

Respiratory Hazard Assessment Form

Please provide a detailed description of the job task:			
Location where task occurs:		<input type="checkbox"/> Single Employee <input type="checkbox"/> Worksite <input type="checkbox"/> Class of Employees	
Employees Name(s) and PID(s):			
Supervisor name:		Phone No.	Department:
Date:			
Exposure to chemicals:			
<input type="checkbox"/> Organic Vapors (benzene, toluene, MEK, acetone, xylene, paint thinners, etc)		<input type="checkbox"/> Methylene Chloride	
<input type="checkbox"/> Acid gas (hydrogen chloride, hydrogen sulphide, etc.)		<input type="checkbox"/> Mercury vapors	
<input type="checkbox"/> Ammonia		<input type="checkbox"/> Pesticides	
<input type="checkbox"/> Formaldehyde/Formalin		<input type="checkbox"/> Other _____	
! Please approximate how many days/min/quantity used: _____			
Exposure to dust, mist, fumes or particulates:			
<input type="checkbox"/> Cotton dust	<input type="checkbox"/> Welding fumes	<input type="checkbox"/> Pesticide application	<input type="checkbox"/> Lead
<input type="checkbox"/> Grain dust	<input type="checkbox"/> Asphalt fumes	<input type="checkbox"/> Paint spraying	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Animal dust	<input type="checkbox"/> Other fumes _____		
<input type="checkbox"/> Wood dust	<input type="checkbox"/> Nanoparticles ¹ (list): carbon nanotubes		
<input type="checkbox"/> Biological hazards (list): _____	<input type="checkbox"/> Other _____		
!Please approximate how many days/min/quantity used: _____			
Work involving any of the above mentioned hazards is performed:			
<input type="checkbox"/> Outside	<input type="checkbox"/> In the shop	<input type="checkbox"/> In confined space ¹	
<input type="checkbox"/> In a fume hood/Biosafety Cabinet	<input type="checkbox"/> In a spray paint room or booth	<input type="checkbox"/> In an oxygen deficient atmosphere ¹	
<input type="checkbox"/> In the lab (bench top)	<input type="checkbox"/> In a mechanical room	<input type="checkbox"/> Other: _____	
Respiratory protection currently in use:		Hazard concentration:	
<input type="checkbox"/> Half face respirator	<input type="checkbox"/> Chemical Cartridge (white, black, yellow, green or olive label)	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Full face respirator	<input type="checkbox"/> HEPA filter (purple label)	<input type="checkbox"/> Known (please provide sampling data)	
<input type="checkbox"/> Air line respirator	<input type="checkbox"/> Combination		
<input type="checkbox"/> PAPR	<input type="checkbox"/> Dust/surgical mask	<input type="checkbox"/> None	
<input type="checkbox"/> Disposable facepiece (NRP series)			

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