Respiratory Protection Program Audit

Program Audit Checklist

Facility Name:	
Auditor:	
Date:	
Audit Period:	

Regulatory References

The following regulations and guidance documents are applicable to this program audit. Click any link to view the full text.

Regulation / Guidance Document
29 CFR 1910.134 — Respiratory Protection Standard
29 CFR 1910.134 Appendix A — Fit Testing Procedures
29 CFR 1910.134 Appendix B-1 — User Seal Check Procedures
29 CFR 1910.134 Appendix C — OSHA Respirator Medical Evaluation Questionnaire
29 CFR 1910.134 Appendix D — Voluntary Use of Respirators (Mandatory)
OSHA Respiratory Protection Overview
OSHA Assigned Protection Factors for Respirators

Instructions: Review each audit item and record findings in the Status and Notes columns. Use C (Compliant), NC (Non-Compliant), NA (Not Applicable), or NR (Needs Review) for the status. Document specific findings, evidence reviewed, and any corrective actions needed in the Notes column.

Written Program and Administration

Audit Item	Expected Finding	Status	Notes / Evidence
Written program	A written respiratory protection program exists with worksite-specific procedures. The program covers all required elements including selection, medical evaluation, fit testing, use, maintenance, training, and program evaluation. The program is available to employees. » *Ref: 29 CFR 1910.134(c)(1)*		
Program administrator	A qualified program administrator is designated with the knowledge and authority to implement the program. The administrator is identified by name or position. The administrator conducts program evaluations per 1910.134(l). » *Ref: 29 CFR 1910.134(c)(3)*		
Exposure assessments	Workplace exposure assessments have been conducted to identify respiratory hazards. Exposures are characterized by type (particulate, gas, vapor) and concentration. Assessment results support the OSHA permissible exposure limits (PELs) and respirator selection decisions. » *Ref: 29 CFR 1910.134(d)(1)(iii)*		

Audit Item	Expected Finding	Status	Notes / Evidence
Program evaluation	Regular program evaluations are conducted per 1910.134(l) to ensure the program is properly implemented. Evaluations include consultation with employees about respirator selection, fit, and comfort. Evaluation results are documented with any corrective actions. » *Ref: 29 CFR 1910.134(l)*		

Medical Evaluations

Audit Item	Expected Finding	Status	Notes / Evidence
Medical evaluation process	All employees required to wear respirators have completed the OSHA medical questionnaire (Appendix C) or equivalent medical examination. Evaluations are performed by a physician or other licensed health care professional (PLHCP). » *Ref: 29 CFR 1910.134(e)(1)-(2)*		
Medical clearance	Written medical clearance is on file for each respirator user before fit testing or workplace use. Clearance specifies any limitations on respirator use. Follow-up examinations are completed when recommended by the PLHCP. » *Ref: 29 CFR 1910.134(e)(6)-(7)*		
Medical evaluation timing	Medical evaluations are performed before initial fit testing, when an employee reports signs or symptoms related to respirator use, when a PLHCP recommends re-evaluation, or when conditions change that may affect the employee's ability to wear a respirator. » *Ref: 29 CFR 1910.134(e)(1)*		
PLHCP information	The PLHCP receives all required information including the type and weight of respirator, duration and frequency of use, expected physical work effort, additional protective clothing, and temperature/humidity extremes. » *Ref: 29 CFR 1910.134(e)(5)*		

Fit Testing

Audit Item	Expected Finding	Status	Notes / Evidence
Annual fit testing	All employees required to wear tight-fitting respirators have been fit tested within the last 12 months. Fit testing is conducted using OSHA-accepted protocols (qualitative or quantitative) described in Appendix A of the standard. » *Ref: 29 CFR 1910.134(f)(2)*		
Fit test records	Fit test records include employee name, type of fit test, specific make/model/style/size of respirator, date of test, and pass/fail result. Records are retained until the next fit test. QLFT records include test agent used. QNFT records include the fit factor. » *Ref: 29 CFR 1910.134(m)(2)(ii)*		
Respirator changes	Employees are re-fit tested when there is a change in respirator type, make, model, or size. Employees are also re-tested when physical		

Audit Item	Expected Finding	Status	Notes / Evidence
	changes (weight change, dental work, facial scarring) could affect fit. » Ref: 29 CFR 1910.134(f)(2)		
Seal check training	Employees are trained to perform user seal checks each time they put on a tight-fitting respirator. Both positive and negative pressure checks are performed per Appendix B-1 or the manufacturer's instructions. » Ref: 29 CFR 1910.134(g)(1)(iii), Appendix B-1		

Training and Maintenance

Audit Item	Expected Finding	Status	Notes / Evidence
Training completeness	All respirator users have received training covering why the respirator is necessary, the nature of the hazard, consequences of improper use, capabilities and limitations of the respirator, how to don and doff, user seal checks, and maintenance procedures. » Ref: 29 CFR 1910.134(k)(1)		
Retraining	Retraining is provided when changes in workplace conditions, respirator type, or employee knowledge gaps make it necessary. Annual refresher training is recommended as best practice even though not explicitly required for all topics. » Ref: 29 CFR 1910.134(k)(5)		
Cleaning and maintenance	Procedures exist for cleaning, disinfecting, inspecting, and storing respirators. Respirators are cleaned after each use (or daily for shared respirators). Inspections are performed before and after each use. Damaged respirators are repaired or replaced. » Ref: 29 CFR 1910.134(h)(1)-(3)		
Cartridge change schedule	For air-purifying respirators, a cartridge/filter change-out schedule is established based on exposure conditions, cartridge capacity, and manufacturer data. End-of-service-life indicators or scheduled replacement intervals are documented. » Ref: 29 CFR 1910.134(d)(3)(iii)(B)(2)		

Corrective Actions Summary

#	Finding	Corrective Action	Responsible	Due Date
1				
2				
3				
4				

#	Finding	Corrective Action	Responsible	Due Date
5				

Audit Sign-Off

Auditor Name:

Auditor Signature:

Date Completed:

Reviewed By:

Review Date:

Status Key: C = Compliant | NC = Non-Compliant | NA = Not Applicable | NR = Needs Review