



# Lusail Real Estate Development Company

## Health, Safety, Security, Environment, Logistics & Quality Department

### Lusail Construction Safety Procedural Forms/Checklists – Respiratory Program Evaluation

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## Respiratory Program Evaluation

Name \_\_\_\_\_ Job Title \_\_\_\_\_ Date \_\_\_\_\_

YES NO

- 1. Has the proper type(s) of respiratory protection been selected?
- 2. Have all employees wearing respirators been properly trained?
- 3. Have all employees been issued the proper respirator for their job?
- 4. Are respirators being worn properly?
- 5. Are respirators being properly maintained and cleaned?
- 6. Are respirators being properly stored?
- 7. Is fit testing conducted properly and at least annually?
- 8. Are pertinent records being kept by the EHS Dept.?
- 9. Are employees receiving periodic medical evaluation to determine whether they can safely wear a respirator?
- 10. Is air monitoring being conducted frequently enough to identify potential changes in contaminant concentrations or new hazardous atmospheres?

Comments: \_\_\_\_\_

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Contractor HSE Representative Signature: \_\_\_\_\_