Respiratory Hazard Assessment Form

Please provide a detailed description of the job task:

Location where task occurs:  

Employees Name(s) and PID(s):  

Single Employee Worksite Class of Employees

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

! Please approximate how many days/minute/quantity used:

Exposure to dust, mist, fumes or particulates:

- Cotton dust  
- Grain dust  
- Animal dust  
- Wood dust  
- Biological hazards (list):  

! Please approximate how many days/minute/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\(^1\)  
- In an oxygen deficient atmosphere\(^1\)  

Respiratory protection currently in use:

- Half face respirator  
- Full face respirator  
- Air line respirator  
- PAPR  
- Disposable facepiece (NRP series)

- Chemical Cartridge (white, black, yellow, green or olive label)  
- HEPA filter (purple label)  
- Combination  
- Dust/surgical mask

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.