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New Jersey Agricultural Experiment Station

EPA's Worker Protection Standard (WPS) Respiratory and Recordkeeping Requirements for Agricultural Employers of Pesticide Handlers



Cooperative Extension Bulletin E372

Overview

In the United States, the Federal Occupational Safety and Health Administration (OSHA) adopts and enforces health and safety standards to protect employees from hazards in the workplace. Agricultural use of pesticides is regulated under the Federal Insecticide Fungicide and Rodenticide Act (FIFRA); and is specifically exempt from OSHA jurisdiction with the exception of commercial pesticide handling businesses.

In 2015 the US Environmental Protection Agency (EPA) revised its Worker Protection Standard (WPS) at 40 CFR 170.507 (b)(10) and adopted a subset of OSHA's Standard for Respiratory Protection (29 CFR 1910.134). EPA's revised rule cross references and requires compliance with the OSHA standards for fit testing, training, and medical evaluation when a respirator is required by the labeling. So it doesn't matter if the person is a private applicator, commercial applicator, or neither; agricultural employers and *members of the owner's immediate family must also receive these protections*.

Any person who performs handler activities involving a pesticide product must use the clothing and personal protective equipment specified on the pesticide product labeling for use of the product. If the person is handling (mixing, loading, applying or any of the other handler activities) and the label requires the use of the respirator, the handler's employer must provide:

1. Medical evaluation of handlers using ***any*** type of respirator
2. Fit testing for those using ***tight-fitting*** respirators only
3. Respirator training of handlers using ***any*** type of respirator

EPA's WPS also requires handler employers to maintain records of fit testing, medical evaluation, and training for two years. New Jersey adopted these federal requirements under N.J.A.C. 7:30-12.20(c)9i-iii, extending the record retention time to three years. This document summarizes the three OSHA respirator requirements adopted from OSHA by EPA, and clarifies the recordkeeping requirements for agricultural employers of handlers versus commercial pesticide handling businesses. Parts 1, 2, and 3 of this document outline the requirements of each and are then compiled into a single Table 1: Respiratory and Recordkeeping Requirements for Agricultural Employers for easy reference [see Attachment 1]. Template record forms specific to EPA's Worker Protection Standard are introduced in each of the three Parts and provided as Attachments 2, 3, and 4.

Always follow state, tribal, or local regulations when they are more stringent. When state, tribal, or local regulations are more stringent, they take precedence over federal and must be followed.

Part 1: Medical Evaluation of Respirator Users

When use of a respirator is required by the pesticide label, both commercial applicator and agricultural employers must provide pesticide handlers a medical evaluation per Occupational Safety and Health Act Respiratory Protection regulations at OSHA 29 CFR 1910.134(e) to determine their ability to safely use the respirator specified. *This includes filtering facepiece respirators (FFR), such as N95s.* Under OSHA's regulations, medical evaluations are required for voluntary use of a respirator in the workplace, with the exception of FFR.

EPA's Revised Worker Protection Standard requires that agricultural employers and/or their family members also receive a medical evaluation if they will be using label-required respiratory protection. Medical evaluation must be completed prior to fit testing, or use of the respirator for the first time.

Medical eligibility must be determined by a physician or other licensed health care provider (referred to as a "PLHCP") that is permitted to perform respirator medical evaluations of individuals. OSHA defines a PLHCP as a "person whose legally permitted scope of practice (i.e., license, registration, or certification) allows them to independently provide, or be delegated to provide, some or all of the health care services required by OSHA's Respiratory Protection Standard".

The employer must provide a PLCHP who is licensed in the state in which they are practicing. It is state law that determines the legal scope of practice. Licensing rules vary from state to state. **In New Jersey**, for example, Physician Assistants may perform these medical evaluations independently provided that they are under the direct supervision of a physician licensed by the State Board of Medical Examiners (BME).

OSHA outlines all information required to be obtained by the PLHCP for medical evaluation in its "Respirator Medical Evaluation Questionnaire" [Appendix C to 1910.134]. The questionnaire is designed to identify general medical conditions that place employees who use respirators at risk of serious medical consequences, and includes questions addressing these conditions. Such medical conditions include seizures, diabetes, respiratory disorders and chronic lung disease, and cardiovascular problems. The information contained in an employee's medical evaluation questionnaire are considered medical records, and as such are confidential.



FIGURE 1 OSHA INFOSHEET RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

PLHCPs must perform a medical evaluation of a pesticide handler's eligibility to wear a respirator by one of the following: 1) using the questionnaire; 2) performing an initial medical examination that obtains the same information; 3) OR a PLHCP may make a determination using both. The medical questionnaire does not have to be in the same format as Appendix C. The form can be converted to a scannable format, and the form can be tailored with additional questions.

Various companies provide online medical evaluations of respirator wearers as required per 1910.134. These evaluations use a web-based interactive questionnaire that is evaluated by a PLHCP, some with an expanded version of the OSHA Respirator Medical Evaluation Questionnaire.

The PLHCP's medical evaluation must also consider the specific conditions of the respirator use(s):

1) type and weight of the respirator(s) to be worn
2) duration and frequency of respirator use
3) expected physical work effort
4) use of protective clothing and equipment to be worn; and
5) temperature and humidity extremes that may be encountered.

This information must be provided to the PLHCP by both commercial applicator businesses and agricultural employers. If a handler will be expected to use more than one type of respirator, the employer must include all types and conditions of use to the PLHCP to evaluate in their determination of medical eligibility. Commercial pesticide applicator businesses would also provide the PLHCP with copies of the company's respiratory protection program and the OSHA respiratory standard [29 CFR 1910.134].

Regardless of whether the questionnaire itself and/or exam is used, the PLHCP can require a follow-up with medical tests, consultations, or diagnostic procedures necessary to make a medical determination of the employee's eligibility to safely wear the respirator(s) under the conditions of use specified.

The PLHCP then makes a medical determination per OSHA 29 CFR 1910.134(e)(6)(i) regarding the pesticide handler's ability to use the respiratory protection specified. The PLHCP's written recommendation (often called a medical clearance) must be limited to, but include:

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

Annual medical evaluations are not explicitly required by either OSHA or EPA. However, the evaluating PLHCP may include a reevaluation requirement in their written recommendation. And, company respiratory protection plans may require periodic reevaluation for continued respirator use by the employee. Additional medical evaluations would be required for continued respirator use, in specific instances as outlined in OSHA 29 CFR 1910.134(e)(7). Some instances include changes in workplace conditions, or reported signs or symptoms directly related to their ability to use a respirator.

The PLHCP letter of medical determination should be kept as record that the pesticide handler is medically cleared to use the respirator(s) as specified [see Attachment 2 for an Example Respiratory Medical Clearance Form]. For commercial applicators, OSHA requires (per 29 CFR 1910.1020) that employers retain such records for the employee's length of employment, plus thirty years; this is not required if the employee has been employed for less than a year. The Revised WPS requires that the PLHCP written recommendation be maintained by agricultural employers on the establishment for two years.

Always follow state, tribal, or local regulations when they are more stringent. When state, tribal, or local regulations are more stringent, they take precedence over federal and must be followed. *New Jersey pesticide regulations N.J.A.C. 7:30-12.20(c)9i-iv. adopted on April 6, 2019, are more stringent requiring that agricultural employers retain the medical clearance letter on file at the establishment for three years*.

Part 2: Fit Testing Requirements

The primary purpose of fit testing is to identify the right size and type of tight-fitting respirator that an employee can comfortably wear. Employers must provide a sufficient number of makes, models, and /or sizes for employee fit testing. Even FFR come in different sizes and configurations.

The Revised WPS adopts all OSHA procedures regarding fit testing of respirators and requires a fit-test for any tight-fitting respirator required by the label of a WPS-covered pesticide. At a minimum, fit testing is required annually and whenever a different model or size of tight-fitting respirator facepiece will be used. Get fit tested whenever something physically changes that could affect the fit of your respirator (e.g., facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight).

A **qualitative (QLFT) or quantitative (QNFT) fit test** of a given mask type on a user's face should be performed in order to select the best-fitting respirator. OSHA-Accepted Fit Test Protocols for both QLFT and ONFT are published as Appendix A of Title 29 part 1910.134 of the Code of Federal Regulations.

Qualitative fit testing (QLFT) involves the introduction of a harmless odoriferous; bitter- or sweet-tasting; or irritating substance around the respirator. If no odor, taste, or irritation is detected by the wearer while performing prescribed tasks that could cause facepiece leakage, the mask fits properly.

OSHA provides step-by-step instructions for four acceptable types: 1) isoamyl acetate (more commonly known as banana oil); 2) saccharin solution aerosol; 3) Bitrex™ solution aerosol; and 4) irritant smoke. Kits for qualitative testing are commercially available from local and online safety suppliers (*see right*).



FIGURE 2 MOLDEX BITREX™ QUALITATIVE FIT TEST KIT

Employers must ensure that the person administering the QLFT is able to prepare test solutions, calibrate equipment, perform tests properly, recognize invalid tests, and ensure test equipment is in proper working order. Although various companies offer certification programs for fit testing, there is no legal requirement by OSHA or EPA for any type of certification by the person administering the fit test.

Quantitative fit testing (QNFT) is a method of assessing whether a particular size and brand of respirator adequately fits an individual's face using instrumentation to numerically measure leakage into the respirator.

While the wearer performs exercises that could cause facepiece leakage, the air inside and outside the facepiece is then measured for the presence of an aerosol, ambient particulates, or pressure change, to determine any leakage into the respirator.



FIGURE 3 TSI PORTACOUNT® QUANTITATIVE FIT TEST (PHOTO © RUTGERS UNIVERSITY)

Employers must ensure that the person administering the QNFT is able to calibrate the equipment and perform tests properly, recognize invalid tests, calculate "fit factors" properly, and ensure that test equipment is in proper working order. Again, neither OHSA nor EPA regulations require any type of certification of the person administering the QNFT.

OSHA and EPA regulations do not require a specific format for keeping records of fit testing. However, each fit test record must contain the following information: name of handler tested; type of fit test performed; make, model, and size of the respirator tested; date of the fit test; and results. Results for QLFT are pass/fail; QNFT would be the "fit factor" achieved during testing and a recording of the results such as a strip chart. [See Attachment 3 for a Fit Test Record Form for a blank template that may be used for both qualitative and quantative fit testing}.

OSHA requires that employers maintain records of fit testing until the next fit test is performed (at a minimum, this would be annually). The Revised Worker Protection Standard further requires that agricultural employers maintain records of annual fit testing on the establishment for two years for each employee that will use a respirator in the application of pesticides.

Always follow state, tribal, or local regulations when they are more stringent. When state, tribal, or local regulations are more stringent, they take precedence over federal and must be followed. *New Jersey pesticide regulations N.J.A.C. 7:30 -12.20(c)9i-iv. adopted on April 6, 2019, are more stringent requiring that agricultural employers retain records of fit testing on file at the establishment for three years*.

Part 3: Respirator Training Requirements

Training is an integral element of protecting the health and safety of workers. EPA requires that certified applicators of pesticides receive training in reading and following the pesticide label, which includes properly selecting the type of respirator and components such as purifying elements. Further, employers of occupational users of pesticides must provide effective respirator training per OSHA 29 CFR 1910.134(k) to those employees required to wear respiratory protection by the product label.

All agricultural employers (regardless of size) are required by the 2015 Revised Worker Protection Standard to provide respirator training to those handlers (including themselves and their family members) who will be required to use respiratory protection by pesticide label. WPS respirator training must cover OSHA 29 CFR 1910.134(k)(i)-(vi); items 1 – 6 in the box *(See text box right).*

EPA also recommends that handlers be trained on how to select the type of filters, and cartridges and canisters and know when they should be replaced.

Respirator Training Content
Adapted from OSHA 29 CFR 1910.134(k)(i)-(vii)

1. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator
2. What the limitations and capabilities of the respirator are
3. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
4. How to inspect, put on and remove, use, and check the seals of the respirator
5. What the procedures are for maintenance and storage of the respirator
6. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators; and
7. The requirements for federal/state OSHA respiratory protection standards.

Training of these employees must be conducted in a manner that is understandable, and before the respirator is used in the workplace. Respirator training must be repeated annually; when workplace conditions change; a new type of respirator is used; or retraining is needed because the employee's knowledge or use is inadequate.

Companies that provide agricultural handler services for hire are required to provide worksite-specific respirator training to all employees required to use respirators for protection from workplace hazards, including pesticides. The content of training must include all seven elements as itemized in OSHA 29 CFR 1910.134(k(i)-(vii). *See text box above right.*

OSHA does not specifically require records of respirator training; however, employers are required to ensure that respirator users can demonstrate knowledge of training. EPA's Revised WPS requires agricultural employers maintain written records of respirator training on the establishment for two years; but it does not require a specific format or content.

EPA *recommends* that agricultural employers keep a record that includes handler's printed name & signature; date of training; trainer's name; and description of materials used/information covered [see Attachment 4 for a sample template Respirator Training Record].

Always follow state, tribal, or local regulations when they are more stringent. When state, tribal, or local regulations are more stringent, they take precedence over federal and must be followed. *New Jersey pesticide regulations N.J.A.C. 7:30 -12.20(c)9i-iv. adopted on April 6, 2019, are more stringent requiring that agricultural employers retain records of training on file at the establishment for three years*.

Summary

When USEPA revised its Worker Protection Standard (WPS) at 40 CFR 170.507 (b)(10) in 2015, it adopted a subset of OSHA's Standard for Respiratory Protection (29 CFR 1910.134). EPA's revised rule cross references and requires compliance with the OSHA standards for fit testing, training, and medical evaluation when a respirator is required by the labeling. This change provided equivalent protections to all handlers of pesticides, including those working for agricultural establishments, commercial pesticide handler businesses, agricultural employer and their family members.

Contact your Cooperative Extension Pesticide Safety Education Program, state or tribal pesticide regulatory agency, and/or the EPA for assistance regarding the use of respiratory protection required by the pesticide label.

Citations/ References/Recommended Resources

Hastings, Patricia D. 2018. Respiratory Protection for Occupational Users of Pesticides. Rutgers NJAES Cooperative Extension. Bulletin E358. 27 pp. URL: https://njaes.rutgers.edu/pubs/publication.php?pid=E358.

Occupational Safety and Health Administration (OSHA). 29 CFR 1910.134. Respiratory Protection Standard.
Appendix A: Fit Testing Procedures (Mandatory)
Appendix B-1: User Seal Check Procedures (Mandatory)
Appendix B-2: Respirator Cleaning Procedures (Mandatory)
Appendix C: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)
Appendix D (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

OSHA. 29 CFR 1910.1020.

OSHA. 2015. OSHA INFOSHEET Respirator Medical Evaluation Questionnaire. DTSEM OSHA 3790-05-2015.

US EPA. 40 CFR PART 170. Worker Protection Standard. URL: www.gpo.gov/fdsys/pkg/CFR-2011-title40-vol24/xml/CFR-2011-title40-vol24-part170.xml.

US EPA. 2015. 40 CFR 170.507 (b)(10). Worker Protection Standard.

Attachments

Table 1: Respirator Requirements for Agricultural Employers and Recordkeeping page 7
Respiratory Medical Evaluation Form (example) page 8
Fit Test Record Form (blank template) page 9
Record of Respirator Training (blank template) page 10

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Author: Patricia D. Hastings, Coordinator

Rutgers Cooperative Extension Pesticide Safety Education Program
New Brunswick, New Jersey

RUTGERS
New Jersey Agricultural Experiment Station

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Attachment 1

Table 1: Respirator and Recordkeeping Requirements for Agricultural Employers *

Requirement	Frequency	Record Information (specific format not required)	Retention Time
Medical Evaluation	• prior to fit testing, or use of the respirator for the first time • any follow-up medical evaluations required by the PCLHP • changes in workplace conditions • reported signs or symptoms directly related to their ability to use a respirator	PLCHP Medical determination of eligibility. This document/letter/form from the medical professional must contain: • any limitations on respirator use related to the medical condition of the handler • any limitations on respirator use relating to the workplace conditions in which the respirator will be used • a statement regarding whether or not the person is medically able to use the respirator • the need, if any, for follow-up medical evaluations; and • a statement that the PLHCP has provided the handler with a copy of the PLCHP's written recommendation See Attachment 2 for example of a Medical Clearance Form	**Agricultural establishments** • USEPA: keep for 2 years • ***New Jersey: keep for 3 years** **Commercial handler employers**: OSHA requires keep record for employee's length of employment, plus thirty years; not required for employees employed <1 year
Fit Testing	• **at least annually** • whenever a different model or size of tight-fitting respirator facepiece will be used • whenever physical changes occur that could affect respirator fit (e.g., facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight).	• Employee tested • Type of fit test performed • Make, model, & size of respirator • Date of the fit test • Qualitative: Pass/fail* results • Quantitative: Per unit design (e.g., fit factor/strip chart/etc.) See **Attachment 3** for template for **Fit Test Record Form**	**Agricultural establishments** ○ USEPA: keep for 2 years ○ ***New Jersey: keep for 3 years** **Commercial handler employers**: OSHA requires that employers keep fit test record until next fit test
Respirator Training	• **at least annually** • when workplace conditions change • when a new type of respirator is used **OR** • retraining is needed because the employee's knowledge or use is inadequate.	OSHA has no training recordkeeping requirement. EPA requires a record be kept of training but does not specify record content or format. EPA-recommended record content: • Handler's printed name & signature • Date of training • Trainer's name • Description of materials used/information covered See **Attachment 4** for a template **Respirator Training Record**	**Agricultural establishments** ○ USEPA: keep for 2 years ○ ***New Jersey: keep for 3 years** **Commercial handler employers**: OSHA has no record requirement for training; however, employee must be able to demonstrate knowledge of training

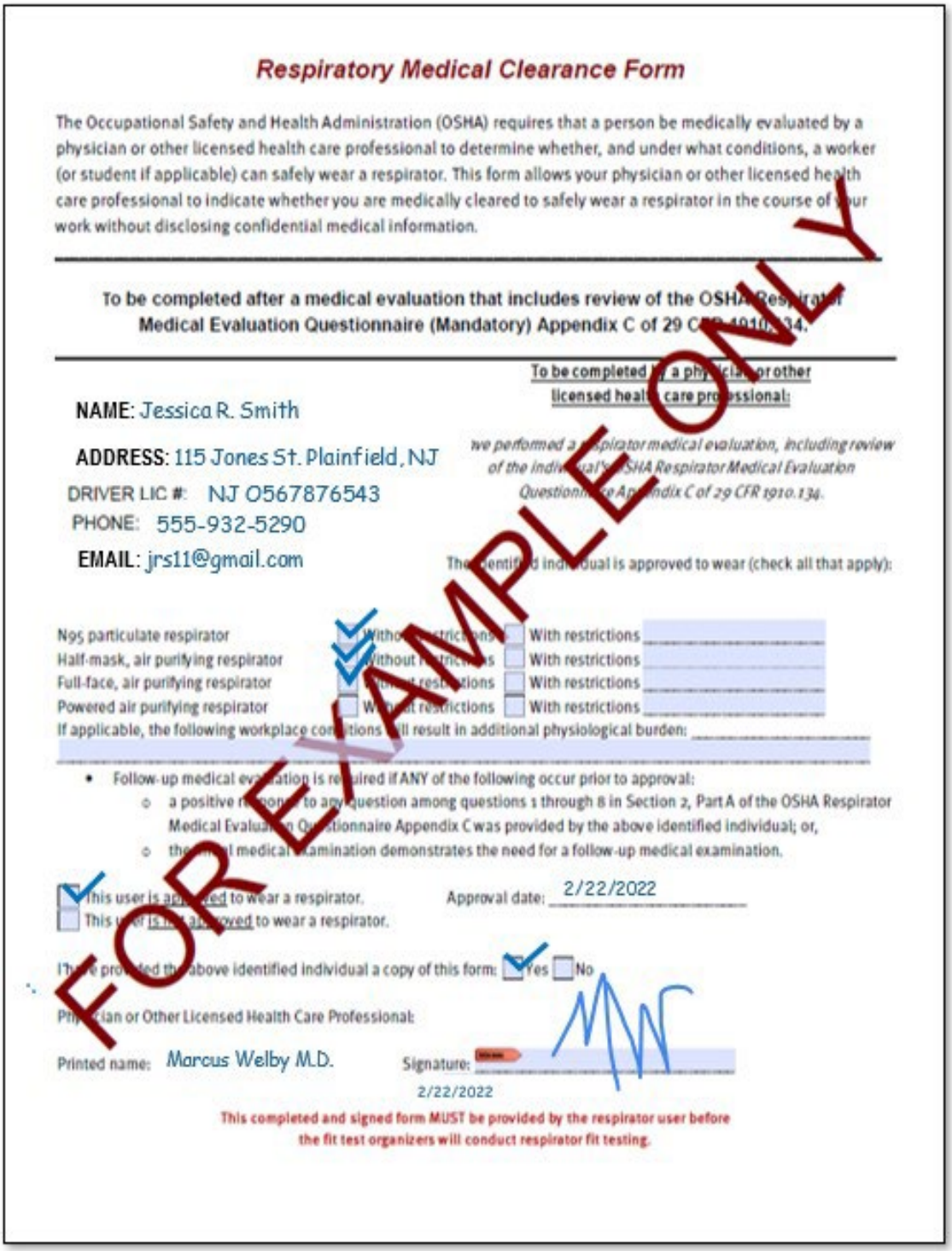
**Follow state, tribal, or local regulations when they are more stringent*

Attachment 2

Respiratory Medical Evaluation Form Example

What does a medical evaluation look like?

- Employers who have handlers that will be required to use a respirator by the pesticide label must provide them with a medical evaluation by a physician or other licensed healthcare professional (PLHC-P) per OSHA 29 CFR 1910.134(e)(6)(i). If a medical questionnaire is completed by the employee and/or the PLHC-P, this and any other medical records are confidential and not provided to the employer.
- Instead, the PLHC-P provides the employer with a **written evaluation (see example below)** that documents their findings regarding the pesticide handler's ability to use the respiratory protection specified. There is no required format. The employer keeps this **medical evaluation form or letter they receive from the PLHC-P in their files for a minimum of two years (USEPA), and for three years (NJ).**



Respiratory Medical Clearance Form

The Occupational Safety and Health Administration (OSHA) requires that a person be medically evaluated by a physician or other licensed health care professional to determine whether, and under what conditions, a worker (or student if applicable) can safely wear a respirator. This form allows your physician or other licensed health care professional to indicate whether you are medically cleared to safely wear a respirator in the course of your work without disclosing confidential medical information.

To be completed after a medical evaluation that includes review of the OSHA Respirator Medical Evaluation Questionnaire (Mandatory) Appendix C of 29 CFR 1910.134.

To be completed by a physician or other licensed health care professional:

NAME: Jessica R. Smith

ADDRESS: 115 Jones St. Plainfield, NJ

DRIVER LIC #: NJ 0567876543

PHONE: 555-932-5290

EMAIL: jrs11@gmail.com

We performed a respirator medical evaluation, including review of the individual's OSHA Respirator Medical Evaluation Questionnaire Appendix C of 29 CFR 1910.134.

The identified individual is approved to wear (check all that apply):

N95 particulate respirator	☑ Without restrictions	☐ With restrictions
Half-mask, air purifying respirator	☑ Without restrictions	☐ With restrictions
Full-face, air purifying respirator	☐ Without restrictions	☐ With restrictions
Powered air purifying respirator	☐ Without restrictions	☐ With restrictions

If applicable, the following workplace conditions will result in additional physiological burden: _____

- Follow-up medical evaluation is required if ANY of the following occur prior to approval:
  - a positive response to any question among questions 1 through 8 in Section 2, Part A of the OSHA Respirator Medical Evaluation Questionnaire Appendix C was provided by the above identified individual; or,
  - the medical examination demonstrates the need for a follow-up medical examination.

☑ This user is approved to wear a respirator. Approval date: 2/22/2022

☐ This user is not approved to wear a respirator.

I have provided the above identified individual a copy of this form: ☑ Yes ☐ No

Physician or Other Licensed Health Care Professional:

Printed name: Marcus Welby M.D. Signature: _____

2/22/2022

This completed and signed form MUST be provided by the respirator user before the fit test organizers will conduct respirator fit testing.

FOR EXAMPLE ONLY

Fit Test Record Form

Revised Worker Protection Standard
40 CFR 170.507(b)(10)

Full Name of Handler:

Respirator Tested	**Test 1**	**Test 2**	**Test 3**
Manufacturer			
Type/facepiece (*check type)*	☐ Filtering Facepiece Respirator (FFR) ☐ Half Facepiece Respirator ☐ Full Facepiece Respirator ☐ Gas Mask	☐ Filtering Facepiece Respirator (FFR) ☐ Half Facepiece Respirator ☐ Full Facepiece ☐ Gas Mask	☐ Filtering Facepiece Respirator (FFR) ☐ Half Facepiece Respirator ☐ Full Facepiece Respirator ☐ Gas Mask
Model name/number			
Size (S, M, L)			
NIOSH Approval No.			

Qualitative respirator fit testing

Test agent used *(check one)*

Using particulate (N, R, P) filter	☐ Bitrex™ ☐ Irritant smoke ☐ Saccharin Mist	☐ Bitrex™ ☐ Irritant smoke ☐ Saccharin Mist	☐ Bitrex™ ☐ Irritant smoke ☐ Saccharin Mist
Using organic vapor cartridge/canister	☐ Isoamyl acetate	☐ Isoamyl acetate	☐ Isoamyl acetate

Part 1: Sensitivity Threshold Testing (where N = number of squeezes needed till sense; if not detected, must use another test agent)

Check Test Result	☐ N= 10 ☐ N= 20 ☐ N= 30 ☐ Not detected	☐ N= 10 ☐ N= 20 ☐ N= 30 ☐ Not detected	☐ N= 10 ☐ N= 20 ☐ N= 30 ☐ Not detected

Part 2: Test exercises: Don respirator w/ filter/cartridge/canister appropriate to test agent used. Adjust till seated on face.
Record results below. P= pass; F= fail

1. Initial fit OK?	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
2. Positive pressure user seal check	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
3. Negative pressure user seal check	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
4. Exercise regime	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
a. Normal breathing (1 min)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
b. Deep breathing (1 min)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
c. Turning head side to side (1 min)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
d. Moving head up & down (1 min)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
e. Reading (Rainbow Passage, etc)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
f. Bend over or jog in place (1 min)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
g. Normal breathing (1 min)	☐ **P**	☐ **F**	☐ **P**	☐ **F**	☐ **P**	☐ **F**
Fit satisfactory?	☐ **Yes**	☐ **No**	☐ **Yes**	☐ **No**	☐ **Yes**	☐ **No**

Quantitative respirator fit testing

Manufacturer of testing unit						
Model number						
Results achieved (Attach strip chart/fit factor/etc.)						
Fit satisfactory?	☐ **Yes**	☐ **No**	☐ **Yes**	☐ **No**	☐ **Yes**	☐ **No**

Respirator(s) selected for use	☐	☐	☐
Employee signature:			
Test performed by:			Date:

Record of Respirator Training ***Revised Worker Protection Standard*** ***40 CFR 170.507(b)(10)***		
Handler full name:		
Trainer's name:		
Respirator Make/Model(s):		
Type of training *(check one):*	☐ Annual ☐ Retraining ☐ Change in workplace conditions ☐ Other: _____	☐ Annual ☐ Retraining ☐ Change in workplace conditions ☐ Other: _____
The pesticide handler was trained and can demonstrate being trained in:	**Check each item completed, and any notes on resources used.**	
1. Why the respirator is necessary and how improper fit, usage and maintenance can make the respirator ineffective		
2. The limitations and capabilities of the respirator		
3. How to select filters, cartridges, and canisters from the pesticide label; and when to replace them		
4. How to use the respirator effectively in emergency situations		
5. How to inspect, put on and remove, use, and check the seals of the respirator		
6. Respirator maintenance and storage procedures		
7. How to recognize medical signs and symptoms that may limit or prevent effective use of the respirator		
Handler signature:		
Trainer signature:		
Date:		

**EPA requires that agricultural employers provide annual respirator training, and maintain training records on the establishment for two years. Follow state, tribal, or local regulations when they are more stringent. New Jersey regulations are more stringent and require these records be maintained for three years.*