

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

| | |
|----------------------|--------------|
| Name: | Phone: |
| Department/Unit/Shop | Campus mail: |

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
- Intermittant
- 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 air purifying
- Supplied air
- PAPR
- Full face air purifying
- SCBA

Comments: _____

IH signature:

Date

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