

U.S. Department of Labor
Mine Safety and Health Administration
Educational Field and Small Mine Services



Location _____ Date _____

Competent Person _____ Duration _____ Time _____

Respiratory Protection Program

- **A system of monitoring under 30 CFR Part [56.5002](#)**
Dust, Gas, Mist, Fume, exposure assessment
- **Written Procedures**
- **Employee training**
- **Fit-testing**
 1. All persons required to use a respirator will be fit tested first
 2. Annual fit testing to be conducted
- **Respirator cleaning and disinfecting**
- **Records of actions taken**
 1. Records of fit-test which identifies:
 - a. The exact model and size respirator
 - b. Date of testing
 - c. The fit-test method and
 - d. Whether the person passed or failed the test.
 2. Records of training provided which include at least:
 - a. Identification of persons
 - b. Date of training and
 - c. Topics covered.
- **A statement of use**
 1. Assigned respirators will be worn by persons at all times while in the normal work areas where persons may be overexposed; These areas will be posted "Respirator Required" and
 2. Work area(s) affected will be periodically checked to ensure that employees are using respirators and to check dust controls, employee exposure, and employee stress due to breathing resistance or heat. The area supervisor will include this check on his/her daily walk-around inspection.
- **Fatal grams: [56.5002](#)**
- **Attendees:**