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**Appendix B - Respiratory Protection Program
Respirator Hazard Assessment**

This form is used to obtain information prior to the use of respirators at Idaho State University. It is to be completed by employee and supervisor and signed by both. This completed form is to be forwarded to the Environmental Health & Safety Department Respiratory Protection Program Administrator. The Program Administrator will make the final recommendation on respirator use, type and cartridge/filters.

Employee's Name:	Employee's Phone:
Supervisor's Name:	Supervisor's Phone:
Department/Unit:	Date sent to EHS:

1. Will this respirator be used for the following (check appropriate box):

Potential Oxygen-Deficient Areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA
Emergency Escape?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NA

2. On the average how often is employee expected to wear respirator (check one block)?

Less than 1 hour per day	<input type="checkbox"/>
1-4 hours per day	<input type="checkbox"/>
1-2 days per month	<input type="checkbox"/>
2-3 days per week	<input type="checkbox"/>
Other:	<input type="checkbox"/>

3. What is the number of hours' employee would spend (while wearing a respirator) doing the following in a given day:

Light work (less than 200 kcal per hour). Examples of a light work effort are sitting while writing, typing, drafting or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.	___ Hrs.
Moderate work: (200-350 kcal per hour). Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs. at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.	___ Hrs.
Heavy work: (about 350 kcal per hour). Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder, working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.)	___ Hrs.

4. Describe typical work conducted by employee while wearing respirator (may use job description) Include potential hazards to which the employee may be exposed (i.e. solvents, acids, dusts, fumes, infectious materials, etc.) Provide a list of hazardous materials or products. Can be attached as separate sheet

5. Describe personal protective clothing (other than respirator) that the employee will wear while using the respirator:

6. Describe temperature and humidity condition extremes (Including extreme conditions) that this employee will experience while wearing respirator:

This section for internal use by ISU EHS Respiratory Program Administrator

Are there other possible control methods that could be utilized to minimize exposure instead of a respirator?

Local exhaust ventilation	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Substitution for less hazardous material or process	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

EHS recommended type of respiratory protective equipment:

- | | |
|---|--|
| <input type="checkbox"/> Disposable mask | <input type="checkbox"/> Tight-fitting powered APR |
| <input type="checkbox"/> Half-face APR | <input type="checkbox"/> Airline (compressed air) |
| <input type="checkbox"/> Full-face APR | <input type="checkbox"/> Airline (compressor) |
| <input type="checkbox"/> Loose-fitting powered AP | <input type="checkbox"/> SCBA |

To be used with the indicated cartridges, filters and pre-filters:

- | | |
|--|---|
| <input type="checkbox"/> HEPA filter | <input type="checkbox"/> Chlorine |
| <input type="checkbox"/> Organic vapor cartridge | <input type="checkbox"/> Hydrogen sulfide |
| <input type="checkbox"/> Acids cartridge | <input type="checkbox"/> Combination |
| <input type="checkbox"/> Radioactive | <input type="checkbox"/> Other |

Initial change out schedule for cartridges other than HEPA:

Type of corrective lens this employee will wear (if necessary) when using the respirator (check one box):

- Spectacle Kit (For wearing glasses inside full face) Contact Lenses Not Required

Special Conditions/Comments

Program Administrator Name: _____

Program Administrator Signature: _____ Date _____