Advisory Information for Employees
Who Voluntarily Use Disposable Filtering Facepiece Respirators

- Respirators protect against airborne hazards when properly selected and used. Respirator usage that is required by WISHA or your employer is not voluntary use. With required use, your employer will need to provide further training and meet additional requirements in this chapter. WISHA recommends voluntary use of respirators when exposure to substances is below WISHA permissible exposure limits (PELs) because respirators can provide you an additional level of comfort and protection.

- If you choose to voluntarily use a respirator (whether it's provided by you or your employer) be aware that respirators can create hazards for you, the user. You can avoid these hazards if you know how to use your respirator properly and how to keep it clean. Take these steps:

  - Read and follow all instructions provided by the manufacturer about use, maintenance (cleaning and care), and warnings regarding the respirator’s limitations.

  - Choose respirators that have been certified for use to protect against the substance of concern. The National Institute for Occupational Safety and Health (NIOSH) certifies respirators. If a respirator isn't certified by NIOSH, you have no guarantee that it meets minimum design and performance standards for workplace use.

    - A NIOSH approval label will appear on or in the respirator packaging. It will tell you what protection the respirator provides.

  - Keep track of your respirator so you don't mistakenly use someone else's.

  - Do not wear your respirator into:

    - Atmospheres containing hazards that your respirator isn't designed to protect against.

    For example, a respirator designed to filter dust particles won't protect you against solvent vapor, smoke, or oxygen deficiency.

    - Situations where respirator use is required.

Reference: WAC 296-842-11005

By signing this form, I verify that I have read and understand the information provided.

_______________________________________________________________________

Employee’s Signature Date

Voluntary Respirator Use (OHS Form 405) 3/25/09