

Commercial Spray Painting Respirator Fit & Use Checklist

Site / Project	_____	Address	_____
Inspector name	_____	Company	_____
Date	_____	Time	_____

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Respirator Program & Training

☐ Is there a written respiratory protection program that meets OSHA 1910.134 requirements?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are employee training records available and up-to-date, covering proper respirator use, maintenance, and limitations?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are procedures in place for selecting the correct respirator type and cartridge for the specific VOCs present?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Is there documentation of medical evaluations for all employees required to wear respirators?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are annual respirator fit tests conducted and documented for each employee?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ If qualitative fit testing is used, is the approved method (e.g., saccharin, Bitrex) appropriate for the respirator type?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Have employees been trained on how to inspect their respirators before each use?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Are respirators stored properly to protect them from damage, contamination, and sunlight?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐ Is there a cartridge change schedule based on manufacturer recommendations and exposure levels?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

☐	Do employees understand the respirator program and their responsibilities?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Respirator Fit & Cartridge Inspection

☐	Is the respirator model the same as the one used during the employee's fit test?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the respirator clean, undamaged, and free from cracks, tears, or other defects?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Do the respirator straps have adequate elasticity and are they properly adjusted?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are the inhalation and exhalation valves functioning correctly and free from obstructions?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the correct type of organic vapor cartridge (or combination cartridge) being used for the specific VOCs present?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are the cartridges properly sealed and tightened to the respirator facepiece?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are the cartridges within their expiration date?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the employee performing a user seal check (positive and negative pressure) each time the respirator is donned?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is there any facial hair interfering with the respirator seal?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are glasses or other PPE interfering with the respirator seal?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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Ventilation & Spray Area Safety

☐	Is there adequate ventilation in the spray area to control VOC concentrations?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the ventilation system functioning properly and regularly maintained?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Is the air velocity within the spray booth or area within the required range (typically 100-150 fpm)?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are all potential ignition sources (e.g., open flames, sparks, hot surfaces) eliminated from the spray area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are all spray equipment and containers properly grounded and bonded to prevent static electricity buildup?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
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☐	Are employees wearing flame-retardant clothing?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the airless sprayer in good working condition, with no leaks or defects?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is the spray area kept clean and free from accumulated paint residue and other combustible materials?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is a suitable fire extinguisher readily available and accessible near the spray area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is smoking prohibited in the spray area?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Personal Protective Equipment (PPE)

☐	Are employees wearing appropriate eye protection (e.g., safety glasses, goggles) to prevent paint splashes?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are employees wearing gloves and other protective clothing to prevent skin contact with paint?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is hearing protection provided and used if noise levels exceed permissible exposure limits?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is all PPE in good condition and properly maintained?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Is appropriate PPE readily available to all employees?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Have employees been trained on the proper use, care, and limitations of PPE?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are employees wearing appropriate coveralls or protective suits to prevent skin contamination?	☐ Pass	☐ Fail	☐ N/A	Notes: _____
☐	Are boot covers used to prevent contamination of footwear?	☐ Pass	☐ Fail	☐ N/A	Notes: _____

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____

Name _____

Date _____