| **Section 3** | | **Personal Protective Equipment**  **Hazard Assessment** | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | | | | |
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