

# SAFETY TALK

## [respirators]

### Maintenance

Like other tools, respirators need maintenance to work properly. The job your respirator does is important, so ensure that all the parts are there and working right.

Check the facepiece, filters, valves, straps and buckles.

### Filters

Filters must be changed regularly. An immediate change is necessary when:

- The filter has been damaged.
- The filter is difficult to breathe through.
- Particulate filters gradually become harder to breathe through. You're breathing not only through the filter but also through layers of dust, mist and fume that build up on the outside of the filter.
- You can smell or taste gases or vapours coming through. As acid gas and organic vapour filters are used, their ability to continue removing gases and vapours decreases. When they start letting contaminants through, the filters should be replaced.

### Valves

Damaged, missing or poorly seated valves can drastically reduce the protection provided by your respirator.

Check the inhalation valves.

Remove filters and make sure the flapper valve (usually a flexible disk) is not missing or damaged. Make sure that it's seated properly in the valve assembly.

To inspect the exhalation valve, remove the cover at the bottom of the respirator. Check the valve for damage and proper seating.

### Straps and Buckles

Make sure that straps and buckles are free of damage and function properly.

## Facepiece

Check for holes, cracks and splits.

*[With the crew, instructor to inspect respirators in use and make necessary adjustments, repairs or replacements.]*

In New Brunswick, the law on respiratory protective equipment can be found in the *Occupational Health and Safety Act*, section 12(d) as well as in *General Regulation 91-191*, sections 38 and 45-47.

## ACKNOWLEDGMENT

With special thanks to the Construction Safety Association of Ontario for permission to reprint.

# Attendance Sheet

Department and Division		
Meeting location		Name/Title of employee conducting meeting
Date (yyyy-mm-dd)	Time	Shift
Number in team/department		Number attending

## Other safety issues or suggestions made by employees


## Record of those attending

Name (please print)	Signature
1.	
2.	
3.	
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Follow-up actions/remarks
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Signature	Date
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