

OSHA Respiratory Protection Inspection

Workplace Name/Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to ensure compliance with OSHA's Respiratory Protection Standard (29 CFR 1910.134) to protect workers from respiratory hazards. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

WRITTEN RESPIRATORY PROTECTION PROGRAM

Written Program: Verify the presence and availability of a written respiratory protection program.

Yes No NA

Program Content: Check if the program includes all required elements specified in 29 CFR 1910.134(c).

Yes No NA

Training Requirements: Ensure that employees are trained on the respiratory protection program.

Yes No NA

Observations / Notes /
Corrective actions, if any:

HAZARD ASSESSMENT

Respiratory Hazards: Review the workplace to identify respiratory hazards that require protection.

Yes No NA

Exposure Control: Verify that engineering controls are used to reduce respiratory hazards when feasible.

Yes No NA

Exposure Limits: Check if exposure limits are determined for hazardous substances.

Yes No NA

Observations / Notes /
Corrective actions, if any:

RESPIRATOR SELECTION

Proper Selection: Ensure the selected respirators provide adequate protection against identified hazards.

Yes No NA

NIOSH Approval: Verify that respirators are NIOSH-approved for the specific hazard.

Yes No NA

Fit Testing: Check if fit testing is conducted for tight-fitting respirators.

Yes No NA

Observations / Notes /
Corrective actions, if any:

MEDICAL EVALUATION

Medical Questionnaire: Verify that employees complete a medical questionnaire before respirator use. Yes No NA

Medical Examinations: Ensure that employees receive medical examinations as required. Yes No NA

Physician's Written Opinion: Check if the physician's written opinion is obtained for employees. Yes No NA

Observations / Notes /
Corrective actions, if any:

TRAINING AND INSTRUCTION

Respirator Training: Review training records to ensure employees receive proper respirator training. Yes No NA

Proper Use: Verify that employees understand how to use respirators correctly. Yes No NA

Limitations: Ensure employees are aware of the limitations of their respirators. Yes No NA

Observations / Notes /
Corrective actions, if any:

RESPIRATOR INSPECTION

Visual Inspection: Check that employees visually inspect their respirators before each use. Yes No NA

Damage and Defects: Ensure that damaged or defective respirators are removed from service. Yes No NA

Proper Storage: Verify that respirators are stored in a clean and sanitary condition. Yes No NA

Observations / Notes /
Corrective actions, if any:

RESPIRATOR CLEANING AND MAINTENANCE

Cleaning Procedures: Review respirator cleaning procedures for reusable respirators. Yes No NA

Maintenance Requirements: Ensure that respirators are maintained as per manufacturer instructions. Yes No NA

Filter and Cartridge Replacement: Check if filters and cartridges are replaced as required. Yes No NA

Observations / Notes /
Corrective actions, if any:

RESPIRATOR FIT TESTING

Fit Test Records: Review fit test records for each employee using tight-fitting respirators.

Yes No NA

Fit Test Procedures: Verify that fit testing is conducted using the appropriate procedures.

Yes No NA

Retesting: Ensure that employees are retested at least annually or when required.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or respiratory protection checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA respiratory protection checklist inspection and that the workplace is in compliance with OSHA's Respiratory Protection Standard. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :