

**BY ORDER OF THE COMMANDER  
HEADQUARTERS 81ST TRAINING WING  
(AETC)**

**KEESLER AIR FORCE BASE  
INSTRUCTION 48-103**

**30 JULY 2008**

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***Aerospace Medicine***

***RESPIRATORY PROTECTION PROGRAM***

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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Certified by: 81 AMDS/SGPB  
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This instruction implements AFD 48-1, *Aerospace Medical Program*, and prescribes policies and procedures as directed by 29 CFR 1910.134, *Respiratory Protection*, and AFOSH Standard 48-137, *Respiratory Protection Program*, at Keesler AFB. This instruction is required to be maintained by all organizations in which personnel wear respirators for protection against inhalation of harmful atmospheres or for emergency escape or rescue. This supplement applies to all assigned, attached and/or associate units supported by the 81st Training Wing at Keesler AFB MS, including Air Force Reserve and Air National Guard (ANG) units, except where noted otherwise. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://my.af.mil/gcss-af61/afrims/afrims>. Attachment 1 is a glossary of references and supporting information. This instruction applies to all assigned personnel that wear respirators for protection against inhalation of harmful atmospheres or for emergency escape or rescue. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF Form 847s from the field through the appropriate functional's chain of command. Attachment 1 is a glossary of references and supporting information.

**Note:** Throughout this instruction, all references are to Air Force Occupational Safety and Health (AFOSH) Standard 48-137 unless otherwise noted.

## ***SUMMARY OF CHANGES***

Paragraphs 2.4.1 and 5.1 have updated phone numbers. Throughout this instruction, Tuberculosis (TB) monitors have been included where supervisor responsibilities are stated for clarification on title. An asterisk (\*) indicates changes since last revision.

**1. Definition of Approved Respirator.** Use only respirators approved by the National Institute for Occupational Safety and Health (NIOSH). Filtering face piece respirators shall not be used when respiratory protection is required or recommended, even if the respirators have NIOSH certification. **EXCEPTION:** HQ USAF SG has approved this type of respirator for use in medical facilities to control occupational exposure to droplet nuclei containing M. Tuberculosis (TB).

**2. Responsibilities.** Responsibilities are described in AFOSH STD 48-137, *Respiratory Protection Program*. Additional local responsibilities regarding implementation of the base Respiratory Protection Program are described below:

2.1. The Bioenvironmental Engineering Flight Commander (SGPB) will:

2.1.1. Conduct the respiratory protection program on Keesler AFB.

2.1.2. Conduct initial and annual respirator fit-testing after completion of the annual worker occupational physical examination.

2.2. The Chief, Fire Department will:

2.2.1. Assist SGPB in providing training on the use of the Self-Contained Breathing Apparatus (SCBA) to identified industrial shops.

2.2.2. Provide breathing air sample results to SGPB no later than 2 weeks after the results are received.

2.3. Base Supply will:

2.3.1. Control the issue of respirators and replacement parts with an Issue Exception Code (IEX) "T."

2.3.2. Forward monthly a list of potential adds to SGPB. SGPB will annotate this listing and return to the Inspection Element for IEX "T" adds.

2.3.3. Ensure SGPB has approved respirator requests before issuing respirators.

2.3.4. Ensure a "suitable substitute" for a particular respirator or respirator part **is not issued**.

2.4. Workplace Supervisors and TB Monitors will:

2.4.1. Contact SGPB, at 376-0590, as needed for information and guidance regarding respiratory protection matters. In case of emergency after duty hours, a SGPB representative may be reached through the 81st Medical Group Information Desk, 376-2550 or through the 81 TRW Command Post at 377-4384.

2.4.2. Give guidance to supervisors on proper procedures for initial and annual employee medical evaluations through PCM.

2.4.3. Prior to purchasing respiratory protection, ensure SGPB has the capability to qualitatively or quantitatively fit-test individuals on the particular respirator of interest. If SGPB is unable to qualitatively or quantitatively fit-test on the requested respirator, the supervisor will purchase the required items needed for fit-testing.

### **3. Selection and Use:**

3.1. Selection. SGPB is the base level authority on the selection of respirators.

3.2. Use. Confined space entries, fuel cell entries, immediately dangerous to life and health (IDLH) atmospheres, oxygen deficient (less than 19.5 percent oxygen by volume), and polyurethane painting operations (containing isocyanates) have specific respiratory protection requirements that must be met prior to any operations being conducted.

### **4. Training:**

4.1. Supervisors. SGPB will provide the initial training of supervisors and TB monitors who have the responsibility of overseeing work activities of one or more persons who must wear respirators.

4.2. Respirator Wearer. SGPB will provide initial and annual training for respirator wearers. Initial training shall be repeated when the individual is assigned to a new duty section.

### **5. Fit-Testing:**

5.1. After completion of the medical evaluation, the workplace supervisor or TB monitor shall contact SGPB at 376-0590 to schedule fit-testing. The supervisor or TB monitor is responsible for identifying personnel who need initial and periodic fit-testing.

5.2. All fit-testing, quantitative and qualitative, shall be performed by SGPB unless approval from the base Aerospace Medicine Council has been obtained to permit designated work area representatives to conduct fit-testing.

5.3. A respirator fit-test shall be carried out for each wearer of a tight-fitting respirator at least once every 12 months unless required more frequently by an OSHA/AFOSH specific standard (i.e., asbestos and lead).

### **6. Medical Surveillance:**

6.1. Potential respirator wearers will not be fit-tested for a respirator unless they are medically cleared for fit-testing following a medical evaluation.

6.2. All respirator users shall receive a baseline and annual medical evaluation. All users will complete an OSHA Respiratory Medical Evaluation which is taken from the OSHA Standard (29 CFR 1910-134, para (e), and Appendix C). The questionnaire addresses cardiovascular, respiratory, and physiological risk factors and should be worded so that any positive response will be reviewed by a provider and scheduled for further medical evaluation as appropriate. Specifics for further medical evaluation are professional decisions by the evaluating physician.

6.3. Unless otherwise directed by Flight Medicine, annual medical evaluations will be conducted using the medical evaluation questionnaire.

**7. Environmental Consideration.** Used respirator cartridges, canisters, or filters shall be disposed of according to the recommendations from 81st Civil Engineer Squadron, Environmental Flight. Additionally, paint booth filters are sometimes considered hazardous waste; if this is the case, used respirator cartridges, canisters, or filters may be disposed of with this waste.

**8. Program Evaluation.** The annual SGPB respiratory protection program evaluation will be presented at one of the quarterly meetings of the 81 TRW ESOH Council and the July meeting of the 81 AMDS Aerospace Medicine Council. SGPB will review shop level respiratory protection workplace-specific written plans during the annual industrial hygiene surveys IAW AFD 48-1, *Aerospace Medicine Program*. Supervisors and TB Monitors will provide SGPB with changes and updates of workers who use respiratory protection.

**9. Prescribed and Adopted Forms.**

9.1. Prescribed Forms.

No prescribed Forms.

9.2. Adopted Forms.

AF Form 847, *Recommendation for Change of Publication*.

CHRISTOPHER R. VALLE, Col, USAF  
Vice Commander, 81st Training Wing

**Attachment 1**

**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION**

***References***

AFMAN 23-110, V2, Pt 2, Ch 11, KAFB Sup 1, *Customer Requirements*, 9 February 2006

AFMAN 33-363, *Management of Records*, 1 March 2008

AFPD 48-1, *Aerospace Medical Program*, 3 October 2005

AFOSH Standard 48-137, *Respiratory Protection Program*, 10 Feb 2005

*Air Force Records Disposition Schedule (RDS)*

OSHA Standard, 29 CFR 1910.134, *Respiratory Protection*

***Abbreviations and Acronyms***

**AFOSH** – Air Force Occupational Safety and Health

**IDLH** – Immediately Dangerous to Life and Health

**IEX** – Issue Exception Code

**NIOSH** – National Institute for Occupational Safety and Health

**OSHA**- Occupational Safety and Health Association

**PCM** – Primary Care Manager

**RDS** – Records Disposition Schedule

**SCBA**- Self- contained Breathing Apparatus

***Terms***

**IEX Code T**— Respirator/Requires Medical Certification by BE per AFMAN 23-110, V2, Part 2, Chapter 11, Keesler AFB Supplement 1, 9 Feb 2006.