



Occupational Safety Program

Respiratory Protection Program

Form

Respirator User Initial Hazard Assessment 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	
This form is used to provide information for employees who are required to be enrolled in the TU Respiratory Protection Program. Please answer the following questions completely.	
1. Will this respirator be used for the following (Check Yes or No)? Emergency Response? <input type="checkbox"/> Yes <input type="checkbox"/> No Firefighting? <input type="checkbox"/> Yes <input type="checkbox"/> No In Oxygen-Deficient Areas? <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Emergency Escape? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. How often is employee expected to wear respirator (Check one)? <input type="checkbox"/> Escape Only <input type="checkbox"/> 2-4 Hours per Day <input type="checkbox"/> Less than 5 Hours per Week <input type="checkbox"/> Over 4 Hours per Day <input type="checkbox"/> Less than 2 Hours per Day <input type="checkbox"/> Other:	
3. Indicate typical daily work by employee while wearing respirator: a. Hours performing light work: _____ (E.g., sitting while writing, light assembly work, standing while operating light machinery) b. Hours performing moderate work: _____ (E.g., sitting while drilling or nailing, driving a vehicle in urban traffic, transferring a moderate load) c. Hours performing heavy work: _____ (E.g., lifting heavy load, shoveling, standing while bricklaying, climbing stairs with a heavy load)	
4. Describe work conducted by employee while wearing respirator:	
5. Describe protective clothing (other than respirator) that the employee will wear while using respirator:	
6. Describe temperature and humidity condition extremes that this employee will experience while wearing respirator:	

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.):
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.):
9. Indicate the type(s) of respirator you anticipate this employee to require: <input type="checkbox"/> Disposable mask <input type="checkbox"/> Full-face APR <input type="checkbox"/> Tight-fitting PAPR <input type="checkbox"/> Airline (compressor) <input type="checkbox"/> Half-face APR <input type="checkbox"/> Loose-fitting PAPR <input type="checkbox"/> Airline (compressed air) <input type="checkbox"/> SCBA
10. If so equipped, indicate the type(s) of filters or pre-filters you anticipated are required for the employee respirator:
11. Is this employee expected to be facially clean-shaven when wearing the respirator (Check Yes or No)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
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
PART 2: To be completed by EHS (Please print the following information)
This section is to be completed by the 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.
EHS recommended type of respiratory protective equipment: <input type="checkbox"/> Disposable mask <input type="checkbox"/> Full-face APR <input type="checkbox"/> Tight-fitting PAPR <input type="checkbox"/> Airline (compressor) <input type="checkbox"/> Half-face APR <input type="checkbox"/> Loose-fitting PAPR <input type="checkbox"/> Airline (compressed air) <input type="checkbox"/> SCBA
Special Conditions/Comments:

EHS/Industrial Hygienist Name (Print)	
EHS/Industrial Hygienist Signature	Date