

## Respiratory Hazard Assessment Form

<b>Please provide a detailed description of the job task:</b>		
<b>Location where task occurs:</b>		
	<input type="checkbox"/> Single Employee <input type="checkbox"/> Worksite <input type="checkbox"/> Class of Employees	
<b>Employees Name(s) and PID(s):</b>		
<b>Supervisor name:</b>		
<b>Exposure to chemicals:</b>		
<input type="checkbox"/> Organic Vapors (benzene, toluene, MEK, acetone, xylene, paint thinners, etc) <input type="checkbox"/> Acid gas (hydrogen chloride, hydrogen sulphide, etc.) <input type="checkbox"/> Ammonia <input type="checkbox"/> Formaldehyde/Formalin <input type="checkbox"/> Methylene Chloride <input type="checkbox"/> Mercury vapors <input type="checkbox"/> Pesticides <input type="checkbox"/> Other _____		
<b>! Please approximate how many days/min/quantity used:</b>		
<b>Exposure to dust, mist, fumes or particulates:</b>		
<input type="checkbox"/> Cotton dust <input type="checkbox"/> Grain dust <input type="checkbox"/> Animal dust <input type="checkbox"/> Wood dust <input type="checkbox"/> Biological hazards (list): _____ <input type="checkbox"/> Welding fumes <input type="checkbox"/> Asphalt fumes <input type="checkbox"/> Other fumes _____ <input type="checkbox"/> Nanoparticles <sup>1</sup> (list): carbon nanotubes _____ Other _____ <input type="checkbox"/> Pesticide application <input type="checkbox"/> Paint spraying <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos		
<b>! Please approximate how many days/min/quantity used:</b>		
<b>Work involving any of the above mentioned hazards is performed:</b>		
<input type="checkbox"/> Outside <input type="checkbox"/> In a fume hood/Biosafety Cabinet <input type="checkbox"/> In the lab (bench top) <input type="checkbox"/> In the shop <input type="checkbox"/> In a spray paint room or booth <input type="checkbox"/> In a mechanical room <input type="checkbox"/> In confined space <sup>1</sup> <input type="checkbox"/> In an oxygen deficient atmosphere <sup>1</sup> <input type="checkbox"/> Other: _____		
<b>Respiratory protection currently in use:</b>		
<input type="checkbox"/> Half face respirator <input type="checkbox"/> Full face respirator <input type="checkbox"/> Air line respirator <input type="checkbox"/> PAPR <input type="checkbox"/> Disposable facepiece (NRP series) <input type="checkbox"/> Chemical Cartridge (white, black, yellow, green or olive label) <input type="checkbox"/> HEPA filter (purple label) <input type="checkbox"/> Combination <input type="checkbox"/> Dust/surgical mask <input type="checkbox"/> None		
<b>Hazard concentration:</b>		
<input type="checkbox"/> Unknown <input type="checkbox"/> Known (please provide sampling data)		

**Submit the completed form to EHS by emailing to [respirators@vt.edu](mailto:respirators@vt.edu) or by faxing to 540-231-3944.**