APPENDIX B  Respirator Request Form

Respirator Request Form
Request for Employee/Student Respirator Assignment

Supervisor Information
Submitted to the University’s Office of Environmental Health & Safety

<table>
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<th>Name:</th>
<th>Phone:</th>
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<tr>
<th>Department/Unit/Shop</th>
<th>Campus mail:</th>
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Requester/Title (print)  (Signature)  Date

Employee/Student Information

Respirator User Information
1. Name | Job Title
2. Name | Job Title
3. Name | Job Title
4. Name | Job Title
5. Name | Job Title
6. Name | Job Title

Work Information
To be completed by the Supervisor

Describe the Hazards/Agents/Products:

Are current MSDS available?  □ Yes  □ No
(Current MSDS are necessary for hazard assessment and respirator selection)

Describe the Activities/Process

Frequency of Activity/Process:
□ Rarely  □ Occasionally  □ Frequently  □ Task Specific

Contaminant Form: (Check all that apply)
□ Particulate  □ Vapor  □ Gas
Current Engineering Controls in place: (Check all that apply)

- None
- Substitution by less toxic material
- Isolation/enclosure of the process
- General dilution ventilation
- Tools/Equipment designed to minimize emissions
- Local Exhaust, chemical fume hood or other specialized ventilation system

Current Administrative Controls in place: (Check all that apply)

- Employee training
- SOP (specify)
- Other

PPE/Other Equipment: (Check all that apply)

- None
- Gloves
- Hard Hat
- Face Shield
- Safety Goggles
- Lab Coat
- Coveralls
- Other

Special Uses: (Check all that apply)

- None
- Biological Use
- Chemical spill clean-up
- Pesticide application
- Rescue
- Riot Control
- Confined space entry
- Escape only (specify)
- Other

Physical Demands of Work: (Check all that apply)

- Constant
- Intermittent
- Light (i.e. standing)
- Moderate (i.e. walking)
- Heavy (i.e. digging)
- High temperature
- Low temperature
- Other

For EH&S Use Only: Industrial Hygienist Assessment

Recommended respirator(s);

- Disposable (N, R, P -95,100)
- Half face purifying
- Supplied air
- PAPR
- Full face purifying
- SCBA

Comments:

______________________________________________________________

______________________________________________________________

IN signature: ________________________________ Date: ______________

Note: Return this form to the EH&S Office (campus mail 0218, fax 513-556-4981)