Audit Ready In 90-Days:
A Program Maturity Roadmap For Respiratory Protection

ARCpoint Labs' THRIVE Webinar, October 1, 2026 from 1:00 PM - 2:00 PM ET
Presented by Scott Briner, CEO of VestMed; Hosted by Ryan West, ARCpoint Labs

Webinar Overview

Respiratory protection programs can appear compliant until an inspection tests whether an employer can produce the right evidence on demand. In this THRIVE session, Scott Briner, CEO of VestMed, translated 29 CFR 1910.134 into a practical maturity framework for HR, safety, and compliance leaders. He reviewed the core components of a respiratory protection program, common gaps involving required and voluntary use, and what OSHA may request during an inspection. Participants then self-assessed their programs and worked through a 90-day roadmap built around three phases: stabilize, systemize, and prove it. His central message: programs fail on proof, not policy.

Four Pillars of Respiratory Protection Compliance

- **Medical evaluation comes before fit testing.** A PLHCP determines whether a worker is medically able to proceed, and employers need a reliable process for keeping clearances current.
- **Fit testing must match the respirator actually being used.** Make, model, and size matter; Scott also highlighted ARCpoint's in-person fit testing and pulmonary function testing within the broader clearance process.
- **Training and voluntary-use requirements cannot be overlooked.** Scott emphasized documented training for required users and separate obligations for voluntary users, including Appendix D.
- **A current, site-specific written program ties the system together.** It should name a qualified administrator and reflect changes in jobs, hazards, locations, or work processes.

Know Your Program Maturity Level

- **Assess more than whether the paperwork exists.** Scott asked participants to rate documentation, recordkeeping, currency of evaluations, fit tests and training, clinical review, and overall sustainability.
- **Use the five-minute record test.** If a worker's clearance cannot be retrieved quickly, the program may not be as inspection-ready as it appears.
- **Maturity moves from reactive to managed to proactive to audit-ready.** The strongest programs centralize records, track expirations, renew requirements on time, and can produce current evidence immediately without a last-minute scramble.

The 90-Day Roadmap: Stabilize, Systemize, Prove It

- **Days 1-30: Stabilize.** Build a complete roster of required and voluntary users, audit existing records, flag missing or expired items, and refresh the written program.
- **Days 31-60: Systemize.** Centralize records digitally, automate expiration tracking, formalize PLHCP review, and protect access to employee medical information.
- **Days 61-90: Prove it.** Conduct a mock inspection, pull random worker records, remediate findings, verify training evidence, and establish a recurring review rhythm.
- **The goal is a single source of truth.** Leaders should know who is covered, what is current, what needs attention, and whether the program can survive a dry run.

Audit Day: Proof, Access, and Sustained Readiness

- **Expect the written program first.** Scott described an inspection sequence that moves from the program to respirator user lists, medical evaluation status, fit test records, training documentation, and program administration.
- **Common findings are often preventable.** He highlighted mismatched fit tests and respirators, expired medical evaluations, generic or missing written programs, overlooked voluntary-use requirements, and records that cannot be produced on demand.
- **Automate the paperwork, not the judgment.** Technology can strengthen tracking and retrieval, but Scott emphasized that qualified clinical oversight must remain central. During Q&A, he also described AI as useful for data analysis when paired with expert review.
- **Readiness has to be maintained.** Scott recommended regular expiration reviews and spot checks, annual mock inspections and program refreshes, and earlier updates whenever work conditions change.

---------- Bottom line ----------

An audit-ready respiratory protection program is not defined by a policy binder or a one-time compliance push. It is a living system that keeps the written program current, medical clearance and fit testing aligned, training documented, records accessible, and clinical oversight intact. The practical goal is to make proof routine so an OSHA inspection does not trigger a scramble. As Scott emphasized throughout the session, the deeper purpose remains worker health: behind every clearance, fit test, and record is a person who should return home healthy.