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

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

**Employee/Student Information**

Respirator User Information

<table>
<thead>
<tr>
<th>1. Name</th>
<th>Job Title</th>
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<th>2. Name</th>
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<th>3. Name</th>
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<th>4. Name</th>
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**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
- 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

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**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)