| **Section 3**  | **Personal Protective Equipment****Hazard Assessment** |
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| **Form 8** |
| **RESPIRATORY HAZARDS** | [ ]  **N/A** | [ ]  **YES** | [ ]  **NO** |
| Does your employee(s) perform tasks, or work near employees who perform tasks, which produce any of the following hazards: |
| 1 | Required Use | [ ]  YES | [ ]  NO |
| 2 | Voluntary Use  | [ ]  YES | [ ]  NO |
|  |  If yes, has employee been provided 1910.134 Appendix D | [ ]  YES | [ ]  NO |
| 3 | Does employee have known underlining medical conditions that may deem tight fitting respirator dangerous to use? | [ ]  YES | [ ]  NO |
| 4 | Used *(Specify)*: [ ]  Daily, [ ]  Occasionally, or [ ]  Rarely | [ ]  YES | [ ]  NO |
| 5 | Physical demand of task *(Specify)*: [ ]  light, [ ]  moderate, [ ]  heavy, [ ]  strenuous | [ ]  YES | [ ]  NO |
| 6 | Length of time respirator used per day *(Specify)*: [ ]  0-60 minutes, [ ]  1-4 hours, [ ]  4-8 hours, [ ]  >8hrs | [ ]  YES | [ ]  NO |
| 7 | Work area has extreme temperatures  | [ ]  YES | [ ]  NO |
| 8 | Work area has high humidity | [ ]  YES | [ ]  NO |
| 9 | Need to block or filter employees’ airborne droplets from others or tasks?  | [ ]  YES | [ ]  NO |
| 10 | Respirator Use Request Form Submitted? | [ ]  YES | [ ]  NO |
| 11 | Medical Evaluation Required? | [ ]  YES | [ ]  NO |
| 12 | Training Required? | [ ]  YES | [ ]  NO |
| 13 | Fit Test Required? | [ ]  YES | [ ]  NO |
| **Identified Hazards** |
| [ ]  Chemical  | [ ]  Biological | [ ]  Dust  | [ ]  Mist |
| [ ]  Gas | [ ]  Fumes | [ ]  Spray | [ ]  Aerosol (chemical) |
| [ ]  Organic Vapor | [ ]  Smoke | [ ]  Oxygen Deficient Atmosphere | [ ]  Immediately Dangerous to Life and Health (IDLH) |
| [ ]  Hazardous Material | [ ]  Infectious aerosols/ droplets/particles | [ ]  Aerosol Generating Procedure | [ ]  Chemical/Biological Hazard Clean-up  |
| [ ]  Cleaning Infectious/ Contaminated Area | [ ]  Confined Space Entry | [ ]  Rescue | [ ]  In case of Escape/ Emergency Evacuation |
| [ ]  Extreme Heat/Cold | [ ]  Other (*specify*):  | [ ]  Other (*specify*):  | [ ]  Other (*specify*):  |
| **Controls in Place** |
| [ ]  Substitution  | [ ]  Isolation or Enclosure  | [ ]  Dilution or Ventilation  | [ ]  Local Exhaust/Chemical Fume Hood |
| [ ]  Special Ventilation System | [ ]  Safe Work Practices  | [ ]  Tools/equipment designed to minimize emissions  | [ ]  Other (*specify*):  |
| **Hazard Ratio** |
| [ ]  Personal Exposure Limit(s) (PEL):  |
| [ ]  Hazard Ratio:  | ( | Employee Exposure | ) |
| PEL |
| [ ]  Minimum Assigned Protection Factor Required:  | [ ]  10 [ ]  25 [ ]  50 [ ]  100 [ ]  1,000 [ ]  10,000  |
| **Respirator Type *(select all that apply)*** |
| [ ]  Disposable Filtering Facepiece (Dust Mask)  | [ ]  Air-Purifying Respirator  | [ ]  Loose Fitting | [ ]  Other (*specify*):  |
| [ ]  Half Facepiece | [ ]  Powered Air-Purifying Respirator (PAPR) | [ ]  Helmet or Hood | - |
| [ ]  Full Facepiece  | [ ]  Supplied-Air (SAR) or Air-Line Respirator  | [ ]  Self-Contained Breathing Apparatus (SCBA) | - |
| **Filter Type** (N = not oil resistant, R = oil resistant, P = oil proof (strongly resistant), 00 = % of airborne particles filtered out) |
| [ ]  N95 | [ ]  N99 | [ ]  N100 | [ ]  Organic Vapor |
| [ ]  R95 | [ ]  R99 | [ ]  R100 | [ ]  Chemical Cartridge: (*specify)*:  |
| [ ]  P95 | [ ]  P99  | [ ]  P100 | [ ]  High Efficiency Particulate Air (HEPA) |
| [ ]  Other (*specify*):  |
| **Additional Comments:**  |
|   |