
We The People
have the right
to...
Breathe
Free!

This booklet is intended to help the reader understand that a Governor does not have infinite Emergency Powers. That Oregon Health Authority can only enforce EXISTING public health laws (ORS431a.010). The Definition of a Pandemic is not just defined by "case counts" (which We The People believe have been manipulated for a narrative that has caused great harm to all Oregonians). It also refers to overall deaths. See page 1 (5), "Epidemic … in excess of normal expectancy" (ORS431a.005).

In each section you will see Constitutional and Statutory laws that have been violated by State Employees and Public Servants both elected and unelected. This is driven by money, power, greed and control. Make no mistake, Oregonians have been lied to, leaked information on, lawlessness by State and Public servants and lunacy rules inflicted on adults and children all for one purpose; conformity to an ideology that is anything but Constitutional.

We hope you develop a discernment for what is occurring today. The Constitution is being used like toilet paper. And COVID 19 is not novel. It can be traced back to the late 90's with Fauci and his minions at the helm directing the faux pandemic for one strategy; population control. Follow the patents. It is evil on steroids.

When you read the last published Mandate Guideline from the Governor's office in Section 1, understand that she is required by law to list a timeline statute with her Emergency Powers statute. She chose ORS433.441. This is the timeline she is bound by law to follow. On page 2 of this statute, she had **28 days**. That expired in May of 2020. So, why are we still under her faux control? She owns the State Agencies, Courts, Legislature and Media message. The only way to stop her is …

PEACEFUL NON-COMPLIANCE

It is NOT Civil Disobedience because We The People are not breaking any laws. Public Servants are. Until large numbers of Citizens band together to change the court of public opinion, we will face this prolonged nightmare. We ask you to **Unite To Defend** our faith, families, friends, neighbors, jobs, life, liberty and the pursuit of happiness.

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Contact – Scott Stuart
503-329-6616
scott@cmirisk.com

Section # 1

OFFICE OF THE DIRECTOR
Kate Brown, Governor

Oregon Health Authority

500 Summer St NE E20
Salem OR 97301
Voice: 503-947-2340
Fax: 503-947-2341

Effective Date: May 18, 2021

Statewide Reopening Guidance — Masks, Face Coverings, Face Shields

This guidance is specific to requirements for wearing masks, face coverings or face shields.

Authority: Executive Order No. 20-66, ORS 431A.010, ORS 433.441, ORS 433.443.

To the extent the federal government has adopted requirements for masks, face coverings or face shields that are in addition to or more stringent than this guidance, individuals and sectors must comply with the additional and more stringent requirements.

Applicability: This guidance applies statewide to all individuals, except as described below.

This guidance DOES NOT apply to:

- Child care
- K-12 schools (This guidance DOES apply to **K-12 sports**) (K-12 schools must comply with the Ready School, Safe Learners (RSSL) guidance face covering requirements).
- Areas within workplaces where employees live together for periods of time, such as fire-stations
- Licensed health care facilities
- Health care offices
- Shelters and transitional housing
- Adult jails and correctional facilities
- Youth detention and correctional facilities
- Private residences
- Any other sector that has more specific guidance issued by the Oregon Health Authority or another state agency that contains requirements and recommendations on masks, face coverings and face shields.

Definitions. For purposes of this guidance the following definitions apply:

- "Business" means an individual, organization or entity engaged in commercial, industrial, or professional activities.

- “Common or shared space” means an area where individuals may interact such as a restroom, breakroom, hallway, elevator, lobby, classroom, large room with cubicles, meeting rooms, conference rooms and any area open to the public.
- “Face covering” means a cloth, polypropylene, paper or other face covering that covers the nose and the mouth and that rests snugly above the nose, below the mouth, and on the sides of the face.
    - The following **<u>are not</u>** face coverings because they allow droplets to be released: a covering that incorporates a valve that is designed to facilitate easy exhalation, mesh masks, lace masks or other coverings with openings, holes, visible gaps in the design or material, or vents.
- “Face shield” means a clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face.
- “Fully vaccinated individual” means an individual has received both doses of a two-dose COVID-19 vaccine or one dose of a single-dose vaccine and at least 14 days have passed since the individual’s final dose of COVID-19 vaccine.
- “Indoor spaces open to the public” means indoor spaces, whether publicly owned or privately owned, where the public has access by right or invitation, express or implied, whether by payment of money or not, and include but are not limited to building lobbies, shared or common spaces, classrooms, elevators, bathrooms and buildings or spaces where people may gather for social, civic, cultural or religious purposes.
- “Licensed health care facility” means any facility licensed by OHA or ODHS under ORS 441.
- “Mask” means a medical grade mask.
- “Non-contact sports” means sports where participants have no close contact with any other individual while participating in the sport. Non-contact sports include but are not limited to tennis, swimming, cross-country, track and field, sideline/no-contact cheer and dance.
- “Outdoor spaces open to the public” means outdoor spaces, whether publicly owned or privately owned, where the public has access by right or invitation, express or implied, whether by payment of money or not, and include but are not limited to shared or common spaces, outdoor sports fields, parks, rooftop terraces, sidewalks or spaces where people may gather for social, civic, cultural or religious purposes.
- “Private individual workspace” means an indoor space within a public or private workplace used for work by one individual at a time that is enclosed on all sides with walls from floor to ceiling and with a closed door.
- “Public and private workplaces” means indoor or outdoor places where people work, including but not limited to businesses, banks, food processing plants, manufacturing facilities, construction sites, warehouses and farms.
- "Ride sharing services” means transportation services, whether public or private, where a driver transports an individual or a group of people in a vehicle and charges a fare or bills for services. Ride sharing services include, but are not limited to, taxicabs, Uber, and Lyft.
- “Transportation hub” means any airport, bus terminal, marina, seaport or other port, subway station terminal (including any fixed facility at which passengers are picked-

up or discharged), train station, U.S. port of entry, or any other location that provides transportation subject to the jurisdiction of the United States.

Enforcement: To the extent this guidance requires compliance with certain provisions, it is enforceable as specified in Executive Order No. 20-66, paragraph 10.

Oregon Health Authority Mask, Face Covering, Face Shield Requirements:

Statewide, masks, face coverings or face shields are required to be worn by all individuals at all times unless the individual:

- Is at their own residence.
- Is in their own personal vehicle, except when going through a drive-thru or if interacting with an individual outside the vehicle, such as at a gas station.
- Is under five (5) years of age; or is under two (2) years of age and using public transportation or in transportation hubs.
- Is actively eating or drinking.
- Is engaged in an activity that makes wearing a mask, face covering or face shield not feasible, such as when taking a shower.
- Is sleeping.
- Is in a private, individual workspace.
- Must remove the mask, face coverings or face shield briefly because the individual's identity needs to be confirmed by visual comparison, such as at a bank or if interacting with law enforcement. If possible, individuals should limit speaking while the mask, face covering or face shield is off as speaking generates aerosols and droplets that can contain viruses.
- Is outdoors.
    - OHA **strongly recommends** that individuals who are unvaccinated or who are at risk for severe COVID-19 disease continue to wear a mask, face covering or face shield when in outdoor crowded areas and in outdoor large gatherings of individuals and maintain physical distancing. Crowded areas and large gatherings of individuals include but are not limited to venues, event areas, sports events, fairs, festivals, parades, graduation ceremonies or wedding receptions.
- Is fully vaccinated, UNLESS the individual is in:
    - any setting where the owner or operator continues to require masks, face coverings or face shields in accordance with the Statewide Mask, Face Coverings, Face Shields Guidance.
    - health care settings.
    - adult jails and correctional facilities.
    - youth detention and correctional facilities.
    - shelters and transitional housing.

- K-12 schools. (Fully vaccinated individuals must comply with Ready School, Safe Learners (RSSL) guidance face covering requirements).
- Planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States.
- U.S. transportation hubs such as airports and bus stations.

- Is indoors in a private at-home social gathering and has low risk for severe COVID-19 disease **and** all other individuals are fully vaccinated.

When inside a private residence with individuals outside of your household if not all individuals are fully vaccinated, it is still safest for everyone, even those fully vaccinated, to wear a mask, face covering or face shield.

Individuals should be aware that some businesses, events or facilities may require more stringent mask or face covering requirements and may exclude from their business, event or facility those individuals who, regardless of their vaccination status, fail to comply with those requirements. Individuals who have a medical condition that makes it hard to breathe or a disability that prevents the individual from wearing a mask, face covering or face shield can request an accommodation from a business, person responsible for an indoor or outdoor space open to the public, public or private workplace, private career school or public or private university to enable full and equal access to services, transportation and facilities open to the public.

Statewide, masks or face coverings are required to be worn by all individuals ages two (2) and older, regardless of vaccination status, on public transportation, including ride sharing services, and when at transportation hubs at all times unless the individual has a disability as that is defined under the ADA, in which case the individual could wear a face shield alone.

All employers are required to:

- Provide masks, face coverings or face shields for employees.
- Provide for accommodations for employees, contractors, volunteers, students, customers and visitors if such accommodations are required by:
  - State and federal disabilities laws, if applicable, including the Americans with Disabilities Act (ADA) which protects people with disabilities from discrimination in employment and requires employers to engage in the interactive process for accommodations.
  - State or federal labor laws.
  - State and federal public accommodations laws that provide all persons with full and equal access to services, transportation and facilities open to the public.
  - OHA public health guidance if applicable.

Private career schools and public and private colleges and universities are required to:

- Provide masks, face coverings or face shields for students who do not have one.

Persons responsible for businesses, indoor or outdoor spaces open to the public, public and private workplaces, private career schools and public and private colleges and universities should, but are not required to:

- Provide face coverings for customers and visitors who do not have one.
- Post clear signs about the mask, face covering, face shield requirements.
- Post signs about the mask, face covering, face shield requirement in languages that are commonly spoken by customers, visitors and students.
- Educate employees and contractors:
  - On how to safely work and communicate with people who cannot wear masks, face coverings or face shields.
  - That they may need to replace a mask or face covering with a transparent cover such as a face shield while communicating with an individual who needs to read lips or see facial expressions to communicate.

For children younger than 12 years:

- It is not recommended that children under the age of two (2) wear a mask, face covering or face shield. Therefore, children under the age of two (2) are not required to wear a mask, face covering or face shield.
- It is strongly recommended that children between two (2) and five (5) years of age, wear a mask, face covering or face shield at all times in all spaces to which this guidance applies, particularly in places where it is likely that physical distancing of at least six (6) feet from other individuals outside their household unit cannot be maintained, and where vulnerable people may go.
- Children two (2) years of age and older are required to wear a mask on public transportation and when in transportation hubs.
- Because children between the ages of two (2) and 12 years of age can have challenges wearing a mask, face covering or face shield properly (e.g., excessively touching the face covering, not changing the face covering if visibly soiled, risk of strangulation or suffocation, etc.) it is recommended that when masks, face coverings or face shields are worn by this age group, that they be worn with the assistance and close supervision of an adult. Masks, face coverings or face shields should never be worn by children when sleeping.
- There may be mask, face covering and face shield requirements and recommendations that apply to other sectors applicable to children. Refer to other sector guidance, including child care, schools and youth programs.

Oregon Health Authority Public Health Recommendations:

- ***OHA does not*** recommend that individuals wear a face shield instead of a mask or face covering. Face shields can be very good at blocking droplets that individuals release, but they are not as effective at limiting the release of aerosols that can go around the shield.
- The Centers for Disease Control and Prevention (CDC) has issued an order that prohibits individuals from wearing a face shield alone on public transportation or in transportation hubs unless the person has a disability as is defined in the American's with Disabilities Act (ADA). See Requirement for Persons to Wear Masks While on Conveyances and at Transportation Hubs (January 29, 2021), effective February 1, 2021.

When possible, use technology that can help maintain a low risk of virus transmission:

  - Using a microphone while wearing a mask or face covering will amplify your voice while speaking to an audience, allowing more distance between the speaker and the audience, and
  - Videoconferencing allows a person to speak to a remote audience and minimizes the need for people to be in the same room with a speaker.

- **Use of a face shield alone should be done only on a very limited basis.** Wearing a face shield alone without a mask or face covering increases the potential for transmission of viruses to those in the same room as the individual without the mask or face covering. Wearing a face shield without a mask or face covering underneath the shield should be limited to situations when wearing a mask or face covering is not feasible, such as:
  - When a person has a medical condition that prevents them from wearing a mask or face covering.
  - When people need to see mouth and tongue motions in order to communicate (e.g., for communicating with children in certain developmental stages or people hard of hearing).
  - When an individual is speaking to an audience for a short period of time and clear communication is otherwise not possible. In this situation it is important to consider:
    - Ways to lower risk to the audience including all audience members wearing masks or face coverings.
    - Having enhanced building ventilation (see CDC's guidance on ventilation and filtration, Ready Schools, Safe Learners – section 2j, and American Society of Heating, Refrigerating, and Air-Conditioning Engineers' guidance).

Additional Resources

- Interim Guidance for Fully Vaccinated Individuals
- OHA Mask and Face Covering Accommodations Sign
- OHA General Guidance for Employers and Organizations
- COVID-19 and Oregon OSHA
- OHA Mask, Face Covering, Face Shield Guidance for Health Care Offices
- ADA and Face Mask Policies – Disability Issues Brief
- Early Learning Division COVID-19 Resources
- Higher Education Coordinating Commission COVID-19 Resources
- Oregon Department of Education Resources
- OHA Shelter Guidance
- Oregon Youth Authority Resources
- Oregon Department of Corrections Resources
- OHA Mask and Face Covering webpage

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.

ORS 433.441[1]

Proclamation of public health emergency

(1) Upon the occurrence of a public health emergency, the Governor may declare a state of public health emergency as authorized by ORS **433.441 (Proclamation of public health emergency)** to **433.452 (Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency)** to protect the public health.

(2)A proclamation of a state of public health emergency must specify:

(a) The nature of the public health emergency;

(b) The political subdivision or geographic area subject to the proclamation;

(c) The conditions that have brought about the public health emergency; **and**

(d) The duration of the state of public health emergency, if the duration is less than 14 days.

(3) During a public health emergency, the Governor may:

(a) Close, order the evacuation of or the decontamination of any facility the Governor has reasonable cause to believe may endanger the public health.

(b) Regulate or restrict by any means necessary the use, sale or distribution of food, fuel, medical supplies, medicines or other goods and services.

(c) Prescribe modes of transportation, routes and destinations required for the evacuation of individuals or the provision of emergency services.

(d) Control or limit entry into, exit from, movement within and the occupancy of premises in any public area subject to or threatened by a public health emergency if such actions are reasonable and necessary to respond to the public health emergency.

(e) Authorize pharmacists licensed under ORS chapter 689 to administer vaccines to persons who are three years of age or older.

(f) Take any other action that may be necessary for the management of resources, or to protect the public during a public health emergency, including any actions authorized under ORS **401.168 (Governor's powers during state of emergency)**, **401.185 (Providing temporary housing during emergency)**, **401.188 (Management of resources during emergency)** and **401.192 (Effect of rules and orders during emergency)**.

(4) Nothing in ORS **433.441 (Proclamation of public health emergency)** to **433.452 (Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency)** limits the authority of the Governor to declare a state of emergency under ORS **401.165 (Declaration of state of emergency)**. If a state of emergency is declared as authorized under ORS **401.165 (Declaration of state of emergency)**, the Governor may implement any action authorized by ORS **433.441 (Proclamation of public health emergency)** to **433.452 (Detaining persons exposed to reportable condition or condition that is basis for state of public health emergency)**.

(5)A proclamation of a state of public health emergency expires when terminated by a declaration of the Governor or no more than 14 days after the date the public health emergency is proclaimed unless the Governor expressly extends the proclamation for an additional 14-day period.

(6) When real or personal property is taken under power granted by this section, the owner of the property shall be entitled to reasonable compensation from the state.

ORS 431A.010[1]

Power of Oregon Health Authority and local public health administrators to enforce public health laws

(1) The Oregon Health Authority and local public health administrators shall have the power to enforce public health laws. The enforcement powers authorized by this section include, but are not limited to, the authority to:

(a) Investigate possible violations of public health **laws**;

(b) Issue subpoenas requiring testimony or the production of physical or other evidence;

(c) Issue administrative orders to enforce compliance with public health **laws;**

(d) Issue a notice of violation of a public health **law** and impose a civil penalty as established by rule not to exceed $500 a day per violation;

(e) Enter private property at any reasonable time with consent of the owner or custodian of the property to inspect, investigate, evaluate or conduct tests, or take specimens or samples for testing, as may be reasonably necessary to determine compliance with any public health **law**;

(f) Enter a public place to inspect, investigate, evaluate, conduct tests, or take specimens or samples for testing as may be reasonably necessary to determine compliance with the provisions of any public health **law;**

(g) Seek an administrative warrant from an appropriate court authorizing the inspection, investigation, evaluation or testing, or taking of specimens or samples for testing, if denied entry to property;

(h) Restrict access to contaminated property;

(i) Require removal or abatement of a toxic substance on any property and prescribe the proper measures for the removal or abatement;

(j) Maintain a civil action to enforce compliance with public health **laws**, including a petition to a court for an order imposing a public health measure appropriate to the public health threat presented;

(k) Refer any possible criminal violations of public health **laws** to a district attorney or other appropriate law enforcement official; **and**

(L) Request the Attorney General to assist in the enforcement of the public health laws.

(2) Any administrative actions undertaken by the state under this section shall comply with the provisions of ORS chapter 183.

(3) State and local law enforcement officials, to the extent resources are available, must assist the Oregon Health Authority and local public health administrators in ensuring compliance with administrative or judicial orders issued pursuant to this section.

(4) Nothing in this section shall be construed to limit any other enforcement authority granted by law to a local public health authority or to the state.
[Formerly **431.262**]

ORS 431A.005[1]

Definitions

As used in ORS **431A.005 (Definitions)** to **431A.020 (Rules)**:

(1)"Children's facility" has the meaning given that term in ORS **433.235 (Definitions for ORS 433.235 to 433.284)**.

(2)"Communicable disease" means a disease or condition, the infectious agent of which may be transmitted by any means from one person or from an animal to another person, that may result in illness, death or severe disability.

(3)"Condition of public health importance" means a disease, syndrome, symptom, injury or other threat to public health that is identifiable on an individual or community level.

(4)"Disease outbreak" means a significant or notable increase in the number of cases of a disease or other condition of public health importance.

(5)"Epidemic" means the occurrence in a community or region of a group of similar conditions of public health importance that are in excess of normal expectancy and derived from a common or propagated source.

(6)"Local public health administrator" means a local public health administrator as defined in ORS **431.003 (Definitions)** or the authorized representative of a local public health administrator.

(7)"Local public health authority" has the meaning given that term in ORS **431.003 (Definitions)**.

(8)"Public health law" means any statute, rule or local ordinance that has the purpose of promoting or protecting the public health and that establishes the authority of the Oregon Health Authority, the Public Health Director, the Public

Health Officer, a local public health authority or local public health administrator to enforce the statute, rule or local ordinance.

(9)"Public health measure" means a test, medical examination, treatment, isolation, quarantine or other measure imposed on an individual or group of individuals in order to prevent the spread of or exposure to a communicable disease, toxic substance or transmissible agent.

(10)"Reportable disease" means a disease or condition, the reporting of which enables a public health authority to take action to protect or to benefit the public health.

(11)"School" has the meaning given that term in ORS **433.235 (Definitions for ORS 433.235 to 433.284)**.

(12)"Specimen" means blood, sputum, urine, stool or other bodily fluids and wastes, tissues, and cultures necessary to perform required tests.

(13)"Test" means any diagnostic or investigative analyses or medical procedures that determine the presence or absence of, or exposure to, a condition of potential public health importance, or its precursor in an individual.

(14)"Toxic substance" means a substance that may cause illness, disability or death to persons who are exposed to it. [Formerly **431.260**]

Section # 2

NOTICE TO BUSINESSES

ATTN: Owner or Manager

RE: Mask and Distancing in this jurisdiction

- ☐ You are under no lawful authority to require your employees or your patrons to wear a mask.
- ☐ There is no statutory law that requires you, your employees or your patrons to wear a mask.
- ☐ These are GUIDELINES of the State Dept of Health and local health boards. Any other ORDER is unlawful and must be challenged.
- ☐ **Preventing entry to your establishment of someone not wearing a mask violates these laws:**
    - ○ **Oregon Constitution**
    - ○ **US Constitution (1st and 4th Amendments)**
    - ○ **Federal Civil Rights Law (Title 11, Section 2000)**
    - ○ **Oregon Revised Statute (659A)**
- ☐ If you refuse entry to your establishment, which is open to the public, you are also restricting the free movement of an individual and engaging in false imprisonment.
- ☐ You are in violation of several laws if you prohibit the entry of someone if they are not wearing a mask.
- ☐ Furthermore, it is unlawful to enforce 6 feet separation, as it restricts the movement of individuals and may be construed as false imprisonment.
- ☐ Declaring this as your "store policy" does not absolve you from your violation of the law.
- ☐ There is no regulation "on the books" that requires you to operate your business outside, with plexiglass dividers, or with restricting the number of patrons.
- ☐ REGULATIONS are the laws that are created through an administrative law-making procedure by departments and agencies to fulfill and carry out STATUTORY law.
- ☐ When a regulation is passed, it is given a code number and written into the Oregon Revised Statutes (ORS).
- ☐ NO REGULATIONS are "on the books" that require masks, distancing, and other protocols.
- ☐ Violating the above-mentioned laws while concealing your identity with a face-covering may elevate the criminal charges against you for denying entry to any person in this jurisdiction.

Section # 3

AFFiDAVIT

NOTICE OF DISCRIMINATION

You are not at liberty to violate my rights
This establishment is PROHIBITED BY LAW from discriminating against an individual based on age, gender, ethnicity, medical condition, or religious beliefs.
The U.S. Department of Justice, Civil Division
is required to investigate complaints of discrimination.

DATE of Violation:_____

NAME of Violator:_____

(If identity is not given, provide physical description of violator):

_____

Name of business:_____

Location of Incident:_____

Description of Incident: (attach additional sheets if needed):

_____

_____

_____

_____

_____

_____

_____

The above named violator of my Civil rights has been informed of U.S. Law and has willingly and knowingly refused my free and equal entry and access to all services and facilities as required by law. This individual has been been served a NOTICE OF DISCRIMINATION and has been informed that CHARGES may be filed in the Civil Rights Division of the Department of Justice and/or with the United States District Attorney and/or in the U.S. District Court for this willful violation of my U.S. Civil Rights.

Signature of injured party:_____ Date:_____

PRINT FULL NAME:_____

Signature of violator:_____Mgr.(Y/N) Date:_____

PRINT FULL NAME:_____

____ CHECK here if violator refuses to sign NOTICE OF DISCRIMINATION

WITNESS (optional) Name:_____

PUBLIC ACCOMMODATIONS AND FACILITIES

Federal law prohibits privately owned facilities including retail establishments, medical offices and those that offer food, lodging, gasoline, or entertainment to the public from discriminating on the basis of race, color, religion, medical condition, disability or national origin.

REQUIRED BY LAW:

The U.S. Department of Justice
Civil Rights Division
DOJ is required to investigate complaints of discrimination on the basis of race, color, national origin, sex, disability, age and religion

Section # 4

LEGAL NOTICE

To the Person Currently in Charge of this Establishment

As the person responsible for the operation and management of this place of public accommodation, YOU are criminally and civilly liable for the activities that you allow or prohibit on these premises – regardless of whether you own this establishment or not.

YOU ARE HEREBY NOTIFIED THAT:

(1) **It is UNLAWFUL for you or another employee to require someone to wear a mask.** Even if you are a licensed medical doctor who has examined the patron and you have determined that person to be physically fit enough to restrict their breathing while on your premises, the person still has the right to choose whether to wear a mask or not. Recommending that someone wear a mask, which is designated by the FDA as a "medical device" is the unlicensed practice of medicine, which is a violation of **Oregon Revised Statute 677.085** INITIAL HERE_____.

(2) **It is UNLAWFUL for you or another employee to take someone's temperature**. Gathering vital statistics is a **violation of the 4th Amendment,** (*The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no Warrants shall issue, but upon probable cause, supported by Oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized*) which protects a person's right to privacy. Violation of this protection will result in your actions being report to the U.S. Department of Justice, which is required by law to investigate Civil Rights Violations. INITIAL HERE:_____.

(3) **It is UNLAWFUL for you or another employee to attempt to enforce local ordinances.** You are not a law enforcement officer and impersonating a law enforcement officer is a crime in this state under **Oregon Revised Statute 162.367** You will be reported to authorities for this violation. INITIAL HERE: _____.

(4) **It is UNLAWFUL for you or another employee to prohibit someone to enter this establishment, which is a place of public accommodation. U.S. Federal Civil Rights Law, Title II requires free and equal access to all services and facilities WITHOUT DISCRIMINATION**. Having someone else shop for them is not equal. Further, the non-discrimination laws in this State, under **Oregon Revised Statute 659A** further prohibit you from preventing entry to the full enjoyment of this business establishment. Violation of these laws will result in you being served a NOTICE OF DISCRIMINATION, which can serve as the basis of a formal complaint against you personally with the Oregon Department of Justice and the U.S. Department of Justice, which is required by law to investigate civil rights violations. INITIAL HERE:_____.

(5) **It is UNLAWFUL for you or another employee to block someone's entry to your establishment.** This is a place of public accommodation and as such, no person may be prevented entry when this establishment is open to the public. FALSE IMPRISONMENT is the "unlawful violation of

the personal liberty of another." See **Oregon Revised Statute: 12.110.** INITIAL HERE:_____.

(6) **Any claim of "store policy" or "no mask, no service" is NULL, VOID and UNLAWFUL** as no business may enforce policy that violates established law. This LEGAL NOTICE sets forth the previous five laws (and there may be more) which SUPERSEDE any claim to a "store policy". Any attempt to prohibit the "free and equal access to all services and facilities" of this business establishment will:
   a. Be reported to law enforcement as criminal charges of false imprisonment
   b. Be reported to the U.S. Department of Justice as a violation of civil rights
   c. Be reported to the LEGAL COUNSEL of this establishment
   d. Be reported to the DISTRICT ATTORNEY of this jurisdiction for possible criminal charges. INITIAL HERE: _____.

(7) **Neither you nor an employee may prevent the lawful entry of a patron – regardless of whether they are wearing a mask or not.** Attempting to prevent the entry of a patron to your business establishment, which is a place of public accommodation is a violation of an IMPLIED, IRREVOCABLE LICENSE that this business has granted to the public. INITIAL HERE: _____.

(8) **Any attempt by you or an employee to summon law enforcement with a claim of "trespassing" will be reported as ASSAULT by you or your employee.** You or your employee can be charged with and convicted of assault in this state under **Oregon Revised Statute 163**, even if no one is physically hurt by your behavior. There is **NO VALID CLAIM of TRESPASS** because:
   a. your business establishment is open to the public
   b. this business has extended an irrevocable license to the public for entry
   c. the patron has entered legally and has not interfered with the business
   d. there has been no evidence of violation INITIAL HERE: _____.

(9) **If you are wearing a mask while engaged in any of the above violations, this aggravates your crime.** You or your employee can be charged with and convicted of assault in this state under **Oregon Revised Statute 163**, even if no one is physically hurt by your behavior. INITIAL HERE: _____.

YOU ARE HEREBY NOTIFIED of a potential CITIZEN'S ARREST for violations of the above laws, under Oregon Revised Statute 133.225, which authorizes a private person to make a citizen's arrest in Oregon.

YOU ARE HEREBY NOTIFIED of a POTENTIAL CITIZEN'S ARREST AUTHORIZED BY

OREGON REVISED STATUTE 133.225

WHEREAS, under the authority of Oregon Revised Statute 133.225, when someone commits a misdemeanor in a citizen's presence, or commits a felony and a citizen has a reasonable cause to believe the perpetrator committed it;

WHEREAS, Oregon courts have recommended that private persons follow certain procedures when making these arrests:

1. The citizen should inform a person that he **intends to arrest him;**

2. The citizen should set for the **cause of the arrest;**

3. If possible, the citizen should indicate **the authority to make the arrest;**

4. If applicable, the citizen should inform the perpetrator that he has **called the police or sheriff;**

5. The citizen should try to **make an arrest as soon as possible,** as a delay may result in the citizen's loss of authority to make an arrest

6. The citizen making the arrest **can use reasonable force** but should consider the safety of all involved

1. The citizen should **consider the safety** of all involved

2. **The citizen should call 911**

3. The citizen should ask for the arrestee's cooperation

4. If needed, the citizen can keep the perpetrator out of harm's way in a secluded location. Initial here: _____

Referenced from https://www.oregonlaws.org/ors/133.225

THEREFORE, you and your employees have hereby been PUT ON NOTICE of potential civil and criminal violations of unlawfully preventing the lawful entry of any member of the public.

YOU ARE AT RISK FOR A CITIZEN'S ARREST, AS AUTHORIZED UNDER ORS 133.225, WITH LAW ENFORCEMENT BEING SUMMONED FOR YOUR

VIOLATIONS OF THE ABOVE LAWS.
INITIAL_____.

HOW TO MAKE A CITIZEN'S ARREST IN OREGON:

1. First, **CALL 911** to report a crime in progress.
2. Inform the perpetrator of the intended arrest, using the following language:
3. "You are hereby informed of my attention to place you under citizen's arrest."
4. "You have willfully and knowingly violated these laws: (read off the list of violations as applicable)."
5. "My authority to arrest you is granted by Oregon Revised Statute 133.225."
6. "I have called law enforcement to the scene."
7. "I am requesting your cooperation until law enforcement arrives".
8. "If you refuse to cooperate or attempt to flee the scene, I have the right to use reasonable force to detain you."
9. "The law allows for you to be kept out of harm's way in a secluded location until law enforcement arrives."

Section # 5

ORS 677.085[1]

What constitutes practice of medicine

A person is practicing medicine if the person does one or more of the following:

(1) Advertise, hold out to the public or represent in any manner that the person is authorized to practice medicine in this state.

(2) For compensation directly or indirectly received or to be received, offer or undertake to prescribe, give or administer any drug or medicine for the use of any other person.

(3) Offer or undertake to perform any surgical operation upon any person.

(4) Offer or undertake to diagnose, cure or treat in any manner, or by any means, methods, devices or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity, defect or abnormal physical or mental condition of any person.

(5) Except as provided in ORS **677.060 (Persons and practices not within scope of chapter)**, append the letters "M.D." or "D.O." to the name of the person, or use the words "Doctor," "Physician," "Surgeon," or any abbreviation or combination thereof, or any letters or words of similar import in connection with the name of the person, or any trade name in which the person is interested, in the conduct of any occupation or profession pertaining to the diagnosis or treatment of human diseases or conditions mentioned in this section. [Formerly **677.030**; 1989 c.830 §3]

[1] Legislative Counsel Committee, *CHAPTER 677—Regulation of Medicine, Podiatry and Acupuncture*, **https://www.oregonlegislature.gov/bills_laws/ors/ors677.html** (2019) (last accessed May 16, 2020).

[2] Legislative Counsel Committee, *Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2019, Chapter 677*, **https://www.oregonlegislature.gov/bills_laws/ors/ano677.html** (2019) (last accessed May 16, 2020).

[3] OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals

relationships in the code that may not have otherwise been apparent. **Currency Information**

Section # 6

ORS 162.367[1]

Criminal impersonation of a peace officer

(1)A person commits the crime of criminal impersonation of a peace officer if the person, with the intent to obtain a benefit or to injure or defraud another person, uses false law enforcement identification or wears a law enforcement uniform to give the impression that the person is a peace officer and does an act in that assumed character.

(2) Criminal impersonation of a peace officer is a Class C felony.

(3) As used in this section:

(a)"False law enforcement identification" means a badge or an identification card that:

(A) Identifies the possessor of the badge or card as a member of a law enforcement unit; **and**

(B) Was not lawfully issued to the possessor by the law enforcement unit.

(b)"Law enforcement uniform" means clothing bearing words such as "police," "sheriff," "state trooper" or "law enforcement," or clothing that is an official uniform or substantially similar to an official uniform of a law enforcement unit that would make it reasonably likely that a person would believe that the wearer is a peace officer. [1993 c.243 §2; 2005 c.259 §1]

Note: **162.367 (Criminal impersonation of a peace officer)** and **162.369 (Possession of a false law enforcement identification card)** were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 162 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

Section # 7

ORS 659A.006[1]

Declaration of policy against unlawful discrimination

(1) It is declared to be the public policy of Oregon that practices of unlawful discrimination against any of its inhabitants because of race, color, religion, sex, sexual orientation, national origin, marital status, age, disability or familial status are a matter of state concern and that this discrimination not only threatens the rights and privileges of its inhabitants but menaces the institutions and foundation of a free democratic state.

(2) The opportunity to obtain employment or housing or to use and enjoy places of public accommodation without unlawful discrimination because of race, color, religion, sex, sexual orientation, national origin, marital status, age or disability hereby is recognized as and declared to be a civil right.

(3) It is not an unlawful practice for a bona fide church or other religious institution to take any action with respect to housing or the use of facilities based on a bona fide religious belief about sexual orientation as long as the housing or the use of facilities is closely connected with or related to the primary purposes of the church or institution and is not connected with a commercial or business activity that has no necessary relationship to the church or institution.

(4) It is not an unlawful employment practice for a bona fide church or other religious institution, including but not limited to a school, hospital or church camp, to prefer an employee, or an applicant for employment, of one religious sect or persuasion over another if:

> **(a)**The religious sect or persuasion to which the employee or applicant belongs is the same as that of the church or institution;
>
> **(b)**In the opinion of the church or institution, the preference will best serve the purposes of the church or institution; **and**

(c) The employment involved is closely connected with or related to the primary purposes of the church or institution and is not connected with a commercial or business activity that has no necessary relationship to the church or institution.

(5) It is not an unlawful employment practice for a bona fide church or other religious institution to take any employment action based on a bona fide religious belief about sexual orientation:

(a) In employment positions directly related to the operation of a church or other place of worship, such as clergy, religious instructors and support staff;

(b) In employment positions in a nonprofit religious school, nonprofit religious camp, nonprofit religious day care center, nonprofit religious thrift store, nonprofit religious bookstore, nonprofit religious radio station or nonprofit religious shelter; **or**

(c) In other employment positions that involve religious activities, as long as the employment involved is closely connected with or related to the primary purposes of the church or institution and is not connected with a commercial or business activity that has no necessary relationship to the church or institution.

[Formerly **659.020**; 2007 c.100 §3; 2007 c.903 §2]

[1] Legislative Counsel Committee, *CHAPTER 659A—Unlawful Discrimination in Employment, Public Accommodations and Real Property Transactions; Administrative and Civil Enforcement*, **https://www.oregonlegislature.gov/bills_laws/ors/ors659A.html** (2019) (last accessed May 16, 2020).

[2] Legislative Counsel Committee, *Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2019, Chapter 659A*, **https://www.oregonlegislature.gov/bills_laws/ors/ano659A.html** (2019) (last accessed May 16, 2020).

[3] OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent. **Currency Information**

ORS 659A.403[1]

Discrimination in place of public accommodation prohibited

(1) Except as provided in subsection (2) of this section, all persons within the jurisdiction of this state are entitled to the full and equal accommodations, advantages, facilities and privileges of any place of public accommodation, without any distinction, discrimination or restriction on account of race, color, religion, sex, sexual orientation, national origin, marital status or age if the individual is of age, as described in this section, or older.

(2) Subsection (1) of this section does not prohibit:

(a) The enforcement of laws governing the consumption of alcoholic beverages by minors and the frequenting by minors of places of public accommodation where alcoholic beverages are served;

(b) The enforcement of laws governing the use of marijuana items, as defined in ORS **475B.015 (Definitions for ORS 475B.010 to 475B.545)**, by persons under 21 years of age and the frequenting by persons under 21 years of age of places of public accommodation where marijuana items are sold; **or**

(c) The offering of special rates or services to persons 50 years of age or older.

(3) It is an unlawful practice for any person to deny full and equal accommodations, advantages, facilities and privileges of any place of public accommodation in violation of this section. [Formerly **30.670**; 2003 c.521 §1; 2005 c.131 §1; 2007 c.100 §5; 2015 c.614 §27]

[1] Legislative Counsel Committee, *CHAPTER 659A—Unlawful Discrimination in Employment, Public Accommodations and Real Property Transactions; Administrative and Civil Enforcement*, **https://www.oregonlegislature.gov/bills_laws/ors/ors659A.html** (2019) (last accessed May 16, 2020).

[2] Legislative Counsel Committee, *Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2019, Chapter 659A*, **https://www.oregonlegislature.gov/bills_laws/ors/ano659A.html** (2019) (last accessed May 16, 2020).

[3] OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent. **Currency Information**

ORS 659.850[1]

Discrimination in education prohibited

(1) As used in this section, discrimination means any act that unreasonably differentiates treatment, intended or unintended, or any act that is fair in form but discriminatory in operation, either of which is based on race, color, religion, sex, sexual orientation, national origin, marital status, age or disability. Discrimination does not include enforcement of an otherwise valid dress code or policy, as long as the code or policy provides, on a case-by-case basis, for reasonable accommodation of an individual based on the health and safety needs of the individual.

(2) A person may not be subjected to discrimination in any public elementary, secondary or community college education program or service, school or interschool activity or in any higher education program or service, school or interschool activity where the program, service, school or activity is financed in whole or in part by moneys appropriated by the Legislative Assembly.

(3) The State Board of Education and the Higher Education Coordinating Commission shall establish rules necessary to ensure compliance with subsection (2) of this section in the manner required by ORS chapter 183. [Formerly **659.150**; 2007 c.100 §29; 2013 c.747 §182; 2013 c.768 §146]

[1] Legislative Counsel Committee, *CHAPTER 659—Miscellaneous Prohibitions Relating to Employment and Discrimination*, **https://www.oregonlegislature.gov/bills_laws/ors/ors659.html** (2019) (last accessed May 16, 2020).

[2] Legislative Counsel Committee, *Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2019, Chapter 659*, **https://www.oregonlegislature.gov/bills_laws/ors/ano659.html** (2019) (last accessed May 16, 2020).

[3] OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent. **Currency Information**

ORS 339.288[1]

Prohibitions on use of certain restraints

(1) The use of the following types of restraint on a student in a public education program is prohibited:

(a) Chemical restraint.

(b) Mechanical restraint.

(c) Prone restraint.

(d) Supine restraint.

(e) Any restraint that involves the intentional and nonincidental use of a solid object, including a wall or the floor, to impede a student's movement, unless the restraint is necessary to prevent an imminent life-threatening injury or to gain control of a weapon.

(f) Any restraint that places, or creates a risk of placing, pressure on a student's neck or throat.

(g) Any restraint that places, or creates a risk of placing, pressure on a student's mouth, unless the restraint is necessary for the purpose of extracting a body part from a bite.

(h) Any restraint that impedes, or creates a risk of impeding, breathing.

(i) Any restraint that involves the intentional placement of the hands, feet, elbow, knee or any object on a student's neck, throat, genitals or other intimate parts.

(j) Any restraint that causes pressure to be placed, or creates a risk of causing pressure to be placed, on the stomach or back by a knee, foot or elbow bone.

(k) Any action designed for the primary purpose of inflicting pain.

(2) As used in this section:

(3) **(a)** Chemical restraint means a drug or medication that is used on a student to control behavior or restrict freedom of movement and that is not:

(A) Prescribed by a licensed physician or other qualified health professional acting under the professional's scope of practice for standard treatment of the student's medical or psychiatric condition; **and**

(B) Administered as prescribed by a licensed physician or other qualified health professional acting under the professional's scope of practice.

(b) (A) Mechanical restraint means a device used to restrict the movement of a student or the movement or normal function of a portion of the body of a student.

(B) Mechanical restraint does not include:

(i) A protective or stabilizing device ordered by a licensed physician; **or**

(ii) A vehicle safety restraint when used as intended during the transport of a student in a moving vehicle.

(c) Prone restraint means a restraint in which a student is held face down on the floor.

(d) Supine restraint means a restraint in which a student is held face up on the floor. [2011 c.665 §2; 2019 c.267 §2]

[1] Legislative Counsel Committee, *CHAPTER 339—School Attendance; Admission; Discipline; Safety*, **https://www.oregonlegislature.gov/bills_laws/ors/ors339.html** (2019) (last accessed May 16, 2020).

[2] OregonLaws.org contains the contents of Volume 21 of the ORS, inserted alongside the pertinent statutes. See the **preface to the ORS Annotations** for more information.

[3] OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent. **Currency Information**

ORS 127.507[1]

Capable adults may make own health care decisions

Capable adults may make their own health care decisions. [1993 c.767 §2]

Section # 8

ORS 12.110[1]

Actions for certain injuries to person not arising on contract

(1) **An action for assault, battery, false imprisonment, or for any injury to the person or rights of another**, not arising on contract, and not especially enumerated in this chapter, shall be commenced within two years; provided, that in an action at law based upon fraud or deceit, the limitation shall be deemed to commence only from the discovery of the fraud or deceit.

(2) An action upon a statute for a forfeiture or penalty to the state or county shall be commenced within two years.

(3) An action for overtime or premium pay or for penalties or liquidated damages for failure to pay overtime or premium pay shall be commenced within two years.

(4) An action to recover damages for injuries to the person arising from any medical, surgical or dental treatment, omission or operation shall be commenced within two years from the date when the injury is first discovered or in the exercise of reasonable care should have been discovered. However, notwithstanding the provisions of ORS **12.160 (Suspension for minors and persons who have disabling mental condition)**, every such action shall be commenced within five years from the date of the treatment, omission or operation upon which the action is based or, if there has been no action commenced within five years because of fraud, deceit or misleading representation, then within two years from the date such fraud, deceit or misleading representation is discovered or in the exercise of reasonable care should have been discovered.

(5) An action, arising from a nuclear incident, as defined in 42 U.S.C. 2014(q), that involves the release of radioactive material, excluding releases from acts of war, that causes bodily injury, sickness or death, shall be commenced:

(a) Within two years from the time an injured person discovers or reasonably could have discovered the injury and the causal connection between the injury and the nuclear incident; **or**

(b) Within two years from any substantial change in the degree of injury to the person arising out of a nuclear incident. [Amended by 1957 c.374 §1; 1967 c.406 §1; 1969 c.642 §1; 1971 c.473 §1; 1975 c.796 §10a; 1981 c.149 §1; 1987 c.705 §4]

Section # 9

ORS 163.275[1]

Coercion

(1) A person commits the crime of coercion when the person compels or induces another person to engage in conduct from which the other person has a legal right to abstain, or to abstain from engaging in conduct in which the other person has a legal right to engage, by means of instilling in the other person a fear that, if the other person refrains from the conduct compelled or induced or engages in conduct contrary to the compulsion or inducement, the actor or another will:

(a) Unlawfully cause physical injury to some person;

(b) Unlawfully cause physical injury to some animal;

(c) Unlawfully cause damage to property;

(d) Engage in conduct constituting a crime;

(e) Falsely accuse some person of a crime or cause criminal charges to be instituted against the person;

(f) Cause or continue a strike, boycott or other collective action injurious to some person's business, except that such a threat is not deemed coercive when the act or omission compelled is for the benefit of the group in whose interest the actor purports to act;

(g) Testify falsely or provide false information or withhold testimony or information with respect to another's legal claim or defense; **or**

(h) Unlawfully use or abuse the person's position as a public servant by performing some act within or related to official duties, or by failing or refusing to perform an official duty, in such manner as to affect some person adversely.

(2) Coercion is a Class C felony. [1971 c.743 §102; 1983 c.546 §4; 1985 c.338 §1; 2007 c.71 §45; 2015 c.751 §1]

[1] Legislative Counsel Committee, *CHAPTER 163—Offenses Against Persons*, **https://www.oregonlegislature.gov/bills_laws/ors/ors163.html** (2019) (last accessed May 16, 2020).

[2] Legislative Counsel Committee, *Annotations to the Oregon Revised Statutes, Cumulative Supplement - 2019, Chapter 163*, **https://www.oregonlegislature.gov/bills_laws/ors/ano163.html** (2019) (last accessed May 16, 2020).

[3] OregonLaws.org assembles these lists by analyzing references between Sections. Each listed item refers back to the current Section in its own text. The result reveals relationships in the code that may not have otherwise been apparent. **Currency Information**

Disease and Condition Control

ORS 433.416
When employer to provide preventive immunization

(1)

An employer of a health care worker at risk of contracting an infectious disease in the course of employment shall provide to the worker preventive immunization for infectious disease if such preventive immunization is available and is medically appropriate.

(2)

Such preventive immunization shall be provided by the employer at no cost to the worker.

(3)

A worker shall not be required as a condition of work to be immunized under this section, unless such immunization is otherwise required by federal or state law, rule or regulation. [1989 c.949 §3] Note: See note under 433.407 (Definitions for ORS 433.407 to 433.423).

Section # 10

About respiratory hazards

1

Respiratory hazards include harmful substances and below-normal concentrations of oxygen in the air we breathe. What makes a substance harmful depends on its toxicity, chemical state, physical form, concentration, and the period of time one is exposed. Examples include ***particulates***, ***gases and vapors***, and ***biological organisms***. Harmful effects are wide ranging and may occur immediately or take years to develop.

When the oxygen concentration in normal breathing air drops below 19.5 percent by volume, the air becomes ***oxygen deficient*** — a significant concern for those who work in confined spaces. Harmful effects include impaired thinking and coordination, unconsciousness, and death.

Protection from respiratory hazards

Protect yourself and your co-workers from respiratory hazards by doing the following:

- Identify the respiratory hazards in your workplace.
- Evaluate employees' exposures to each hazard.
- Use the evaluation information to eliminate the hazards or to lower employees' exposures to safe levels.

This three-step process, summarized below, is called a ***hazard analysis*** or ***hazard evaluation.***

Identify the respiratory hazards in your workplace

- Consider the sources of respiratory hazards such as production processes, work tasks, raw materials, and end products. Each could expose employees to a respiratory hazard. What raw materials are used in a production process? What are the intermediate products and the byproducts of each process? Do employees use equipment or handle substances that could expose them to respiratory hazards?
- Review safety data sheets (SDS) and chemical inventories to identify chemicals that may expose employees to respiratory hazards.
- Talk to employees. Do they have safety or health concerns about certain products, materials, or machines? Have they reported signs or symptoms of respiratory conditions?

Examples of respiratory hazards

Particulates. These are airborne particles such as dusts, fibers, fumes, mists, soot, and smoke. Some are so small they can only be seen with an electron microscope. The diameter of a particulate is usually measured in micrometers (one micrometer equals 1/1,000 millimeter or 1/25,400 inch). Particles with diameters under 10 micrometers are more likely to enter the respiratory system.

Gas and vapors. Gases can spread freely in the air. Vapors are the gaseous states of substances that are liquids or solids at room temperature. Gases and vapors are classified by their chemical forms.

Biological organisms. These include bacteria, viruses, fungi, and other living organisms that can cause respiratory infections.

Oxygen-deficient atmosphere. Normal air has an oxygen concentration of 20.8 percent by volume. When the concentration drops below 19.5 percent, the air is oxygen deficient and considered ***immediately dangerous to life and health (IDLH).***

Section # 11

UNITED STATES
DEPARTMENT OF LABOR

Occupational Safety and Health Administration

OSHA requirements are set by statute, standards and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at https://www.osha.gov.

April 2, 2007

Mr. William Costello
Vice President
FirePASS Corporation
1 Collins Drive
Carneys Point, NJ 08069

Dear Mr. Costello:

Thank you for your January 8, 2007 letter to the Occupational Safety and Health Administration's (OSHA's) Directorate of Enforcement Programs regarding the Respiratory Protection Standard, 29 CFR 1910.134. This letter constitutes OSHA's interpretation only of the requirements discussed and may not be applicable to any question not delineated within your original correspondence.

In your letter you ask OSHA to revise the Respiratory Protection Standard to state that an atmosphere containing a partial pressure of oxygen at or above 100 mm of mercury is safe for employees when employers demonstrate that, under all foreseeable conditions, they can maintain the partial pressure of oxygen at or above 100 mm of mercury. Although most of your letter argues for the use of "partial pressures of oxygen" to describe atmospheric oxygen concentrations, the expression "percent oxygen" was purposely chosen during the rulemaking for the Respiratory Protection Standard. Oxygen meters used to assess hazardous conditions by safety personnel in both general industry and construction are calibrated in percent oxygen, and employers and employees are familiar with, and prefer, this terminology. This same terminology has been used in the Confined Space Standard, 29 CFR 1910.146, since 1993.

Paragraph (d)(2)(iii) of the Respiratory Protection Standard considers any atmosphere with an oxygen level below 19.5 percent to be oxygen-deficient and immediately dangerous to life or health. To ensure that employees have a reliable source of air with an oxygen content of at least 19.5 percent, paragraphs (d)(2)(i)(A) and (d)(2)(i)(B) of the Respiratory Protection Standard require employers working under oxygen-deficient conditions to provide their employees with a self-contained breathing apparatus or a combination full-facepiece pressure-demand supplied-air respirator with auxiliary self-contained air supply. In the preamble to the final Respiratory Protection Standard, OSHA discussed extensively its rationale for requiring that employees breathe air consisting of at least 19.5 percent oxygen. The following excerpt, taken from the preamble, explains the basis for this requirement:

Human beings must breathe oxygen . . . to survive, and begin to suffer adverse health effects when the oxygen level of their breathing air drops below [19.5 percent oxygen]. Below 19.5 percent oxygen . . . , air is considered oxygen-deficient. At concentrations of 16 to 19.5 percent, workers engaged in any form of exertion can rapidly become symptomatic as their tissues fail to obtain the oxygen necessary to function properly (Rom, W., *Environmental and Occupational Medicine*, 2nd ed.; Little, Brown; Boston, 1992). Increased breathing rates, accelerated heartbeat, and impaired thinking or coordination occur more quickly in an oxygen-deficient environment. Even a momentary loss of coordination may be devastating to a worker if it occurs while the worker is performing a potentially dangerous activity, such as climbing a ladder. Concentrations of 12 to 16 percent oxygen cause tachypnea (increased breathing rates), tachycardia (accelerated heartbeat), and impaired attention, thinking, and coordination (e.g., Ex. 25-4), even in people who are resting.

At oxygen levels of 10 to 14 percent, faulty judgment, intermittent respiration, and exhaustion can be expected even with minimal exertion (Exs. 25-4 and 150). Breathing air containing 6 to 10 percent oxygen results in nausea, vomiting, lethargic movements, and perhaps unconsciousness. Breathing air containing less than 6 percent oxygen produces convulsions, then apnea (cessation of breathing), followed by cardiac standstill. These symptoms occur immediately. Even if a worker survives the hypoxic insult, organs may show evidence of hypoxic damage, which may be irreversible (Exs. 25-4 and 150; also reported in Rom, W. [see reference in previous paragraph]).

(*Federal Register*, Vol. 63, p. 1159.) The rulemaking record for the Respiratory Protection Standard clearly justifies adopting the requirement that air breathed by employees must have an oxygen content of at least 19.5 percent. A lesser concentration of oxygen in employees' breathing air could endanger them physiologically and diminish their ability to cope with other hazards that may be present in the workplace. The rulemaking record also demonstrates that any workplace atmosphere controlled at or near your recommended minimal oxygen level of 100 mm of mercury at sea level (equivalent to about 13 percent oxygen at sea level) is not safe and healthful for all employees. Exposing employees to partial pressures of oxygen that approach 100 mm of mercury at sea level leaves them with no margin of safety from potentially debilitating effects, which could appear suddenly and without warning.

OSHA recognizes that, at higher altitudes, oxygen in air has a partial pressure that is less than the partial pressure of oxygen in air at sea level; accordingly, the Respiratory Protection Standard makes allowances for employees who work at altitude. OSHA made these allowances based on record evidence showing that such employees usually are acclimated to the reduced oxygen partial pressures and, as a result, will not experience the physiological dysfunction and performance impairments seen in non-acclimated employees. Nevertheless, when the oxygen concentration at altitude becomes oxygen-deficient, paragraph (d)(2)(iii) of the

Respiratory Protection Standard requires employers to provide a supplied-air respirator that delivers at least 19.5 percent oxygen to the employee. In the preamble to the final Respiratory Protection Standard, the Agency explained this requirement as follows:

OSHA's experience confirms the record evidence that most work at higher altitudes is performed by fully acclimated workers (Exs. 54-6, 54-208). These provisions will allow acclimated workers to continue to perform their work without oxygen-supplying respirators, at any altitude up to 14,000 feet altitude, as long as the ambient oxygen content remains above 19.5% and the employee has no medical condition that would require the use of supplemental oxygen.

(*Federal Register*, Vol. 63, p. 1203.) Therefore, in addition to the protection afforded to them by altitude acclimation, OSHA's Respiratory Protection Standard ensures that employees working under oxygen-deficient conditions at altitude will have an adequate and reliable breathing supply consisting of 19.5 percent oxygen, an oxygen content that will provide the employees exposed to these conditions with a substantial margin of safety.

In conclusion, OSHA would not consider any environments with your suggested oxygen partial pressure of 100 mm of mercury (~13 percent oxygen at sea level) to be safe for all employees. For those employees that can tolerate such levels, a work environment with only 13 percent oxygen provides no margin of safety from the potentially debilitating effects resulting from exposure to low oxygen levels, which could suddenly appear without warning. Accordingly, the Agency will not propose or adopt a revision to the Respiratory Protection Standard that would allow employees to work in such environments, even when the employer can demonstrate that, under all foreseeable conditions, the partial pressure of oxygen can be maintained at 100 mm of mercury.

In several telephone conversations we have had with you since we received your letter, you mentioned studies that purportedly demonstrate the safety of hypoxic environments in the workplace. We would be interested in reviewing any authoritative studies or information that specifically support your claims regarding the safety of such systems.

Thank you for your interest in occupational safety and health. We hope you find this information helpful. OSHA requirements are set by statute, standards, and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at http://www.osha.gov. If you have any further questions, please feel free to contact the Office of General Health Enforcement at (202) 693-2190.

Sincerely,

Richard E. Fairfax,Director
Directorate of Enforcement Programs

Section # 12

Breathe Right!

Oregon OSHA's guide to

developing a respiratory protection program
for small-business owners and managers

About this illustrations

Background. *The Black Veil respirator.* Black veiling covering the nose and mouth held a pad of wool waste soaked in a chemical solution of sodium hyposulphite, sodium carbonate, glycerine, and water. This type of respirator was used by British troops in 1915 for protection against phosgene, chloropicrin, and chlorine gas attacks.

Foreground. *A modern half-mask air-purifying respirator.* A tight-fitting elastomeric mask covering the nose and mouth forms a protective barrier between the respiratory tract and air contaminants. Air-purifying filters, cartridges, or canisters are designed to protect against specific types of particulates, gases, or vapors.

No cost access to respiratory protection information for small-business including Oregon's rules, letters of interpretations, program directives, fact sheets, hazard alerts, publications and education can be accessed through the following:

www.orosha.org/subjects/respiratory_protection.html

440-3330 (6/14 OR-OSHA)

Breathe Right!

Oregon OSHA's guide to

developing a respiratory protection program
for small-business owners and managers

About this document

Breathe Right! is an Oregon OSHA Standards and Technical Resources Section publication.

Thanks to the following individuals:

- **Patricia Young:** Oregon OSHA, layout and design
- **Phillip Fehrenbacher:** illustrations
- **Mark Peterson**: DCBS Communications, editing and proofing

Questions or comments? We'd like to hear from you.

- ***Questions about respiratory protection?***
  Contact the Technical Section: 503-378-3272, **tech.web@state.or.us**
- ***Comments or suggestions for improving this guide?***
  Contact Stephanie Ficek: 503-947-7389, **stephanie.j.ficek@state.or.us**

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Topic categories: *respiratory protection*

Contents

Oregon OSHA

Introduction

The air we breathe

In H.G. Wells' classic novel, *The War of the Worlds*, invading Martians wreak havoc among helpless humans until a common form of bacteria does them in. Most likely, the bacteria was in the air along with gases, smoke, and dust raised along the Martians' path of destruction.

During a normal day, the air we breathe is mostly oxygen and nitrogen — although it still contains trace amounts of harmful gases, smoke, vapors, and dust produced by us and Mother Nature. Fortunately, our lungs have a series of mechanical and biological barriers that keep such contaminants from harming us. But healthy lungs aren't invincible. With repeated overexposure to toxins, these protective barriers break down, resulting in irritation, discomfort, or disease. Unfortunately, we may not even be aware of the damage until it's too late to recover.

Breathing in the workplace

Black lung, farmer's lung, asbestosis, silicosis — You've probably heard of these work-related respiratory diseases and know of their consequences. These are just a few of the medical conditions that result when workers breathe contaminated air. Protecting workers can be difficult, however, because there are so many types of contaminants and there is no single method for controlling them in all workplaces.

If you're a small-business owner or manager who wants basic information about protecting your employees from respiratory hazards, this guide will get you started. Part *One* summarizes respiratory hazards, how to evaluate the hazards, and how to control them.

If you think your employees may need to use respirators for protection, parts *Two* and *Three* describe what you should know before your employees use them. You'll learn about the basic types of respirators and what you need to do to develop an effective respiratory protection program – the essential requirement of Oregon OSHA's ***respiratory protection standard, 1910.134***. This standard specifies what you must do to ensure that your employees use respirators safely and responsibly. You'll find references to 1910.134 and the respiratory-protection program requirement in many other Oregon OSHA rules for protecting workers from toxic and hazardous substances.

About respiratory hazards

Respiratory hazards include harmful substances and below-normal concentrations of oxygen in the air we breathe. What makes a substance harmful depends on its toxicity, chemical state, physical form, concentration, and the period of time one is exposed. Examples include ***particulates, gases and vapors,*** and ***biological organisms***. Harmful effects are wide ranging and may occur immediately or take years to develop.

When the oxygen concentration in normal breathing air drops below 19.5 percent by volume, the air becomes ***oxygen deficient*** — a significant concern for those who work in confined spaces. Harmful effects include impaired thinking and coordination, unconsciousness, and death.

Protection from respiratory hazards

Protect yourself and your co-workers from respiratory hazards by doing the following:

- Identify the respiratory hazards in your workplace.
- Evaluate employees' exposures to each hazard.
- Use the evaluation information to eliminate the hazards or to lower employees' exposures to safe levels.

This three-step process, summarized below, is called a ***hazard analysis*** or ***hazard evaluation.***

Identify the respiratory hazards in your workplace

- Consider the sources of respiratory hazards such as production processes, work tasks, raw materials, and end products. Each could expose employees to a respiratory hazard. What raw materials are used in a production process? What are the intermediate products and the byproducts of each process? Do employees use equipment or handle substances that could expose them to respiratory hazards?
- Review safety data sheets (SDS) and chemical inventories to identify chemicals that may expose employees to respiratory hazards.
- Talk to employees. Do they have safety or health concerns about certain products, materials, or machines? Have they reported signs or symptoms of respiratory conditions?

Examples of respiratory hazards

Particulates. These are airborne particles such as dusts, fibers, fumes, mists, soot, and smoke. Some are so small they can only be seen with an electron microscope. The diameter of a particulate is usually measured in micrometers (one micrometer equals 1/1,000 millimeter or 1/25,400 inch). Particles with diameters under 10 micrometers are more likely to enter the respiratory system.

Gas and vapors. Gases can spread freely in the air. Vapors are the gaseous states of substances that are liquids or solids at room temperature. Gases and vapors are classified by their chemical forms.

Biological organisms. These include bacteria, viruses, fungi, and other living organisms that can cause respiratory infections.

Oxygen-deficient atmosphere. Normal air has an oxygen concentration of 20.8 percent by volume. When the concentration drops below 19.5 percent, the air is oxygen deficient and considered ***immediately dangerous to life and health (IDLH).***

Evaluate employees' exposures to each hazard

After you've identified respiratory hazards, evaluate employees' exposures to determine whether they are exposed at unsafe levels. Evaluate exposures by measuring them or estimate them with data from previous exposure measurements. Three examples:

- Measure the exposures of individual employees by sampling their breathing air. The procedure – called personal exposure monitoring – is the most accurate way to evaluate exposure levels.
- Sample the air at specific locations – called area monitoring – to estimate exposures affecting groups of employees. This method is useful when employees move about and may not always be near a hazard's source.
- Use representative exposure data from industry studies, trade associations, or product manufacturers to estimate exposures affecting groups of employees. You must be able to show that the data are based on conditions similar to those that exist in your workplace.

■ *Immediately dangerous to life and health (IDLH)* refers to an atmospheric concentration of a toxic, corrosive, or asphyxiant substance that poses an immediate threat to life, causes irreversible health effects, or interferes with one's ability to escape from a dangerous atmosphere. If employees may be exposed to such substances and you're unable to evaluate their exposures you must consider the exposure immediately dangerous to life and health.

About exposure monitoring

Exposure monitoring is the testing of air samples to determine the concentration of contaminants in a work environment. Test data from the samples are averaged over a period of time, usually eight hours, and referred to as a *time-weighted average (TWA).*

Oregon OSHA has established *permissible exposure limits (PEL)* for specific air contaminates. Exposures must not exceed the eight-hour PEL-TWA in any eight-hour work shift.

Permissible exposure limits are listed in *437-002-0382, Oregon Rules for Air Contaminants*, and in many other Oregon OSHA rules for specific hazardous substances.

A trained specialist, such as an industrial hygienist, can help you evaluate employee exposures, interpret the results, and suggest how to lower exposures to safe levels.

Eliminate respiratory hazards or lower employees' exposures to safe levels

If employees are exposed to respiratory hazards at unsafe levels, you'll need to determine how to protect them from overexposure. Is there a way to eliminate the hazard — by using another production process or materials that aren't hazardous, for example?

If you can't eliminate a respiratory hazard, use *engineering controls* to lower exposures to safe levels. Such controls "engineer" or physically change the work environment so the air is safe to breathe. They're the most effective way to protect employees. Examples of engineering controls are isolating a production process so that the employees are not exposed and installing an exhaust hood to remove air contaminants.

■ *Employees can use respirators for protection from respiratory hazards only when engineering controls are not feasible or will not reduce their exposures to safe levels.*

Need help identifying respiratory hazards, evaluating exposures, or using appropriate engineering controls? Your workers' compensation insurance carrier or an Oregon OSHA consultant may be able to help.

2 About respirators

A respirator protects against respiratory hazards by removing specific ***air contaminants*** from the ***ambient*** (surrounding) air or by supplying breathable air from a safe source. Respirators that remove contaminants from the ambient air are called ***air-purifying respirators***. Respirators that supply air from a safe source other than the ambient air are called ***atmosphere-supplying respirators***.

Half-mask air-purifying respirator

The part of a respirator that forms a protective barrier between the user's respiratory tract and air contaminants is called an ***inlet covering***. Most inlet coverings can be classified as either ***tight-fitting*** or ***loose-fitting***.

A tight-fitting inlet covering, also called a ***facepiece*** or mask, forms a complete seal on the user's face. The facepiece is usually made of a molded flexible ***elastomer*** — an elastic substance that resembles rubber — and is available in ***quarter-mask, half-mask, and full-facepiece types***.

A loose-fitting inlet covering typically covers the user's head and may extend over the shoulders; a flexible tube usually supplies breathable air to the covering. Loose-fitting coverings can be used only with atmosphere-supplying respirators or ***powered air-purifying respirators (PAPRs)***.

Full-facepiece air-purifying respirator

Properly selected and used, respirators protect workers from hazards but don't eliminate hazards. If the respirator fails or is inappropriate for a particular task, the user risks exposure. A respirator can also stress a worker's heart and lungs. Breathing through a tight-fitting air-purifying respirator, for example, is harder than breathing ambient air and an atmosphere-supplying ***self-contained breathing apparatus (SCBA)*** can increase the user's heart rate because of its weight.

Those with lung diseases or asthma or who have trouble breathing should never use a respirator without the approval of a ***professionally licensed-health care provider (PLHCP)***. Those who have vision problems or who are claustrophobic may also be unable to use some respirators.

■ *Effective respiratory protection ensures that workers are medically able to use respirators, that their respirators fit properly, and that they know how to use and care for their respirators.*

Air-purifying respirators

The air-purifying respirator (APR) has an air-purifying filter, cartridge, or canister that removes specific air contaminants, such as particulates, gases, or vapors. Selecting an appropriate filter, cartridge, or canister can be complicated because there are many types, and none protect against all contaminants. That's why it's necessary to identify each respiratory hazard in your workplace before you select a respirator.

Air-purifying respirators are available in non-powered and powered types. The user operates the non-powered type simply by breathing. A powered air-purifying respirator has a blower that forces ambient air through one or more filters attached to an inlet covering. The powered type is easier to breathe through than the non-powered type but needs a fully charged battery to work properly. Non-powered and powered air-purifying respirators can remove particles, gas and vapor, or both.

Full-facepiece powered air-purifying respirator

Are dust masks respirators?

Only dust masks certified by NIOSH are considered respirators and are covered under 1910.134 rules. A NIOSH-certified dust mask – called a filtering facepiece – is a tight-fitting, negative pressure, particulate respirator. The particulate filter is the facepiece. Dust masks that don't have NIOSH certification are not respirators.

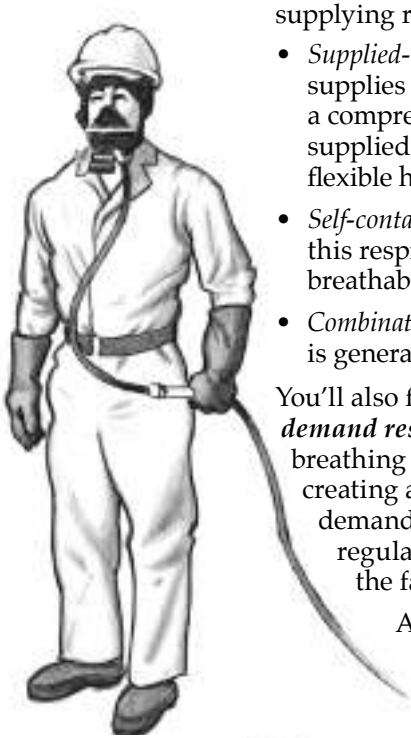
Filtering facepiece

Atmosphere-supplying respirators

An atmosphere-supplying respirator supplies the user with breathable air from a source other than the ambient air so filters are not necessary. There are three types of atmosphere-supplying respirators:

- *Supplied-air respirator (SAR).* The supplied-air respirator supplies breathable air from a stationary source, such as a compressor, separated from the user. Breathable air is supplied to the inlet covering of the respirator through a flexible hose.
- *Self-contained breathing apparatus (SCBA).* As its name implies, this respirator isn't connected to a stationary source of breathable air. The user carries the air supply.
- *Combination supplied-air with auxiliary SCBA.* This respirator is generally used to escape from a hazardous atmosphere.

You'll also find references to ***demand respirators*** and ***pressure-demand respirators*** in 1910.134. A demand respirator admits breathing air to a facepiece only when the user inhales, creating a negative pressure inside the facepiece. A pressure-demand respirator is similar, except it has an air-flow-regulating valve that maintains a positive pressure inside the facepiece during inhalation and exhalation.

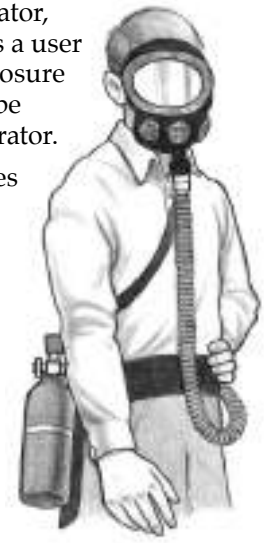


Supplied-air respirator (SAR)

All atmosphere-supplying respirators protect users from toxic particulates, gases and vapors, and oxygen-deficient atmospheres. Each type serves a specific purpose. Before you select an atmosphere-supplying respirator, know the respiratory hazards a user will encounter, the user's exposure levels, and what the user will be doing while wearing the respirator.

The following page summarizes common air-purifying and atmosphere-supplying respirators.

Self-contained breathing apparatus (SCBA)



Combination supplied-air with auxiliary SCBA

Types of respirators: a summary

Air-purifying respirators

Particulate-removing respirator

Also called an aerosol-removing respirator. Protects against particulates such as dusts, mists, and fumes. Does not protect against gases, vapors, or oxygen deficiency. Equipped with permanent or replaceable filters that remove particulates from the air.

Three filter types are available: N-series protects against solid and water-based particulates such as nuisance dust; R-series protects against any particulates, including oil-based materials. Workers may generally use these filters for one eight-hour shift if oil aerosols are present. P-series filters protect against any particulates, including oil-based materials, without a time limit for users. Each filter is available in three levels of efficiency: 95, 99, and 100. The 100 level is the current rating for what was called the HEPA (high efficiency particulate air) filter.

Gas-and-vapor-removing respirator

Protects against specific gases and vapors. Equipped with cartridges or canisters containing sorbents that remove specific air contaminants. Sorbents are granular, porous materials that purify inhaled air; activated carbon from coconut shells are often used as sorbent material. Sorbents eventually break down and must be replaced before the respirator user detects a chemical smell, taste, or irritation.

Combination aerosol filter/gas or vapor-removing respirator

Combines a particle-removing filter with a chemical cartridge or canister for removing specific gases or vapors.

Powered air-purifying respirator

Uses a powered blower to move air through a filter, chemical cartridge, or canister that removes the contaminants. The purified air then passes through the respirator inlet covering to the wearer. Generally, these respirators can maintain a positive pressure within the inlet covering, reducing the chance of contaminants leaking into the facepiece.

Atmosphere-supplying respirators

Supplied-air respirator

Supplies breathing air through a hose connected to the user's facepiece or a head enclosure and to an independent compressor or compressed air cylinder; the user doesn't carry the air supply. If the air supply fails, the user may have to remove the respirator to leave the work area. For this reason, supplied-air respirators should be used only in non-IDLH atmospheres or in environments in which the user can escape without a respirator.

Self-contained breathing apparatus (SCBA)

Protects the user in non-IDLH and IDLH atmospheres because the user carries the breathing air. There are two types of self-contained breathing apparatus: closed-circuit SCBA and open-circuit SCBA. Closed-circuit SCBAs recycle the user's breathing air and open-circuit SCBAs release exhaled air into the surrounding environment. Each type has advantages and disadvantages in terms of weight, duration of use, complexity, and cost.

Combination self-contained breathing apparatus and air-line respirator

Combines a supplied-air respirator with an auxiliary self-contained air supply. Can be used in IDLH atmospheres. Allows the user to switch to the auxiliary self-contained air supply if the supplied-air respirator fails. Useful for extended work in hazardous atmospheres such as confined spaces.

Combination air-purifying and atmosphere-supplying respirators

Combines a supplied-air respirator with an auxiliary air-purifying attachment that protects the user if the supplied-air respirator fails. Can be used in an air-purifying or an atmosphere-supplying mode. Can only be used in atmospheres for which the air-purifying element is approved and can't be used in IDLH atmospheres.

Table 1: Assigned Protection Factors

Federal OSHA has developed Assigned Protection Factors to assist you in deciding which respirator is appropriate for the airborne hazards to which employees are exposed. Multiply the numbers in the table below by the PELs of the chemicals of concern, and that will tell you the maximum exposure levels that the respirators can protect against.

The half-mask category includes filtering facepieces.

For helmets and hoods, you can only use the factor of 1,000 when the manufacturer certifies that it performs at that level. Otherwise, you can only use the factor of 25.

None of these fit factors apply to escape respirators. Escape respirators can only be used to escape from an area, not to enter.

Type of respirator	Quarter mask	Half mask	Full facepiece	Helmet/ hood	Loose-fitting facepiece
1. Air-Purifying Respirator	5	10	50	—	—
2. Powered Air-Purifying Respirator (PAPR)	—	50	1,000	25/1,000	25
3. Supplied-Air Respirator (SAR) or Airline Respirator					
• Demand mode	—	10	50	—	—
• Continuous flow mode	—	50	1,000	25/1,000	25
• Pressure-demand or other positive-pressure mode	—	50	1,000	—	—
4. Self-Contained Breathing Apparatus (SCBA)					
• Demand mode	—	10	50	50	—
• Pressure-demand or other positive-pressure mode (e.g., open/ closed circuit)	—	—	10,000	10,000	—

Notes:

3

Developing your respiratory protection program

You can't just hand out respirators and expect employees to use them properly. If respirators are necessary to protect your employees, you must have a written program that describes how you will accomplish the following:

- Select appropriate respirators for employees.
- Conduct medical evaluations for employees who use respirators.
- Fit-test employees who use tight-fitting respirators.
- Ensure employees use respirators correctly during regular activities and during emergencies.
- Ensure respirators are clean and properly maintained.
- Ensure air-quality in atmosphere-supplying respirators.
- Train employees to protect themselves from respiratory hazards.
- Evaluate your program's effectiveness.

These are the critical elements of a respiratory protection program; an effective program ensures that employees are medically able to use respirators, that their respirators fit properly, and that they know how to use and care for them. You can develop an effective program by following the steps described in this section.

Forms that you can use to create your own written program are available at **www.orosha.org/publications/forms** under Respiratory protection.

Appoint an administrator to implement your respiratory protection program

The administrator is responsible for developing, managing, and evaluating your respiratory-protection program. The administrator can delegate parts of the program to other qualified employees — such as respirator fit-testing and maintenance — but must oversee their activities.

What training does the administrator need?

1910.134 doesn't specify qualifications for the administrator but says the administrator must have "appropriate training that is commensurate with the complexity of the program." Your program administrator must know how to identify, evaluate, and control the respiratory hazards at your workplace.

An example

A workplace has three employees; each does occasional sanding and grinding tasks during the workday and is exposed to wood dust. Due to the nature of their work, dust-control devices aren't effective and the employees must use air-purifying respirators for protection. The program administrator must develop an appropriate respirator program for the workplace — a fairly easy job because only three employees are exposed to a minor hazard and they can be protected with relatively simple respirators.

However, if the employees did a variety of tasks that exposed them to toxic chemicals, biological hazards, and oxygen-deficient atmospheres, the administrator would need to know how to protect the employees from all of the hazards — a job for a trained safety professional.

When does the administrator need to implement the respiratory-protection program?

All parts of the program must be in effect before any employee uses a respirator.

Develop procedures for selecting respirators

Only when respiratory hazards can't be eliminated should you consider protecting employees with respirators. If respirators are necessary, you must ensure they are appropriate for the tasks the employees perform and that they fit the employees.

■ *Before you select respirators, you need to identify the respiratory hazards in your workplace and evaluate employees' exposure levels.* *(See **About respiratory hazards**, Page 7.)*

Critical steps for selecting respirators

1. Identify the respiratory hazards; include the hazard's chemical name and physical form.
2. Evaluate employee exposure levels to determine air concentration of the hazards; personal exposure monitoring is the most accurate method.
3. Determine the oxygen concentration of the atmosphere; oxygen concentrations less than 19.5 percent are considered immediately dangerous to life and health (IDLH).
4. Select respirators based on the hazard's air concentration, chemical and physical form, and the availability of oxygen.
5. Use only NIOSH-certified respirators.

Selecting respirators for atmospheres that aren't immediately dangerous to life or health

Those who work in atmospheres that aren't immediately dangerous to their life or health can use air-purifying respirators or atmosphere-supplying respirators. Recall that air-purifying respirators have an air-purifying filter, cartridge, or canister that removes specific air contaminants. Atmosphere-supplying respirators provide breathable air from a source other than the ambient atmosphere. (See ***About respirators***, Page 10.) **Table 2** summarizes the options.

Table 2: Respirators for atmospheres that aren't immediately dangerous to life or health

Respirator	For particulate protection	For gas and vapor protection
Air-purifying	The respirator must be certified by NIOSH for protection against particulates under 42 CFR Part 84 (the NIOSH certification program for respirators). Select a respirator based on an employee's exposure, severity of the inhalation hazard, air-particulate concentration, and the availability of oxygen.	The respirator must have an end-of-service-life indicator (ESLI) or your workplace must have an effective change schedule for appropriate canisters and cartridges. Select a respirator based on the hazard's chemical composition, physical state, air-contaminant concentration, and the availability of oxygen.
Atmosphere-supplying	Select a respirator based on an employee's exposure, severity of the inhalation hazard, air-particulate concentration, and the availability of oxygen.	Select a respirator based on the hazard's chemical composition, physical state, air-contaminant concentration, and the availability of oxygen.

Selecting respirators for atmospheres that are immediately dangerous to life or health (IDLH)

Those who work in atmospheres that pose an immediate threat to their life or health or impair their ability to escape must use one of the following types of respirators:

- Full-facepiece pressure-demand self-contained breathing apparatus (SCBA).
- Combination full-facepiece pressure-demand supplied-air respirator with auxiliary self-contained air supply.

There must be at least one trained rescue person outside the IDLH atmosphere to respond to emergencies. That person must have a positive-pressure SCBA or supplied-air respirator with auxiliary SCBA and rescue retrieval equipment.

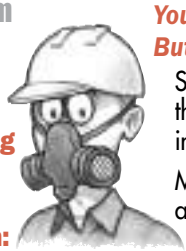
Those who fight interior structural fires must have at least one other person with them and at least two rescuers waiting for them in a safe area.

Selecting respirators: narrowing the options

You've given me general information for selecting respirators. But how do I select specific respirators for my employees?

Selecting specific respirators takes time and goes beyond the scope of this guide but isn't difficult if you've identified the respiratory hazards in your workplace and evaluated employee exposure levels.

Most respirator suppliers and manufacturers will help you select appropriate respirators. Federal OSHA includes an easy-to-use compliance assistance "e-tool" for selecting specific respirators on its website at www.osha.gov. You can also get help from your workers' compensation insurance carrier and from Oregon OSHA if you request a consultation.



Conducting the medical evaluation:

- The employee must be able to complete the medical-evaluation questionnaire at a convenient time and place.
- The employee must understand the questions on the medical-evaluation questionnaire. Those who don't speak English or who can't read the questionnaire should get help from a friend, family member, or the PLHCP. You can also download the questionnaire in Spanish from the Oregon OSHA website: www.orosha.org.
- The employee has the right to discuss the questionnaire and the results of his or her evaluation with the PLHCP.
- The employee's responses on the questionnaire and information revealed during the medical evaluation are confidential — only the employee and the PLHCP may know them.

Provide medical evaluations for employees who use respirators

Before employees use respirators, they must have confidential medical evaluations to ensure that their safety or health will not be at risk. A ***physician or other licensed health-care professional (PLHCP)*** must do the evaluation at no cost to the employee. The evaluation must be based on the questionnaire in ***Part A of Appendix C to 1910.134***. The PLHCP can examine the employee or evaluate the employee's written responses to the questionnaire in Appendix C, but the determination must be based on information obtained from answers to the questionnaire.

You must also provide the PLHCP with the following information for the evaluation:

- The type and weight of respirator that the employee will use
- How long and how frequently the employee will use the respirator
- How much physical work the employee will do while using the respirator
- Other personal protective equipment the employee will use
- The temperature and humidity of the working environment
- A copy of your respirator program and a copy of *1910.134*

Follow-up evaluations

A follow-up medical evaluation is required for the following reasons:

- The employee reports medical signs or symptoms related to respirator use.
- The PLHCP, a supervisor, or the program administrator recommends a re-evaluation.
- Fit-test or other program information indicates a need for re-evaluation.
- When changes in the workplace increase respiratory stress on an employee.

The PLHCP's medical determination

Make sure the PLHCP sends you a written determination of the medical evaluation results – an employee can't use a respirator until you receive one. The determination will tell you the following:

- Whether the employee is medically able to use a respirator
- Any restrictions on the employee's use of the respirator
- The need for follow-up medical evaluations
- Verification that the PLHCP has given the employee a copy of the written determination.

Who makes the final determination?

Employers, you're responsible for making the final decision about an employee's ability to use a respirator. The PLHCP's medical determination is an important factor that you should consider in making the decision.

Keep the PLHCP's written determination in the employee's confidential file. All other information regarding the medical evaluation is strictly confidential and is restricted to the employee and the PLHCP.

Fit test employees who use respirators with tight-fitting facepieces

Human faces vary in size and shape and so do respirator facepieces. To protect an employee, a tight-fitting facepiece needs to fit so the face-to-facepiece seal doesn't leak. You can use one of two ***fit-test*** methods to determine the correct fit for most tight-fitting facepieces. (**Table 3** shows acceptable fit-test methods for typical respirator facepieces.)

- **Qualitative fit test (QLFT)**. This inexpensive, easy-to-perform test relies on the respirator user's response to a test agent such as banana oil (isoamyl acetate), saccharin, or irritant smoke. If the user detects the agent while wearing the respirator, the facepiece-to-face seal is not successful and the test fails. A user who can't successfully complete the test must be tested with another facepiece make, size, or brand.
- **Quantitative fit test (QNFT)**. An instrument samples the concentration of a test agent in the ambient atmosphere and inside the user's facepiece. With this information a quantitative ***fit factor*** can be calculated that indicates how well the facepiece fits the user; the higher the number the better the fit. This method is more accurate than a qualitative fit test but also more expensive; it requires special equipment, and a trained person must conduct the test.

Employees who use respirators with tight-fitting facepieces must be fit tested with a respirator of the same make, model, style, and size. They must be tested annually and whenever they change facepiece models, styles, or sizes, or if they have a physiological change that affects the facepiece-to-face seal.

Those who report that their respirators don't fit properly can select another tight-fitting facepiece; however, the replacement must also be fit tested. Those who fail a fit test must select another facepiece and be tested again.

Conducting the fit test

Regardless of the method you use, you must conduct the test using a specific protocol. A protocol is a series of steps a fit tester follows to ensure that the test is done properly.

Appendix A to 1910.134 includes protocols for qualitative and quantitative fit tests. The fit tester must follow these protocols when fit testing employees who use tight-fitting facepieces.

About fit factors

The fit factor — a quantitative measure of how well a respirator fits a user — is the ratio of the concentration of a contaminant in the ambient air to the concentration inside the facepiece.

Table 3: Acceptable fit-test methods for typical respirator facepieces		
Respirator/facepiece	**Qualitative fit test [1]**	**Quantitative fit test [2]**
Half-face negative-pressure air-purifying respirator (including dust masks)	Yes	Yes
Full-face negative-pressure air-purifying respirator used in atmospheres up to 10 times the PEL	Yes	Yes
Full-face negative-pressure air-purifying respirator used in atmospheres greater than 10 times the PEL	No	Yes
Powered air-purifying respirators (PAPRs)	Yes	Yes
Supplied-air respirators (SARs) or self-contained breathing apparatus (SCBA) used in the negative-pressure (demand) mode	No	Yes
Supplied-air respirators (SARs) or self-contained breathing apparatus (SCBA) used in the positive-pressure (pressure demand) mode	Yes	Yes
SCBA used for structural firefighting (positive pressure)	Yes	Yes
SCBA and SARs for atmospheres immediately dangerous to life and health (IDLH), positive pressure	Yes	Yes
Mouthpiece/nose clamp respirators	Fit testing not required	
Loose-fitting respirators (e.g., hoods and helmets)	Fit testing not required	

1 ***Qualitative fit tests*** *(QLFT) cannot be used for negative pressure APRs in atmospheres greater than 10 times the PEL.*

2 ***Quantitative fit tests*** *(QNFT) must achieve a fit factor of at least a 100 for a tight-fitting half mask and at least 500 for a tight-fitting full facepiece.*

■ *Follow the fit-test procedures in 1910.134, Appendix A, regardless of the test method that you use.*

Develop procedures for using respirators during regular activities and during emergencies

Your respiratory protection program must have written procedures to ensure that employees will use their respirators properly during their routine jobs and during emergencies. Those procedures must accomplish the following:

- Prevent conditions that could cause a tight-fitting facepiece to leak.
- Ensure that employees leave work areas before removing their respirators.
- Ensure that employees' respirators operate effectively throughout their work shifts.
- Protect employees who enter IDLH environments or do interior structural firefighting.

Preventing conditions that could cause a tight-fitting facepiece to leak

Employees can't use respirators with tight-fitting facepieces if they have facial hair or any other condition – including eyeglasses or personal protective equipment – that interferes with the sealing surface of the respirator or with the valve function.

Employees must also perform a ***seal check*** – a simple procedure that determines if a respirator has an effective face-to-facepiece seal – each time they put on a tight-fitting respirator. They must follow the procedure in *1910.134, Appendix B-1* (summarized at left) or the respirator manufacturer's instructions.

Remember that a seal check is *different* than a fit test, which is a method for determining that a facepiece fits the user correctly.

How to check the seal of tight-fitting respirators

You can use either of the following methods.

Positive-pressure check:

1. Block the exhalation valve cover with the palm of your hand.
2. Exhale gently into the facepiece, creating a slight positive pressure.
3. If you can feel air leaking under the facepiece, reposition the facepiece and repeat steps 1 and 2 until you have an effective seal.

Negative-pressure check:

1. Cover the inlet openings of the cartridges or canisters with palms of your hands and inhale gently so that the facepiece collapses.
2. Hold your breath for about 10 seconds. The seal is effective if the facepiece stays collapsed.
3. If the facepiece expands or you can feel air leaking under the facepiece, reposition it and repeat steps 1 and 2.

Positive-pressure check

Negative-pressure check

I have a beard. Does that mean that I can't use a respirator?

If you have facial hair that comes between the sealing surface of the facepiece and your face or that interferes with valve function, you can't use a respirator that has a tight-fitting facepiece.

The solution: Remove all facial hair that touches the sealing surface of the facepiece or interferes with respirator-valve function. If you don't want to cut your beard, you may be able to use a respirator that has a loose-fitting inlet covering. See ***About respirators***, Page 10.

Ensuring that employees leave work areas before removing their respirators

When employees are using respirators, they must leave their work areas for the following reasons:

- To wash their faces or their respirator facepieces
- When they detect vapor or gas, changes in breathing resistance, or leakage of the facepiece
- To replace the respirator or the filter, cartridge, or canister elements

If a respirator isn't working properly, it must be replaced or repaired before the employee returns to the work area.

Ensuring that respirators operate effectively throughout the work shift

Employees must be protected from respiratory hazards regardless of their tasks or work environments. Respirators should remain comfortable and must work effectively with other personal protective equipment.

Protecting employees who enter IDLH environments or do interior structural firefighting

Anyone who works in an IDLH environment must use a full-facepiece pressure-demand self-contained breathing apparatus (SCBA) or a combination full-facepiece pressure-demand supplied-air respirator with auxiliary self-contained air supply.

At least one trained rescue person must stay outside the IDLH atmosphere to respond to emergencies. That person must have a positive-pressure SCBA or supplied-air respirator with auxiliary SCBA and rescue retrieval equipment.

Those who fight interior structural fires must have at least one other person with them and at least two rescuers must wait for them in a safe area.

Provide employees who use respirators voluntarily with the information in 1910.134, Appendix D

When it's not necessary for employees to use respirators, they can use them voluntarily, provided you permit them to do so and their health or safety isn't affected. An employee who asks to use a respirator voluntarily must be medically able to use that respirator, must know to how use and maintain it, and must be provided with the information in *1910.134, Appendix D*. You can provide the employee with the information in written form or verbally. **Table 4** summarizes the requirements.

Table 4: Required respiratory protection program elements – voluntary respirator use

Program element	Filtering facepieces (dust masks)	Other air-purifying respirators and atmosphere-supplying respirators*
Written respiratory protection program	Not required	Required
Medical evaluation	Not required	Required
Fit testing	Not required	Not required
Annual training	Not required	Not required
1910.134, Appendix D	Required	Required
Inspection, cleaning, or maintenance	Required	Required

**Includes elastomeric negative-pressure air-purifying respirators, powered air-purifying respirators, and supplied-air respirators.*

Train employees who you require to use respirators

If you require employees to use respirators, they must be trained before they use them for the first time. You can choose the trainer and determine the training format; however, the training content must include the following:

- Why the respirators are required
- Why respirators must fit correctly and be properly maintained
- The capabilities and limitations of the respirators
- How to use the respirators in emergencies and how to respond if the respirator fails
- How to inspect, maintain, and store the respirators
- How to seal-check tight-fitting facepieces
- Medical symptoms, such as dizziness or shortness of breath, that may limit the effectiveness of the respirators
- The general requirements of your respiratory-protection program

New employees who have been trained within the past 12 months — by a former employer, for example — and who can show that they know the above topics are exempt from initial training.

Retraining is required at least annually — sooner if respiratory hazards change or if employees switch to another type of respirator. Employees who don't understand how to use or properly care for their respirators must also be retrained.

Training is not necessary for those who use respirators voluntarily.

Make sure respirators are clean, sanitary, and properly maintained

Employees' respirators must be clean and in good working order. They can clean and maintain their equipment or you can have it serviced for them. Those who do the cleaning and maintenance must be properly trained.

- Any respirator shared with a co-worker must be cleaned and disinfected before the co-worker uses it.
- A respirator must be inspected for damage before it's used and whenever it's cleaned. The facepiece must fit correctly and all parts must be in good working order. Defective respirators must be discarded or repaired by an appropriately trained person.
- Respirators used for emergencies must be inspected at least monthly. Document each inspection date.
- Employees must store their respirators so that the facepieces and valves are not deformed, and in a place free from dust, sunlight, extreme temperatures, and moisture.

Table 5 summarizes the schedule for cleaning, inspecting, and storing respirators. **Appendix B-2 to 1910.134** includes the correct procedure for cleaning respirators.

Table 5: Schedule for cleaning, inspecting, and storing respirators

Situation/use	Cleaning and disinfecting	Inspecting	Storage
Personal use	Clean and disinfect as often as necessary to keep sanitary.	Inspect before each use and during cleaning.	Store safe from contamination; ensure that valves and facepieces aren't deformed.
Multiple users	Clean and disinfect before another worker uses it.	Inspect before each use and during cleaning.	Store safe from contamination/ ensure that valves and facepieces aren't deformed.
Emergency use	Clean and disinfect after each use.	Inspect at least monthly, and in accordance with manufacturers' recommendations. Inspect escape-only respirators before using them in the workplace. Identify for emergency use only.	Keep readily accessible. Store safe from contamination; ensure that valves and facepieces aren't deformed.
Training and fit testing	Clean and disinfect after each use.	Inspect before each use and during cleaning.	Store free from contamination/ ensure that valves and facepieces aren't deformed.

Note: Appendix B-2, 1910.134 includes the correct procedure for cleaning respirators.

Identify respirator filters, cartridges, and canisters

Make sure that each respirator filter, cartridge, and canister has a NIOSH-approval label. Keep the label legible; don't remove or deface it. The color-coded label identifies the protection provided by the respirator and informs a user that the respirator has an appropriate filter. Color coding helps users select the correct filters for their respirators.

Example of a NIOSH-approval label

PART 84 LABEL FOR N100 AND P95 FILTER

DEF MANUFACTURING COMPANY
ANYWHERE, USA
1-800-555-1234

THESE RESPIRATORS ARE APPROVED ONLY IN THE FOLLOWING CONFIGURATIONS:

RESPIRATOR COMPONENTS					
TC	PROTECTION [1]	FACEPIECE	FILTER		CAUTIONS AND LIMITATIONS [2]
		BALO 1000	N100	P95	
BALB0X	N100	X	X		ABCJLMNO
BALB0Y	P95	X		X	ABCJLMNO

1. PROTECTION

N100-Particulate Filter (99.97% filter efficiency level) is effective against particulate aerosols free of oil; time use restrictions may apply	P95-Particulate Filter (95% filter efficiency level) is effective against particulate aerosols

2. CAUTIONS AND LIMITATIONS

A—Not for use in atmospheres containing less than 19.5% oxygen.
B—Not for use in atmospheres immediately dangerous to life or health.
C—Do not exceed maximum use concentrations established by regulatory standards.
J—Failure to use and maintain this product properly could result in injury or death.
M—All approved respirators shall be selected, fitted, used, and maintained in accordance with MSHA, OSHA, and other applicable regulations.
N—Never substitute, modify, add, or omit parts. Use only exact replacement parts in the configuration specified by the manufacturer.
O—Refer to user instructions and/or maintenance manuals for information about use and maintenance of these respirators.

Use high quality breathing air for atmosphere-supplying respirators

Compressed air, compressed oxygen, liquid air, and liquid oxygen used for breathing air must meet specific standards, described below. You can rely on certificates of analysis from suppliers to ensure that breathing air is high quality. If you produce breathing air from a compressor, you must follow specific requirements *[see **1910.134(i)(5)-(7)**]* for the location of the compressor, moisture content of ambient air, carbon monoxide level, and filter change dates.

- Compressed and liquid oxygen used for breathing must meet standards set by the United States Pharmacopoeia (U.S.P.)
- Compressed air must meet the Type 1-Grade D breathing air requirements described in ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989.
- Compressed oxygen can't be used in atmosphere-supplying respirators that have previously used compressed air.
- Oxygen concentrations greater than 23.5 percent must be used only in equipment designed specifically for oxygen service and distribution.
- Cylinders that supply breathing air must meet specific maintenance, air quality, and moisture content requirements.
- Compressors must meet specific requirements for air quality, moisture content, and carbon monoxide level, and must display a tag showing the most recent sorbent bed and filter change date.
- Breathing-air couplings must not fit outlets for nonbreathable air.
- Breathing-gas containers must be marked in accordance with the NIOSH certification program for respirators, *42 CFR Part 84*.

Keep records of medical evaluations and fit-testing results

Maintain a file of your employees' medical evaluations and fit-test results and keep a current copy of your respiratory protection program. Each fit-test record must identify the fit-test method; the respirator make, model, and size; the test date; the test results; and the name of the employee tested. Employees may review only their own medical evaluation and fit-test records.

- Keep medical evaluation records for 30 years after employees' termination dates. Medical records of those who work less than one year need not be retained if they are given to employees upon termination. (For more information, see ***1910.1020, Access to employee exposure and medical records.***)
- Keep fit-test records for respirator users until their next fit tests.

Evaluate your program to make sure it's effective

Periodically review each of the written elements of your respirator program:

- Procedures for selecting respirators
- Provisions for medical evaluations
- Fit-testing procedures
- Procedures for using respirators during regular activities and during emergencies
- Procedures for maintaining respirators
- Procedures for ensuring air quality in atmosphere-supplying respirators
- Provisions for training employees about respiratory protection

You don't need to do evaluations on a fixed schedule — do them frequently enough to keep the program current and to ensure that written procedures are effective.

Observing how employees use their respirators and listening to their concerns are also important in evaluating the program. Do employees use and maintain their respirators correctly? Do their respirators fit? Are their respirators appropriate for their work tasks and environments? Do they have concerns about the program?

Evaluate the written elements to ensure they're effective; update or change them, if necessary.

Other information

4

- Written program for respiratory protection
- Respiratory protection rules for Oregon workplaces
- Terms and concepts defined
- Oregon OSHA sources and contact information

Written program for respiratory protection

An effective written program is more than an exercise in paperwork. It protects workers from respiratory hazards, shows commitment to maintaining a safe, healthful workplace, and strengthens safe work practices. You can use Oregon OSHA's respiratory protection forms to create your own written program.

Respiratory protection rules

The following Oregon OSHA rules include requirements for protecting workers from respiratory hazards and cover most Oregon workplaces. Rules in bold are the primary requirements for protecting workers who use respirators.

General industries

1910.134 Respiratory Protection

1910.94 Ventilation
1910.111 Storage and handling of anhydrous ammonia
1910.120 Hazardous waste operations and emergency response
1910.156 Fire brigades
1910.252 Welding, cutting, and brazing general requirements
1910.261 Pulp, paper, and paperboard mills
1910.272 Grain handling facilities
437-002-0107 Spray finishing
437-002-0122 Dipping and coating
437-002-0146 Permit-required confined spaces
437-002-0182 Oregon rules for fire fighters
437-002-0287 Toxic preservative coatings
437-002-0312 Oregon rules for pulp, paper, and paperboard mills
Subdivision 2/Z: Toxic and hazardous substances

Construction

1926.103 Respiratory Protection

1926.57 Ventilation
1926.60 Methylenedianiline (MDA)
1926.62 Lead
1926.65 Hazardous waste operations and emergency response
1926.353 Ventilation and protection in welding, cutting, and heating
1926.354 Welding, cutting and heating in way of preservative coatings
1926.651 Specific excavation requirements
1926.800 Underground construction
1926.1101 Asbestos
1926.1127 Cadmium
1926.1152 Methylene chloride
437-003-1000 Oregon rules for air contaminants

Forest activities

7/D 437-007-0345, Respiratory protection

437-007-0350 Respiratory protection when machines are operated

Terms and concepts defined

1910.134, Appendix A
mandatory fit-testing procedures.

1910.134, Appendix B-1
mandatory user seal-check procedures.

1910.134, Appendix B-2
mandatory respirator cleaning procedures.

1910.134, Appendix C
mandatory *Respirator Medical Evaluation Questionnaire.*

1910.134, Appendix D
information for employees who ask to use respirators voluntarily.

air contaminant
particulate matter including dusts, fumes, gases, mists, smoke, or vapors.

administrative/work practice controls
hazard-control methods that don't eliminate hazards but minimize exposure levels so that workers aren't harmed.

air-purifying respirator
a respirator with an air-purifying filter, cartridge, or canister that removes specific air contaminants by passing ambient air through an air-purifying element.

ambient
within a surrounding area or environment.

area monitoring
measurement of the level of contaminants within a general area.

assigned protection factor
a number that expresses expected level of protection that would be provided by a properly functioning respirator or class of respirators to correctly fitted and trained users.

atmosphere-supplying respirator
a respirator that supplies the user with breathable air from a source independent of the ambient atmosphere.

biological organism
bacteria, viruses, fungi, and other living organisms that can cause acute and chronic infections such as Legionnaires' Disease. Examples: animal products (dander, excreta).

cartridge/canister

a respirator component containing a filter, sorbent, or catalyst that removes specific air contaminants.

closed circuit SCBA

a type of self-contained breathing apparatus that "recycles" exhaled air into breathable oxygen.

demand respirator

a type of atmosphere-supplying respirator that admits breathing air to a facepiece only when the user inhales, creating a negative pressure inside the facepiece.

dusts and fibers

solid particles that are formed or generated from solid materials through mechanical processes such as crushing, grinding, drilling, abrading, or blasting. Examples: lead, silica, and asbestos.

dust mask (filtering facepiece)

a negative pressure particulate respirator with a filter as an integral part of the facepiece or with the entire facepiece composed of the filtering medium.

elastomer

an elastic substance occurring naturally as rubber or produced synthetically as butyl rubber or neoprene.

engineering controls

equipment or processes designed to control respiratory hazards so that contaminated air is safe to breathe.

facepiece

a tight-fitting enclosure that fits over the face and forms a protective barrier between the user's respiratory tract and the ambient air.

filter

a respirator component that removes solid or liquid particles (aerosols) from the air.

fit factor

the ratio of the concentration of a contaminant in the environment to the concentration inside the mask. A quantitative measure of how well a respirator protects the user.

fume

particles that are formed when a metal or other solid vaporizes and the molecules condense (or solidify) in cool air. Examples: metal fumes from smelting or welding. Fumes also may be formed from processes such as plastic injection or extrusion molding.

gas

individual molecules in the air at room temperature. Examples: welding gases, such as acetylene and nitrogen, and carbon monoxide produced from internal combustion engines.

hazard analysis

(also: hazard evaluation) a systematic process for collecting information on hazards in a workplace.

immediately dangerous to life and health (IDLH)

refers to any atmosphere that poses an immediate threat to a worker's life, would cause irreversible adverse health effects, or would impair the worker's ability to escape.

inlet covering

the part of a respirator that forms a protective barrier between the user's respiratory tract and an air-purifying device or breathing-air source (or both). May be a facepiece, helmet, hood, suit, or a mouthpiece respirator with nose clamp.

loose-fitting covering

an inlet covering that doesn't form a complete seal and may cover the user's head or extend over the shoulders.

mist

liquid droplets suspended in the air. Examples: oil mist produced from lubricants used in metal cutting operations, acid mists from electroplating, and paint spray mist from spraying operations.

NIOSH

National Institute for Occupational Safety and Health. Federal agency that conducts research and makes recommendations to prevent worker injury and illness. www.cdc.gov/niosh

NIOSH certification program for respirators

requirements in 42 CFR 84 for testing and certifying non-powered, air-purifying, particulate-filter respirators.

n-series

the designation for a respirator filter that protects against solid and water-based particulates such as nuisance dust. N-series filters are available in three levels of efficiency: N95, N99, and N100; the higher the number, the less filter breakthrough.

open circuit SCBA

a type of self-contained breathing apparatus that releases exhaled air into the surrounding environment rather than recirculating it.

Oregon rules for air contaminants

describes methods for determining exposure limits for specific air contaminants.

oxygen-deficient atmosphere

an atmosphere that has less than 19.5 percent oxygen by volume.

particulates

microscopic airborne particles such as dusts, fibers, fumes, mists, soot, and smoke.

permissible exposure limit (PEL)

the exposure, inhalation, or dermal exposure limits specified in 1910 Subdivision 2G (Occupational Health and Environmental Controls) and 1910 Subdivision 2Z (Toxic and Hazardous Substances).

Oregon OSHA PELs establish the maximum level of a specific contaminant that a worker can be exposed to, averaged over an eight-hour workday or over a specified portion of a workday.

personal monitoring

measurement of an individual's exposure to contaminants with personal monitors or sample collection equipment.

personal protective equipment (PPE)

protective clothing or equipment worn by a worker; includes respirators and all other types of respiratory devices.

physician or other professionally licensed health care professional (PLHCP)

a person licensed to provide respirator medical evaluations or examinations. Any health professional who qualifies as a PLHCP can perform a medical evaluation/examination. "Qualifies" means that the medical examination or evaluation procedures are permitted by the PLHCP's state medical licensing board.

powered air-purifying respirator

a type of air-purifying respirator that uses a blower to force the ambient air through air-purifying elements to the inlet covering.

pressure-demand respirator

similar to a demand respirator, but has an airflow regulating valve that maintains a positive pressure inside the facepiece as the user inhales and exhales.

p-series

the designation for a respirator filter that protects against any particulates, including oil-based materials, with no specific time limit. These filters are available in three levels of efficiency: P95, P99, and P100.

respiratory hazard

any harmful substance in the air you breathe.

respiratory protection standard, 29 CFR 1910.134

applies to Oregon general industry, shipyards, marine terminals, longshoring, and construction workplaces. Specifies what employers must do to ensure that their employees use respirators safely and responsibly.

r-series

the designation for a respirator filter that protects against any particulates, including oil-based materials. Users of R-series filters are generally limited to one eight-hour shift, if oil aerosols are present. These filters are available in three levels of efficiency: R95, R99, and R100; the higher the number, the less filter breakthrough.

safety data sheet (SDS)

written or printed information covering a hazardous chemical, prepared in accordance with Oregon OSHA's hazard communication requirements (Division 2/Z, 1910.1200)

self-contained breathing apparatus (SCBA)

a type of atmosphere-supplying respirator that isn't connected to a stationary source of breathable air. The user carries the air supply.

sorbent

granular, porous material that purifies inhaled air; carbon and coconut are common sorbents.

supplied-air respirator (SAR)

a respirator that uses breathable air supplied through a flexible hose from a stationary source, such as a compressor, isolated from the user.

tight-fitting facepiece

an inlet covering that forms a complete seal with the user's face.

time-weighted average (TWA)

data determined from an air-monitoring sample and averaged over a period of time, usually eight hours.

user seal check

a set of procedures performed by the respirator user to determine if the respirator has an effective face-to-facepiece seal.

vapor

the gaseous form of substances that are normally in the solid or liquid state at room temperature and pressure. They are formed by evaporation. Most solvents produce vapors. Examples: toluene and methylene chloride.

*Oregon*OSHA Services

Oregon OSHA offers a wide variety of safety and health services to employers and employees:

Appeals

503-947-7426; 800-922-2689; admin.web@state.or.us

- Provides the opportunity for employers to hold informal meetings with Oregon OSHA on concerns about workplace safety and health.
- Discusses Oregon OSHA's requirements and clarifies workplace safety or health violations.
- Discusses abatement dates and negotiates settlement agreements to resolve disputed citations.

Conferences

503-378-3272; 888-292-5247, Option 1; oregon.conferences@state.or.us

- Co-hosts conferences throughout Oregon that enable employees and employers to learn and share ideas with local and nationally recognized safety and health professionals.

Consultative Services

503-378-3272; 800-922-2689; consult.web@state.or.us

- Offers no-cost, on-site safety and health assistance to help Oregon employers recognize and correct workplace safety and health problems.
- Provides consultations in the areas of safety, industrial hygiene, ergonomics, occupational safety and health programs, assistance to new businesses, the Safety and Health Achievement Recognition Program (SHARP), and the Voluntary Protection Program (VPP).

Enforcement

503-378-3272; 800-922-2689; enforce.web@state.or.us

- Offers pre-job conferences for mobile employers in industries such as logging and construction.
- Inspects places of employment for occupational safety and health hazards and investigates workplace complaints and accidents.
- Provides abatement assistance to employers who have received citations and provides compliance and technical assistance by phone.

Public Education

503-947-7443; 888-292-5247, Option 2; ed.web@state.or.us

- Provides workshops and materials covering management of basic safety and health programs, safety committees, accident investigation, technical topics, and job safety analysis.

Standards and Technical Resources

503-378-3272; 800-922-2689; tech.web@state.or.us

- Develops, interprets, and gives technical advice on Oregon OSHA's safety and health rules.
- Publishes safe-practices guides, pamphlets, and other materials for employers and employees
- Manages the Oregon OSHA Resource Center, which offers safety videos, books, periodicals, and research assistance for employers and employees.

Need more information? Call your nearest Oregon OSHA office.

Salem Central Office

350 Winter St. NE, Rm. 430
Salem, OR 97301-3882

Phone: 503-378-3272
Toll-free: 800-922-2689
Fax: 503-947-7461
en Español: 800-843-8086
Web site: **www.orosha.org**

Bend

Red Oaks Square
1230 NE Third St., Ste. A-115
Bend, OR 97701-4374
541-388-6066
Consultation: 541-388-6068

Eugene

1140 Willagillespie, Ste. 42
Eugene, OR 97401-2101
541-686-7562
Consultation: 541-686-7913

Medford

1840 Barnett Road, Ste. D
Medford, OR 97504-8250
541-776-6030
Consultation: 541-776-6016

Pendleton

200 SE Hailey Ave.
Pendleton, OR 97801-3056
541-276-9175
Consultation: 541-276-2353

Portland

1750 NW Naito Parkway, Ste. 112
Portland, OR 97209-2533
503-229-5910
Consultation: 503-229-6193

Salem

1340 Tandem Ave. NE, Ste. 160
Salem, OR 97301
503-378-3274
Consultation: 503-373-7819

Oregon OSHA

440-3330 (6/14 OR-OSHA)