## **APPENDIX B** Respirator Request Form

## Respirator Request Form

Request for Employee/Student Respirator Assignment

| Supervisor Information  |                                       |                     |           |               |  |  |  |
|---|---------------------------------------|---------------------|-----------|---------------|--|--|--|
| Sub   | omitted to the University's           | Office of Environme | ntal Hea  | alth & Safety |  |  |  |
| Name:   |                                       |                     |           | Phone:        |  |  |  |
| Department/Unit/Shop  |                                       |                     |           | Campus mail:  |  |  |  |
|   |                                       |                     |           |               |  |  |  |
| Req   | uester/Title (print)                  | (Signature)         |           | Date          |  |  |  |
| En  | nployee/Student                       | Information         | 1         |               |  |  |  |
| Respirator User Information   |                                       |                     |           |               |  |  |  |
| 1.  | Name                                  | Job Tit             | Job Title |               |  |  |  |
| 2.  | Name                                  | Job Tit             | Job Title |               |  |  |  |
| 3.  | Name                                  | Job Title           |           |               |  |  |  |
| 4.  | Name                                  | Job Title           |           |               |  |  |  |
| 5.  | Name                                  | Job Title           |           |               |  |  |  |
| 6.  | Name                                  | Job Tit             | le        |               |  |  |  |
| 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   |                                       |                     |           |               |  |  |  |
|   | quency of Activity/Process:<br>Rarely | ☐ Frequently        | ☐ Tas     | k Specific    |  |  |  |
| Contaminant Form: (Check all that apply)  □ Particulate □ Vapor □ Gas       |                                       |                     |           |               |  |  |  |

| Current Engineering Controls in place: (Check all that apply)                       |  |                          |  |  |  |  |  |
|---|--|--------------------------|--|--|--|--|--|
| ☐ None ☐ Substitution by le   | ss toxic material  | ☐ Isolation/enclosure of |  |  |  |  |  |
|   |  | the process              |  |  |  |  |  |
| ☐ General dilution ventilation ☐ Tools/Equipment designed to minimize emissions     |  |                          |  |  |  |  |  |
| $\square$ 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   | ☐ Biological Use ☐ Chemical spill clean-up ☐ Pesticide application |                          |  |  |  |  |  |
| ☐ Rescue ☐ Riot Control   | ☐ Confined space €   | entry                    |  |  |  |  |  |
| ☐ 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 puri   | fying   Supplied air     |  |  |  |  |  |
| ☐ PAPR  | ☐ Full face air puri   | fying SCBA               |  |  |  |  |  |
|   |  |                          |  |  |  |  |  |
| Comments:   |  |                          |  |  |  |  |  |
| 6   |  | -                        |  |  |  |  |  |
|   |  | _                        |  |  |  |  |  |
|   |  |                          |  |  |  |  |  |
| IH signature:   |  | Date                     |  |  |  |  |  |
|   |  |                          |  |  |  |  |  |

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