Covid-19 Respiratory Protection Inspection Checklist

Company: _____ **Project: _____**

Inspector:_____ **Signature**:_____ **Date: _____**

	Yes	No	NA	Corrective Action (*for "No" responses*)
Respiratory Protection Program				
Does your company have a written respirator protection program that is specific to your workplace?				
Does your company have procedures for selection of respirators?				
Does your company do medical evaluations of employees required to wear respirators?				
Does your company have fit testing procedures?				
Does your company have routine use procedures and emergency respirator use procedures?				
Does your company have procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and maintaining respirators?				
Does the company train in respiratory hazards?				
Does your company train in proper use and maintenance of respirators?				
Does the company have procedures for ensuring that workers who voluntarily wear respirators (excluding filter facepieces) comply with the medical evaluation, cleaning, storing and maintenance requirements of the standard?				
Has the company designated program administrator who is qualified to administer the program?				
Has the company updated the written program as necessary to account for changes in the workplace affecting respirator use?				
Has the company provided equipment, training, and medical evaluations at no cost to employees?				
Voluntary Use of Filtering Facepieces				
Are filtering facepieces (dust masks) provided which are clean and uncontaminated?				
Does the use of the dust mask does not interfere with the individual's ability to work safely?				
Has a copy of Appendix D been given to each voluntary wearer?				
Notes:				