



# Occupational Safety Program

## Respiratory Protection Program

Form

### Respirator User Hazard Assessment Update Form

PART 1: To be completed by the Supervisor (Please print the following information)	
Employee Name	Phone
Supervisor Name	Phone
Supervisor Signature	Date
Department/Unit	
<p>This form is used to provide update information for employees currently enrolled in the Respiratory Protection Program. Please check the appropriate block(s) and process form as indicated:</p> <p><input type="checkbox"/> Employee's medical clearance must be renewed. No changes have occurred that impact respirator use or physical working conditions. (Forward form to EHS for forwarding to the University's Medical Monitoring Facility [MMF].)</p> <p><input type="checkbox"/> Employee is exposed to inhalation hazards that have not previously been assessed. (Provide specific information in Part 2 of this form for new inhalation hazards, forward form to EHS.)</p> <p><input type="checkbox"/> Employee's physical working conditions while wearing respiratory protection have changed. (Provide specific information concerning changes in Part 1 of this form, forward form to EHS for forwarding to the University's MMF.)</p> <p><input type="checkbox"/> Employee's medical clearance must be renewed. Other changes have occurred that impact respirator use or working conditions. (Provide specific information concerning changes in Part 1 or Part 2 of this form, forward form to EHS.)</p> <p><input type="checkbox"/> Other changes have occurred that may impact the employee's use of respiratory protection. (Provide details regarding changes in Part 1 or Part 2 of this form, and/or describe changes in the space below, forward form to EHS):</p>	
<b>Only enter information below that has changed for this employee</b>	
<p>1. Will this respirator be used for the following (Check Yes or No)?</p> <p>Emergency Response? <input type="checkbox"/> Yes <input type="checkbox"/> No      Firefighting? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In Oxygen-Deficient Areas? <input type="checkbox"/> Yes <input type="checkbox"/> No      Non-Emergency Escape? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>2. How often is employee expected to wear respirator (Check one)?</p> <p><input type="checkbox"/> Escape Only                                      <input type="checkbox"/> 2-4 Hours per Day</p> <p><input type="checkbox"/> Less than 5 Hours per Week      <input type="checkbox"/> Over 4 Hours per Day</p> <p><input type="checkbox"/> Less than 2 Hours per Day      <input type="checkbox"/> Other:</p>	

<p>3. Indicate typical daily work by employee while wearing respirator:</p> <p>a. Hours performing light work: _____ (E.g., sitting while writing, light assembly work, standing while operating light machinery)</p> <p>b. Hours performing moderate work: _____ (E.g., sitting while drilling or nailing, driving a vehicle in urban traffic, transferring a moderate load)</p> <p>c. Hours performing heavy work: _____ (E.g., lifting heavy load, shoveling, standing while bricklaying, climbing stairs with a heavy load)</p>
<p>4. Describe work conducted by employee while wearing respirator:</p>
<p>5. Describe protective clothing (other than respirator) that the employee will wear while using respirator:</p>
<p>6. Describe temperature and humidity condition extremes that this employee will experience while wearing respirator:</p>
<p>7. Describe any special or hazardous conditions that this employee may encounter when wearing the respirator (e.g., confined space access, hazardous materials incident response, rescue duties, use of heavy equipment, etc.):</p>
<p>8. Describe any responsibilities that this employee will have while wearing the respirator that may affect the safety and well-being of others (e.g., rescue, security, etc.):</p>
<p>9. Indicate the type(s) of respirator you anticipate this employee to require:</p> <p><input type="checkbox"/> Disposable mask    <input type="checkbox"/> Full-face APR    <input type="checkbox"/> Tight-fitting PAPR    <input type="checkbox"/> Airline (compressor)</p> <p><input type="checkbox"/> Half-face APR    <input type="checkbox"/> Loose-fitting PAPR    <input type="checkbox"/> Airline (compressed air)    <input type="checkbox"/> SCBA</p>
<p>10. If so equipped, indicate the type(s) of filters or pre-filters you anticipated are required for the employee respirator:</p>
<p>11. Is this employee expected to be facially clean-shaven when wearing the respirator (Check Yes or No)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>12. While wearing the respirator, will this employee be exposed to fumes, vapors, or gases that are corrosive or irritating to the eyes (Check Yes or No)?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>13. Indicate the type of corrective lens this employee will wear (if necessary) when using the respirator (check one box):    <input type="checkbox"/> Spectacles    <input type="checkbox"/> Contact Lenses    <input type="checkbox"/> Not Required</p>
<p><b>PART 2: To be completed by Supervisor and EHS (Please print the following information)</b></p>
<p>This section is to be completed by both the supervisor and Department of Environmental Health &amp; Safety (EHS). The following information is to be provided for each <b>new</b> inhalation hazard (i.e., each hazardous substance) the employee is expected to encounter while wearing the respirator, completed by the supervisor. Shaded sections are to be completed by EHS.</p>
<p>Inhalation hazard:</p> <p>Describe activity causing this hazard:</p> <p>Describe duration of exposure (hours/day, days/year, etc.):</p>

A. Observed Employee Exposure Rate:

B. PEL/TLV of Other Published Exposure Limit:

C. Method Utilized to Determine Employee Exposure:

**PART 3: To be completed by Supervisor and EHS (Please print the following information)**

This section is to be completed by Department of Environmental Health & Safety (EHS). Copies of the completed form will be forwarded to the employee, the employee's supervisor, and the University's Medical Monitoring Facility.

Type of respiratory protective equipment approved:

Special Conditions/Comments:

<b>EHS/Industrial Hygienist Name (Print)</b>

<b>EHS/Industrial Hygienist Signature</b>	<b>Date</b>