502, dated 15 February 1982.

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Glossary

Chapter 1 Introduction

1–1. Purpose

This regulation establishes responsibilities, policies, and prescribed procedures for the management, control, and use of respirators as part of the Army Respiratory Protection Program.

1–2. References

Required and related publications are listed in appendix A.

1–3. Explanation of abbreviations and terms

Abbreviations and terms used in this regulation are explained in the glossary.

1–4. Responsibilities

Responsibilities are listed in chapter 2.

1–5. The Army Respiratory Protection Program

It is Army policy to—

a. Protect Army personnel from potential and actual exposures to airborne contaminants and oxygen-deficient atmospheres in the workplace and to reduce exposure to levels that are below established occupational exposure limits.

b. Comply with all requirements of the Occupational Safety and Health Administration (OSHA) regulations in Section 134, Part 1910, Title 29, Code of Federal Regulations.

c. Comply with published Army-established respiratory protection requirements that are more stringent than 29 CFR 1910.134. See paragraphs 3-5*h*, 3-6*c*, and 3-10.

d. Use respiratory protective equipment (RPE) only under the following circumstances:

(1) When the responsible medical commander determines that engineering or work practice controls cannot adequately protect Army personnel from exposure.

(2) During the interim periods while engineering or work practice controls are being designed, funded, and installed.

(3) During emergencies (when preapproved in contingency plans or approved at the time of the emergency by the medical commander).

(4) When required by Federal regulation or operating license.

(5) When worn voluntarily by Army personnel as described in paragraph 3-5*h*.

e. When established through a status of forces agreement, comply with host nation respiratory protection standards, criteria, and countermeasures for local national personnel of the Army.

f. Enforce the use of RPE as a condition of employment when such respiratory protection is required by the job.

g. Procure and use only respirators approved by the National Institute for Occupational Safety and Health (NIOSH). Military masks used in military-unique chemical agent workplaces by Army personnel are exempt from the requirement to procure “only respirators approved by NIOSH” and are specifically prescribed in DA Pam 385–61.

(1) Part 84, Title 42, Code of Federal Regulations provides detailed information on the approved particulate filter classifications of filters N-, R-, and P- series, with levels of filter efficiency of 95, 99, and 99.97 percent, respectively, in each class.

(2) Surgical masks worn by operating room personnel, dentists, and dental technicians are not considered respirators and are not covered by this regulation.

(3) Military unique masks and chemical, biological, radiological, and nuclear (CBRN) respirators used for emergency response are exempt from this regulation.

(4) Military firefighter masks and respirators used for emergency response are exempt from this regulation.

Chapter 2 Responsibilities

2–1. General

The senior commander will provide guidance assigning the responsibilities that are outlined in this chapter. The assignment of responsibilities for different installation organizations is dependent on the structure of the specific installation. Senior commanders and garrison commanders will ensure that all responsibilities outlined in this regulation are properly assigned.

2–2. The Surgeon General

The Surgeon General, in addition to the responsibilities assigned in AR 385–10, will—

- a. Serve as the principal medical adviser to the Chief of Staff, Army, and the Army Staff on respiratory health and protection.
- b. Provide medical policy, guidance, and oversight to the Army Respiratory Protection Program.
- c. Coordinate with the Office of the Director of Army Safety on respiratory protection issues, including the medical aspects of safety policy regarding hazard and risk communication.

2-3. Director of Army Safety

In addition to the responsibilities assigned in AR 385-10, the Director of Army Safety will provide policy, guidance, and oversight for the Army Respiratory Program.

2-4. Commanders, Army commands, Army service component commands, and direct reporting units

Commanders, Army commands, Army service component commands, and direct reporting units will provide command emphasis, resources, policy implementation guidance, and oversight to subordinate commands and activities for implementing Army respiratory protection policies, standards, and prescribed procedures.

2-5. Senior commanders and State and territory adjutants general

Senior commanders and State and territory adjutants general will—

- a. Establish installation Respiratory Protection Programs according to chapter 3, for all installations that fall under their authority.
- b. Plan, budget, and provide for sufficient funds, facilities, and qualified personnel to effectively and efficiently perform all duties required by the Respiratory Protection Program, or request funding from the responsible proponent.
- c. Appoint an installation respirator program director (IRPD) for all installations that fall under his or her authority to perform the duties outlined in paragraph 2-8.
- d. Appoint a qualified individual from the garrison staff to act as the installation’s respirator specialist.

2-6. Installation safety and occupational health manager

The safety and occupational health (SOH) manager and the medical commander, or his or her representative, have overlapping responsibilities. The senior commander or adjutant general will delineate individual installation authorities and responsibilities, if necessary, in the written Respiratory Protection Program (see para 2-5a). The installation’s designated SOH manager, in addition to the responsibilities cited in DA Pam 385-10, will coordinate with the medical commander or representative to—

- a. Provide direction to the IRPD to plan and annually evaluate the installation’s Respiratory Protection Program.
- b. Coordinate with the IRPD to prepare a local implementing regulation prescribing the installation’s Respiratory Protection Program.
- c. Provide guidance to supervisors on how to prepare a standing operating procedure (SOP) on respirator use in their particular job sites.
- d. Approve or disapprove routine entry into an immediately dangerous to life or health (IDLH) environment (including confined spaces).
- e. Provide guidance to the installation’s respirator specialist.
- f. Conduct inspections and evaluations of the Respiratory Protection Program according to 29 CFR 1910.134; inspections and evaluations should be documented and performed on an annual basis.
- g. Coordinate with the IRPD to designate the type of RPE to be purchased or used.

2-7. Commanders, U.S. Army medical centers and U.S. Army medical department activities

Commanders of U.S. Army medical centers and U.S. Army medical department activities, as the medical commanders, will—

- a. In coordination with the SOH manager—
 - (1) Provide direction to the IRPD to plan and annually evaluate the installation’s Respiratory Protection Program.
 - (2) Coordinate with the IRPD to prepare a local implementing regulation prescribing the installation’s Respiratory Protection Program.
 - (3) Provide SOPs and training for entering IDLH areas.
 - (4) Provide training and guidance to the installation respirator specialist on the requirements of this regulation.
 - (5) Conduct annual evaluations of the Respiratory Protection Program, which may include work site inspections to ensure respirators are being used properly.
 - (6) Coordinate with the IRPD to designate the type of RPE to be purchased or used.
- b. Perform medical evaluations using the information in appendix C of 29 CFR 1910.134 to—
 - (1) Determine if Army personnel assigned to tasks requiring the use of respirators are physically and psychologically able to perform work while wearing prescribed respiratory protection.

- (2) Inform supervisors as to whether Army personnel are able to wear respiratory protection and perform the work required, and coordinate with the civilian personnel office and IRPD when necessary.
- (3) Review and document the medical status of Army personnel annually.
- (4) Coordinate fitting for corrective lenses inside full-facepiece respirators to ensure proper vision and good fit.

2-8. Installation respirator program director

The IRPD will—

- a.* Plan and annually evaluate the installation Respiratory Protection Program with assistance from the SOH manager and the medical commander.
- b.* Prepare a local implementing regulation prescribing the installation's Respiratory Protection Program in coordination with the SOH manager and the medical commander.
- c.* Approve any SOP prepared for respirator use before it is published.
- d.* Initiate prompt corrective action on deficiencies detected in the Respiratory Protection Program.
- e.* Provide guidance or assessments on developing respirator cartridge change schedules for respirators not equipped with an end-of-service-life indicator (ESLI).

2-9. Installation respirator specialist

The installation's respirator specialist will—

- a.* Train or ensure that the training of supervisors and Army personnel meets the requirements as outlined in paragraph 3-7.
- b.* Perform required fit testing when issuing respirators and annually thereafter, or as required by paragraph 3-8.
- c.* Repair respirators using only designated parts per training and authorization, or assure respirators are returned to a manufacturer-authorized repair shop.
- d.* Coordinate with supervisors in areas equipped with emergency use respirators and self-contained breathing apparatus to conduct a monthly inspection of those respirators and apparatus.
- e.* Coordinate with Director of Public Works on the installation and maintenance of breathing air systems using Grade D air where required.
- f.* Establish the procedures for monitoring the breathing-air quality for air-supplied respirators and perform quality assurance evaluations.
- g.* Issue respirators and respirator user cards after determining that all requirements for medical evaluations, training, and testing are met.
- h.* Maintain necessary inventory levels of respirators, accessories, and spare parts.
- i.* Dispose of obsolete or unserviceable respirators.
- j.* Document training and maintain training and fit testing records.

2-10. Supervisors

Supervisors will—

- a.* Include respirator use in their SOPs for a particular job site, as needed, with guidance from the SOH manager and the medical commander and ensure areas requiring respiratory protection are properly posted with appropriate signage.
- b.* Obtain approval of the SOP from the IRPD before publication.
- c.* Familiarize Army personnel with SOPs on respirator use.
- d.* Ensure that all filters, cartridges, and canisters used in the workplace are labeled and color coded with the NIOSH approval label and that the label is not removed and remains legible.
- e.* Prohibit Army personnel from performing tasks requiring respiratory protection when a respirator is not being worn or an effective fit cannot be obtained.
- f.* Implement the requirements for rescue and standby personnel in IDLH situations, including confined space entries.
- g.* Budget for and provide RPE to personnel when required for their work.
- h.* Ensure Army personnel perform proper respirator maintenance and care.
- i.* Return nonfunctional respirators to the installation's respirator specialist for replacement, repair, or proper disposal.
- j.* Include a statement in Army personnel job descriptions that the proper use of personal protective equipment is a significant job element. Consider user performance in performance appraisals.
- k.* Maintain a schedule of routine inspections for maintenance and cleaning per manufacturer's instructions.
- l.* Ensure Army personnel enrolled in respiratory medical surveillance comply with the occupational medicine requirements.

2-11. Director of Public Works

The Director of Public Works will—

- a. Coordinate with the installation's respirator specialist on how to install and maintain breathing-air systems using Grade D air where required (see paragraph 3-11a of this regulation).
- b. Install and maintain breathing-air systems capable of providing Grade D breathing air where required. Consider using "oil-free" compressors designed for breathing-air systems.
- c. Maintain compressed-air breathing system alarms.
- d. Install approved airline couplings that are incompatible with outlets for other gas systems.
- e. Implement a schedule of routine maintenance for servicing and inspecting airline purification panels and changing filters and cartridges as necessary.

2-12. Radiation safety officer

If the requirement for respirator use is based on exposure to radioactive materials, the radiation safety officer will evaluate the respirator use procedure to ensure that it complies with the requirements in 10 CFR 20, the applicable Nuclear Regulatory Commission (NRC) license, AR 385-10, and DA Pam 385-24.

2-13. Civilian personnel officer

The civilian personnel officer will provide support to supervisors and other individuals responsible for maintaining or enforcing the Respiratory Protection Program requirements. Examples of support are—

- a. Developing job descriptions to address requirements for respirator use.
- b. Identifying an individual's ability to use RPE as a condition of employment when required by nature of the job.

2-14. Respirator users

Respirator users will—

- a. Be familiar with the local implementing regulation, the procedures in their job site SOP, and the available respirators.
- b. Use only those sizes and models of respirators approved for their use.
- c. Use respirators according to instructions and training.
- d. Perform positive and negative pressure fit checks (unless the manufacturer recommends otherwise) to ensure satisfactory fitting and valve function each time respirators are used.
- e. Clean assigned respirators, unless a centralized maintenance and cleaning shop exists.
- f. Notify their immediate supervisors about a nonfunctional respirator or the need for respiratory protection.
- g. Store RPE in a clean and sanitary location within the work center to protect against dust, sunlight, heat, extreme cold, excessive moisture, or damaging chemicals. RPE will be packed or stored so the facepiece and exhalation valve will not be damaged, cracked, or deformed.
- h. Undergo prescribed medical surveillance as scheduled.
- i. Report any medical conditions or changes in health status that may impact on the safe wear of RPE to the installation occupational health clinic.
- j. Be responsible for returning respiratory protective devices to the installation respirator specialist when no longer needed.

Chapter 3

Program Objectives, Elements, and Prescribed Procedures

3-1. Program objectives

The overall program objectives of the Army Respiratory Protection Program are to—

- a. Integrate and implement respiratory protection policies, procedures, methods, and equipment throughout Army operations so that—
 - (1) Army personnel are appropriately protected from acute, chronic, and delayed health effects from actual and potential exposures to airborne contaminants and oxygen-deficient atmospheres in the workplace.
 - (2) The use of respirators is appropriate and is properly controlled and managed.
- b. Document compliance with 29 CFR 1910.134.

3-2. Coordination and liaison

An effective installation Respiratory Protection Program requires close liaison among Army personnel; supervisors; local labor organizations, where applicable; the installation respirator specialist; the IRPD; the SOH manager; and the medical commander to safeguard life and health through the proper selection, use, care, and maintenance of respirators. The elements in this chapter will be followed to establish an effective Respiratory Protection Program.

3-3. Installation regulations and job site standing operating procedures

a. The IRPD, in coordination with the SOH manager and the medical commander, will prepare a local implementing regulation that prescribes the installation Respiratory Protection Program. This regulation will include all information and guidance necessary for proper respirator selection, use, care, and maintenance.

b. Written job site SOPs will—

(1) Be prepared by supervisory personnel with guidance from the designated SOH manager and the medical commander and approved by the IRPD for each job site using respirators.

(2) Describe the safe use of respirators in dangerous atmospheres that might be encountered in normal operations or in emergencies.

3-4. Selecting respiratory-protective devices

a. Respirators shall be selected on the basis of the potential workplace exposure hazard, respirator design criteria, and user-specific factors such as comfort and fit.

b. No single manufacturer's make, model, and size respirator will fit all users; therefore, a sufficient number of models and sizes will be made available to accommodate all respirator users.

c. Detailed selection criteria, including selecting respirators for use in IDLH atmospheres, are contained in Department of Health and Human Services (DHHS) NIOSH Publication No. 2005-100. Consult the U.S. Army Public Health Command for additional guidance such as emerging issues (for example, nano-particles) and respiratory protection.

d. All full-face respirator lenses used by Army personnel must meet the requirements for "high impact" classification, optical, and markings of the American National Standards Institute's standards in ANSI Z87.1.

3-5. Respirator use

a. Only respirators approved by NIOSH can be used. Military masks used in military-unique chemical agent workplaces by Army personnel are exempt from the requirement to procure "only respirators approved by NIOSH" and are specifically prescribed in DA Pam 385-61.

b. Respiratory protection will be provided to Army civilian employees, whether required or voluntary users, at no cost to the employee. The installation or activity will use appropriated fund accounts to purchase RPE. Nonappropriated fund activities will use their own funds, unless authorized for appropriated fund sources or unless funds are provided for by a host-tenant agreement.

c. Authorization and guidance for issuing RPE to military personnel appear in the common tables of allowance (CTA) 8-100, CTA 50-900, CTA 50-909, and CTA 50-970.

d. Tight-fitting respirators will not be worn by personnel who have conditions that could interfere with the face-to-facepiece seal or valve function. These conditions include, but are not limited to, facial hair, deep scars, facial jewelry, and missing dentures.

e. The use of corrective lenses including contact lenses and spectacles are permitted for those who are required to use full-face respirators in their jobs provided they do not interfere with the seal of the respirator. Full-face respirators require corrective lens insert kits.

f. Contact lens use poses additional hazards in chemical environments and should be preceded by a risk assessment and approved by the IRPD. Contact lenses should not be worn under respirators in areas of potential hazard from chemical splash. Contact lenses will not be worn during basic training, field exercises, gas chamber exercises, deployments, or combat. Exception: Contact lenses may be worn in field exercises, deployments, or combat for certain duties or evaluation programs approved by the Office of The Surgeon General.

g. Supervisors will establish procedures for the following operational environments, in coordination with the medical commander and the SOH manager:

(1) Areas that may be IDLH environments and/or confined spaces.

(2) Interior structural firefighting environments.

h. All personnel who choose to use a government issued respirator when one is not required (voluntary) will be included in the installation's Respiratory Protection Program. Note: All aspects of the program including medical evaluation, training, fit testing, and recordkeeping will apply to voluntary users. The OSHA standard has less stringent requirements for voluntary users. Therefore, appendix D of 29 CFR 1910.134 will not be applicable.

3-6. Medical evaluation

a. Using a respirator may place a physiological burden on Army personnel that varies with the type of respirator worn, the conditions under which the respirator is used, and the medical condition of the employee. Army personnel who are required to wear respirators in the workplace must be physically able to safely perform their jobs while wearing protective equipment.

b. A medical evaluation will be performed to determine the employee's ability to use a respirator. The evaluation will be performed using the medical questionnaire in 29 CFR 1910.134, appendix C. The evaluation will be completed before respirators are used by the employee.

c. The medical evaluation will be performed prior to first-time use and a reevaluation will take place annually or when—

(1) An employee reports medical signs and symptoms that are related to the ability to use a respirator.

(2) A physician or other licensed healthcare professional, supervisor, or IRPD informs the medical commander that the employee needs to be reevaluated.

(3) Information from the Respiratory Protection Program, including observations made during fit testing and program evaluation, indicate a need for employee reevaluation.

(4) A change occurs in workplace conditions that may result in a substantial increase in the physiological burden placed on the employee.

3–7. Training

a. Training will be provided by the installation respirator specialist or other person appointed by the senior commander or state and territory adjutant general.

b. Training will provide individuals with an opportunity to handle the respirator, have it fitted properly, test its facepiece-to-face seal, wear it in normal air for an acclimatization period, and finally wear it in a test atmosphere (during fit testing). The training will be conducted in a manner that ensures it is understood by those personnel receiving the training. Minimum training will include—

(1) Why the respirator is necessary and the consequences of improper fit, use, or maintenance.

(2) The capabilities and limitations of the respirator, including air purifying cartridges/canisters/filters, service life, change out schedules, and any compressed air sources. Consult ANSI Z88.7 for respirator cartridge, canister, and filter color coding system information.

(3) How to use the respirator in an emergency including respirator malfunction.

(4) How to inspect, put on, check the seals for leaks, and remove.

(5) Maintenance, shelf life, and storage.

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

(7) The general requirements of the Respiratory Protection Program.

c. The training will be given prior to the respirator being used in the workplace and at least annually thereafter.

3–8. Fit testing

Fit testing will be conducted by the installation respirator specialist or other person appointed by the installation commander or state or territory adjutant general.

a. All Army personnel required to wear a respirator with a negative or positive pressure tight-fitting facepiece must be fit tested with the same make, model style, and size respirator they will use in the workplace.

b. Before initial use, after any model change, and at least annually, fit tests will be administered using qualitative or quantitative fit testing protocols outlined in appendix A of 29 CFR 1910.134. Additional fit testing will be conducted when changes occur in the physical condition of the employee that may affect the face seal, such as weight loss, facial scarring, dental changes, or cosmetic surgery. Consult ANSI Z88.10 for additional guidance on fit testing.

c. Local procurement of respirators is authorized to obtain a respirator with an acceptable fit.

3–9. Maintenance and care of respirators

a. The respirator user is responsible for the primary maintenance and cleaning of the respirator unless a centralized maintenance and cleaning facility exists. Where respirators are used collectively or kept ready for emergency use by a shop or operating activity, the commander or supervisor of the activity will ensure maintenance and cleaning per manufacturer's instructions.

b. Procedures for maintenance and care of respirators will be established. At a minimum, procedures will cover—

(1) Cleaning and disinfecting.

(2) Proper storage.

(3) Regular inspections for defects (including leak check).

(4) Repair.

c. Replacement or repair of respirators will be done by the installation respirator specialist or other qualified individuals using parts designed for the respirators. No attempt will be made to replace components or to make adjustments or repairs beyond the manufacturer's recommendations.

d. Disposal will be done only by the installation respirator specialist.

3–10. Program evaluation

A program evaluation must include an annual written program review, a workplace evaluation, and consultations with respirator users to ensure the Respiratory Protection Program is being properly implemented and respiratory protection

is being used correctly. This responsibility will be shared by the IRPD and SOH manager unless otherwise specified by the medical commander.

3-11. Compressed air quality

a. Breathing air for respirators may be supplied from cylinders or air compressors. The requirements for Grade D breathing air will be met as defined in Compressed Gas Association (CGA) Specification G-7.1 according to 29 CFR 1910.134, which has specific requirements for contaminant level and moisture content.

b. Cylinders will be tested and maintained as prescribed in Defense Logistics Agency Instruction (DLAI) 4145.25/AR 700-68/NAVSUPINST 4440.128D/AFJMAN 23-227(I)/MCO 10330.2D, 49 CFR 173, and 49 CFR 178.

3-12. Recordkeeping

a. Local records of respirator training and fit and leak testing will be kept by the installation respirator specialist for at least the duration of employment of each respirator wearer or as specified because of a specific contaminant exposure. (See AR 25-400-2.)

b. The installation respirator specialist is the central focal point for the maintenance of records such as—

- (1) The date of issue and return of respirators.
- (2) The training provided to supervisors and Army personnel on the use, general maintenance, fit and leak testing, and limitations of respirators.
- (3) The inventory of respirators and the parts necessary to repair those respirators.
- (4) The regular inspections conducted on respirators.
- (5) Records of medical evaluations required. These records must be retained in the individual's occupational medical record and Armed Forces Health Longitudinal Technology Application. A memorandum stating the outcome of the medical evaluation must be made available to the respirator specialist for recordkeeping.
- (6) Air purifying cartridge/canister/filter change schedules.
- (7) Other pertinent records as necessary.

Appendix A References

Section I

Required Publications

Except as noted below, Army regulations, DA pamphlets, and common tables of allowance are available online from the Army Publishing Directorate Web site: <http://www.apd.army.mil>. The Code of Federal Regulations is available online from the Government Printing Office at: <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

AR 25-400-2

The Army Records Information Management System (ARIMS) (Cited in para 3-12a.)

AR 385-10

The Army Safety Program (Cited in paras 2-2, 2-12.)

DLAI 4145.25/AR 700-68/NAVSUPINST 4440.128D/AFJMAN 23-227(I)/MCO 10330.2D

Storage and Handling of Liquefied and Gaseous Compressed Gasses and Their Full and Empty Cylinders (Cited in para 3-11b.)

DA Pam 385-10

Army Safety Program (Cited in para 2-6.)

DA Pam 385-24

The Army Radiation Safety Program (Cited in para 2-12.)

DA Pam 385-61

Toxic Chemical Agent Safety Standards (Cited in paras 1-4g, 3-5a.)

CGA Specification G-7.1

Commodity Specification for Air (Available at <http://www.techstreet.com> and from the American National Standards Institute Inc., 1430 Broadway, New York, NY 10018.) (Cited in para 3-11a.)

CTA 8-100

Army Medical Department Expendable/Durable Items (Cited in para 3-5c.)

CTA 50-900

Clothing and Individual Equipment (Cited in para 3-5c.)

CTA 50-909

Field and Garrison Furnishings and Equipment (Cited in para 3-5c.)

CTA 50-970

Expendable/Durable Items (Except Medical, Class V, Repair Parts, and Heraldic Items) (Cited in para 3-5c.)

DHHS (NIOSH) Publication No. 2005-100

NIOSH Respirator Selection Logic 2004 (NIOSH publications are available from Publications Dissemination, DTS, NIOSH, 4676 Columbia Parkway, Cincinnati, OH 45226 or online at <http://www.cdc.gov/niosh/docs/2005-100/pdfs/05-100.pdf/>.) (Cited in para 3-4d.)

10 CFR 20

Standards for Protection Against Radiation (Cited in para 2-12.)

29 CFR 1910.134

Respiratory Protection (Cited in paras 1-4c, 1-4b, 2-6f, 2-7b(2), 2-7b(3), 3-1b, 3-5g, 3-6b, 3-8b, 3-11a.)

42 CFR 84

Respiratory Particulate Devices (Cited in para 1-4g(1).)

49 CFR 173

Shippers—General Requirements for Shipments and Packagings (Cited in para 3–11b.)

49 CFR 178

Specifications for Packagings (Cited in para 3–11b.)

Section II**Related Publications**

A related publication is a source of additional information. The user does not have to read it to understand this publication. Army regulations and DA pamphlets are available online from the APD Web site: <http://www.apd.army.mil>. Unless otherwise noted, DHHS (NIOSH) publications are available at: <http://www.cdc.gov/niosh/pubs.html>; or call 1–800–35–NIOSH. Department of Defense instructions are available online from the Washington Headquarters Services Web site: <http://www.dtic.mil/whs/directives>. The Code of Federal Regulations is available online from the Government Printing Office at: <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

AR 11–2

Managers' Internal Control Program

AR 15–1

Committee Management

AR 25–30

The Army Publishing Program

AR 385–63/MCO 3570.1C

Range Safety

DA Pam 40–506

The Army Vision Conservation and Readiness Program

DODI 6055.1

DOD Safety and Occupational Health (SOH) Program

DHHS (NIOSH) Publication No. 80–106

Criteria for a Recommended Standard: Working in Confined Spaces (Available at <http://www.cdc.gov/niosh/80–106/>)

DHHS (NIOSH) Publication No. 87–116

A Guide to Industrial Respiratory Protection (Available at: <http://www.cdc.gov/niosh/docs/87–116/pdfs/87–116.pdf>)

NRC Regulatory Guide 8.15

Acceptable Programs for Respiratory Protection (Available at: <http://www.nrc.gov/reading-rm/doc-collections/reg-guides/> or from the Director, Office of Standards Development, NRC, Washington, DC 20555.)

ANSI Z87.1

Occupational and Educational Personal Eye and Face Protection Devices

ANSI Z88.2

American National Standard for Respiratory Protection

ANSI Z88.6

Respirator Use: Physical Qualifications for Personnel

ANSI Z88.7

Color Coding of Air Purifying Respirator Canisters, Cartridges, and Filters

ANSI Z88.10

Respirator Fit Test Methods

Section III**Prescribed Forms**

This section contains no entries.

Section IV

Referenced Forms

Unless otherwise indicated below, DA Forms are available at the Army Publishing Directorate Web site (<http://www.apd.army.mil/>).

DA Form 11–2

Internal Control Evaluation Certification

DA Form 2028

Recommended Changes to Publications and Blank Forms

Appendix B

Internal Control Evaluation

B–1. Function

The function covered by this evaluation is the Army Respiratory Protection Program.

B–2. Purpose

The purpose of this evaluation is to assist commanders in evaluating the key internal controls outlined below. This evaluation should be used at the following levels: Headquarters, Department of the Army, for example, Director of Army Safety, Assistant Chief of Staff for Installation Management, Office of The Surgeon General, or Deputy Assistant Secretary of the Army for environment, safety, and occupational health; Army commands, for example, Army Materiel Command; Army service component commands, for example, United States Army Europe, 8th U.S. Army; direct reporting units, for example, Medical Command, Installation Management Command; major subordinate commands, for example, Installation Management Command regions; and installations, for example, the Installation Safety Office. This evaluation can also be used at any level by any organization having implementation and/or monitoring and oversight responsibilities for respiratory protection. It is not intended to cover all controls, but you must evaluate all controls applicable to your activity.

B–3. Instruction

Answers must be based on the actual testing of key internal controls (for example, document analysis, direct observation, sampling, and simulation). Answers that indicate deficiencies must be explained and corrective action indicated in supporting documentation. These key internal controls must be formally evaluated at least once every five years. Certification that this evaluation has been conducted must be accomplished on DA Form 11–2 (Internal Control Evaluation Certification).

B–4. Test Questions

- a. Has the program manager requested, obtained, and designated funds and other resources to carry out all the responsibilities designated in this regulation?
- b. Has a written respiratory protection program providing policies, responsibilities, and procedures been developed?
- c. Has the safety and occupational health manager position been designated in writing according to requirements in AR 385–10?
- d. Have the installation respirator program director and installation respirator specialist positions been appointed?
- e. Are annual program evaluations being conducted and documented?
- f. What methods are used to ensure training provided is understood by Army personnel?
- g. What methods are used to ensure the appropriate respirators are selected and used properly?
- h. Are follow-up medical examinations provided for Army personnel who give a positive response to questions 1–8, Section 2, Part A of Appendix C, 29 CFR 1910.134?
- i. Are records kept and maintained of training, fit testing, and medical evaluations?

B–5. Supersession

There were no previous evaluations.

B–6. Comments

Help make this a better tool for evaluating management controls. Submit comments to the Deputy Functional Proponent for Preventive Medicine at: DASG–PPM–NC, 5111 Leesburg Pike, Suite 538, Falls Church, VA 22041–3258.

Glossary

Section I Abbreviations

ANSI

American National Standards Institute

AR

Army Regulation

CFR

Code of Federal Regulations

CGA

Compressed Gas Association

CTA

common table of allowance

DA Pam

Department of the Army Pamphlet

DHHS

Department of Health and Human Services

DLAI

Defense Logistics Agency Instruction

DODI

Department of Defense Instruction

ESLI

end-of-service-life indicator

IDLH

immediately dangerous to life or health

IRPD

installation respirator program director

NIOSH

National Institute for Occupational Safety and Health

NRC

Nuclear Regulatory Commission

OCONUS

outside the continental United States

OSHA

Occupational Safety and Health Administration

RPE

respiratory protective equipment

SOH

safety and occupational health

SOP

standing operating procedure

**Section II
Terms****Approved**

Tested and listed as satisfactory according to standards established by a competent authority (such as the NIOSH or host country agency) to provide respiratory protection against the particular hazard for which it is designed. For military agent protection, the Department of the Army and DOD are the approval authorities. (Approval authority may be specified by law.)

Army personnel

As used in this publication, includes Active Army; Army National Guard/Army National Guard of the United States, and U.S. Army Reserve personnel on active duty or inactive duty for training status; U.S. Military Academy cadets; U.S. Army Reserve Officer Training Corps cadets, when engaged in directed training activities; other DOD and foreign national military personnel assigned to Army components; and civilian personnel and nonappropriated fund personnel employed by the Army worldwide. Except for those preventive medicine services defined in DODI 6055.1 for supporting DOD contractor personnel during outside the continental United States (OCONUS) force deployments or specifically provided for in contracts between the Government and a contractor, Army contractor personnel are not included in this definition.

Assigned Protection Factor (APF)

The expected level respiratory protection that would be provided by a properly functioning respirator or class of respirators to properly fitted and trained users.

Commercially available

The commercial manufacture of an appropriate respirator, not the availability or the inability of installation personnel to procure an appropriate respirator.

Confined space

A space that is large enough and so configured that an employee can bodily enter and perform assigned work, has limited or restricted means of entry or exit, and is not designed for continuous employee occupancy. Note: All three criteria must be met for the space to be considered a confined space. Confined spaces include but are not limited to storage tanks, compartments of ships, process vessels, pits, silos, vats, degreasers, reaction vessels, boilers, ventilation and exhaust ducts, sewers, tunnels, underground utility vaults, and pipelines.

Contaminant

A harmful, irritating, or nuisance material in concentrations exceeding those normally found in the ambient air.

Designated safety and occupational health manager

A manager designated by each major command and installation commander to assist in the implementation of the safety program and occupational safety and health requirements.

Disinfection

The destruction of pathogenic organisms, especially by means of chemical substances.

Emergency

An unplanned event when a hazardous atmosphere of unknown chemical or particulate concentration suddenly occurs, requiring immediate use of a respirator for escape from or entry into the hazardous atmosphere to carry out maintenance or some other task. (This may or may not include cleanup, maintenance, or repair in unknown concentrations or oxygen deficiency.)

End-of-service-life indicator (ESLI)

A system that warns the respirator user of the approach of the end of adequate respiratory protection (for example, when the sorbent is approaching saturation or is no longer effective).

Escape only respirator

Respiratory device for use only during escape from hazardous atmospheres.

Evacuation or escape

An unplanned event when a hazardous atmosphere of unknown chemical or particulate concentration suddenly occurs, requiring immediate use of a respirator for exiting the area only. (This does not include cleanup, maintenance, or repair in unknown concentrations or oxygen deficiency.)

Immediately dangerous to life or health (IDLH)

An atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere (29 CFR 1910.134(b)).

IDLH concentration

An atmospheric concentration of any toxic, corrosive or asphyxiant that poses an immediate threat to life or would cause irreversible or delayed adverse health effects or would interfere with an individual's ability to escape from a dangerous atmosphere (29 CFR 1910.120) or concentrations in excess of 10% of the lower explosive limit (29 CFR 1910.146).

Installation respirator specialist

An individual appointed by the installation commander and trained by the designated SOH manager and the medical commander to act as controller and maintenance specialist for all RPE.

Installation safety and occupational health (SOH) manager

Principal staff adviser, technical consultant, and coordinator to the commander and the staff in planning, organizing, directing, and evaluating all installation safety program elements (AR 385-10).

Intermittent nonroutine operations

Operations occurring for 1 hour per day, 1 day per week.

Maximum use concentration (MUC)

The maximum use concentration (MUC) for a class of respirators determines the maximum level of protection that a class of respirators can provide against a single contaminant. The MUC is calculated by multiplying the APF by the occupational exposure limit. However, if the IDLH concentration is lower than the MUC, then the IDLH concentration takes precedence over the calculated MUC.

Military chemical agent

A chemical compound used in military operations to kill, seriously injure, or incapacitate persons through its chemical properties. Excluded are research, development, test, and evaluation dilute solutions; riot control agents; chemical defoliants and herbicides smoke flame, and incendiaries; and industrial chemicals.

Oxygen-deficient atmosphere

An atmosphere containing less than 19.5 percent oxygen by volume (ANSI Z88.2).

Respirator

A device designed to provide the wearer with respiratory protection against inhalation of airborne contaminants and, for some devices, oxygen-deficient atmospheres.

Section III**Special Abbreviations and Terms**

This section contains no entries.

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