

RESPIRATORY HAZARD EVALUATION FORM

Respirator User: _____ netID: _____

Resp. User Title: _____ email: _____

Supervisor Name: _____ email: _____

Department: _____

Detailed Description of Job Task: _____

Expected Physical Work Effort

Light/Sedentary

Moderate

Strenuous

Very Strenuous

Exposure to Chemicals (check all that apply)

Formaldehyde/Formalin

Pesticides

Acid Gas (e.g., hydrogen chloride, hydrogen sulfide)

Mercury Vapors

Ammonia

Organic Vapors (e.g., benzene, toluene, acetone)

Methylene Chloride

Other: _____

Approximate: Days/Minute/Quantity Used: _____

Exposure to Dusts, Mists, Fumes, or Particulates (check all that apply)

Animal Dust

Cotton Dust

Paint Spraying

Wood Dusts

Asbestos

Grain Dust

Pesticide Application

Welding Fumes

Asphalt Fumes

Lead

Biological Hazard: _____

Nanoparticles: _____

Other: _____

Approximate: Days/Minute/Quantity Used: _____

Work Involving any of the Above-Mentioned Hazards is Performed

Outside

In a Shop/Studio

In a Paint Booth

In a Confined Space

In a Lab
(Bench Top)

In a Fume Hood or
Biosafety Cabinet

In a Mechanical Room

In an Oxygen Deficient
Atmosphere

Other: _____

