Respiratory Hazard Assessment Form

Please provide a detailed description of the job task:

<table>
<thead>
<tr>
<th>Location where task occurs:</th>
<th>Single Employee</th>
<th>Worksite</th>
<th>Class of Employees</th>
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</thead>
</table>

Employees Name(s) and PID(s):

Supervisor name: Phone No. Department: Date:

Exposure to chemicals:

- Organic Vapors (benzene, toluene, MEK, acetone, xylene, paint thinners, etc)
- Acid gas (hydrogen chloride, hydrogen sulphide, etc.)
- Ammonia
- Formaldehyde/Formalin
- Methylene Chloride
- Mercury vapors
- Pesticides
- Other ______

Exposure to dust, mist, fumes or particulates:

- Cotton dust
- Grain dust
- Animal dust
- Wood dust
- Welding fumes
- Asphalt fumes
- Other fumes ______
- Pesticide application
- Paint spraying
- Lead
- Asbestos
- Nanoparticles (list): carbon nanotubes

Exposure to biological hazards (list):

Please approximate how many days/min/quantity used:

Work involving any of the above mentioned hazards is performed:

- Outside
- In a fume hood/Biosafety Cabinet
- In the lab (bench top)
- In the shop
- In a spray paint room or booth
- In a mechanical room
- In confined space
- In an oxygen deficient atmosphere
- Other: ____________________________

Respiratory protection currently in use:

- Half face respirator
- Chemical Cartridge (white, black, yellow, green or olive label)
- Full face respirator
- HEPA filter (purple label)
- Air line respirator
- PAPR
- Disposable facepiece (NRP series)
- Dust/surgical mask
- None

Hazard concentration:

- Unknown
- Known (please provide sampling data)

Submit the completed form to EHS by emailing to respirators@vt.edu or by faxing to 540-231-3944.