



# UNIVERSITY OF WYOMING

## APPENDIX E

### Voluntary Use of Respiratory Protection Equipment

Respiratory protection is an effective method for protection against various hazards when selected and worn properly. Sometimes, personnel may choose to wear respiratory protection to avoid hazardous exposures, even if the amount of hazardous substance does not exceed the limits established by OSHA standards. However, if respiratory protection is used improperly, not maintained, or not stored appropriately, the respiratory protection equipment itself can become a hazard. The UW Safety Office will provide respiratory protection equipment to personnel for voluntary use upon request.

“Voluntary” respiratory protection equipment users need to follow certain precautions to ensure the respiratory protection equipment itself does not present a hazard:

1. Read and follow the manufacturer’s instructions regarding use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respiratory protection equipment certified for use to protect against the contaminant of concern. The National Institute for Occupational Safety and Health (NIOSH) certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. The label or statement will provide information regarding what the respirator is designed for and how much it will protect you.
3. Do not wear respiratory protection into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you from gases, vapors, or very small solid particles (fumes/smoke).
4. Keep track of your respiratory protection equipment so you do not mistakenly use someone else's respirator.

My signature acknowledges that:

- A. I am not required to utilize respiratory protection.
- B. I have received a copy of this Appendix concerning proper respiratory protection equipment use.

Employee Name (print):	Department/Unit:
Employee Signature:	Date:
Respiratory Program Administrator Name (print):	
Respiratory Program Administrator Signature:	