RESPIRATORY PROTECTION PROGRAM INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Program Administration

☐ Yes ☐ No — Written program is current and accessible to employees

☐ Yes ☐ No — Program administrator is designated and qualified

☐ Yes ☐ No — Hazard assessments are documented for all work areas

☐ Yes ☐ No — Respirator selection matches identified workplace hazards

Medical Evaluation

☐ Yes ☐ No — Employees are medically cleared before respirator use

☐ Yes ☐ No — Medical evaluations are kept confidential and on file

☐ Yes ☐ No — Follow-up evaluations are conducted as required

☐ Yes ☐ No — Physician recommendations are strictly followed

Fit Testing

☐ Yes ☐ No — Annual fit testing is completed for tight-fitting masks

☐ Yes ☐ No — Fit test records include make, model, and size

☐ Yes ☐ No — Employees demonstrate proper seal check procedures

☐ Yes ☐ No — No facial hair interferes with the respirator seal

Maintenance and Storage

☐ Yes ☐ No — Respirators are cleaned and disinfected after use

☐ Yes ☐ No — Storage protects equipment from dust and sunlight

☐ Yes ☐ No — Cartridges and filters are replaced per schedule

☐ Yes ☐ No — Inspection of valves and straps is performed regularly

FINAL NOTES

Inspector Comments:

_____

_____

_____

_____

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately

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