



Respirator Request Form

Respiratory Hazard Evaluation
 Environmental Health & Safety Department
 University of Washington

Request #

1. Supervisor Name		First:	Last:	2. Email:	
3. Box #	35	4. Phone	() --	5. Dept/Unit/Shop	
Note: If the respirator will be used for research projects, please identify the building(s) and room(s) where respirators will be worn.			6. Building		7. Room
			Primary Location		
8. Hazards / Agents / Products					
9. Activities / Processes					
10. Form of Contaminants (Check all that apply)		<input type="checkbox"/> Dust	<input type="checkbox"/> Fumes	<input type="checkbox"/> Mist	<input type="checkbox"/> Spray
		<input type="checkbox"/> Vapor	<input type="checkbox"/> Smoke	<input type="checkbox"/> Aerosol	<input type="checkbox"/> Gas
11. Engineering Controls in Place					
<input type="checkbox"/> Substitution by a less toxic material	<input type="checkbox"/> Isolation or enclosure of process or operation	<input type="checkbox"/> General dilution ventilation		<input type="checkbox"/> Local exhaust, chemical fume hoods, special ventilation systems	
<input type="checkbox"/> Tools or equipment designed to minimize emissions		<input type="checkbox"/> Other (specify)			
12. Administrative Controls in Place					
<input type="checkbox"/> Standard Operating Procedures (specify)			<input type="checkbox"/> Employee Training		
<input type="checkbox"/> Other (specify)					
13. Special Uses					
<input type="checkbox"/> None	<input type="checkbox"/> Firefighting	<input type="checkbox"/> Riot Control		<input type="checkbox"/> Rescue	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Escape From a Chemical Leak		<input type="checkbox"/> Chemical Spill Clean-up		
<input type="checkbox"/> Other (specify)					
14. Physical Demands of Work					
<input type="checkbox"/> Light, like standing		<input type="checkbox"/> Moderate, like walking		<input type="checkbox"/> Heavy, like digging	
<input type="checkbox"/> Other (specify)					
15. Other PPE or Equipment					
<input type="checkbox"/> Safety Goggles	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Coveralls (Tyvek)		<input type="checkbox"/> Gloves	<input type="checkbox"/> Hard Hat
<input type="checkbox"/> Other (specify)					
16. Temperature Extremes					
<input type="checkbox"/> None	<input type="checkbox"/> High temperature extreme (ex. high heat furnace)		<input type="checkbox"/> Low temperature extreme (ex. walk-in freezer)		
17. Frequency of Use of Respirator					
<input type="checkbox"/> Rarely (specify)		<input type="checkbox"/> Occasionally (specify)		<input type="checkbox"/> Daily (specify)	

18. Respirator User Information

	First / Last	Completed Respirator Medical Evaluation In Past 12 months?	EID/SID (Employee or Student ID #)	Job Title	Department (If different than supervisor's)	UW Phone Number (If different than supervisor's)	Box # (If different than supervisor's)
1		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
2		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
3		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
4		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
5		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
6		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
7		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
8		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
9		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
10		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
11		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
12		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
13		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
14		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
15		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
16		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
17		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
18		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
19		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
20		<input type="checkbox"/> Yes <input type="checkbox"/> No				()	35
19. Supervisor Signature (may type name)						Date	

ATTACH ADDITIONAL PAGES IF NEEDED

**Environmental Health and Safety Use Only
RESPIRATOR HAZARD ASSESSMENT**

20. Respirator(s) Selected				
<input type="checkbox"/> Half-Face cartridge	<input type="checkbox"/> Full-Face cartridge	<input type="checkbox"/> PAPR	<input type="checkbox"/> SCBA	
<input type="checkbox"/> Disposable filtering face piece: (Select) N,R, P – 95, 100		<input type="checkbox"/> Air-line	Other (specify)	
21. Required or Voluntary Use (attach applicable documentation)				
<input type="checkbox"/> Required (Explain)		<input type="checkbox"/> Voluntary (Explain)		
22. Change Out Schedule (attach applicable documentation)		Cartridge(s)		
<input type="checkbox"/> When it becomes harder to breathe or sooner if cartridge becomes wet or damaged		<input type="checkbox"/> P100, HEPA (<i>Purple</i>) <input type="checkbox"/> Other (specify)		
Activities:				
<input type="checkbox"/> 8 hours from the time the cartridges are opened		<input type="checkbox"/> Certain organic vapors (<i>Black</i>) <input type="checkbox"/> Certain acid gases (chlorine, sulfur dioxide, chlorine dioxide, hydrogen chloride) (<i>White</i>) <input type="checkbox"/> Certain organic vapors and acid gases (<i>Yellow</i>) <input type="checkbox"/> Multi-contaminant (certain organic vapors, certain acid gases, hydrogen sulfide, ammonia, methylamine, formaldehyde, hydrogen fluoride) (<i>Olive</i>) <input type="checkbox"/> Other (specify)		
Activities:				
<input type="checkbox"/> Whichever comes first: - When it becomes harder to breathe - Cartridge becomes wet or damaged - 8 hours from the time the cartridges are opened		P100 plus: <input type="checkbox"/> Certain organic vapors (<i>Purple/Black</i>) <input type="checkbox"/> Certain acid gases (<i>Purple/White</i>) <input type="checkbox"/> Certain organic vapors and acid gases (<i>Purple/Yellow</i>) <input type="checkbox"/> Multi-contaminant (<i>Purple/Olive</i>) <input type="checkbox"/> Other (specify)		
Activities:				
<input type="checkbox"/> 3 hours (e.g., formaldehyde)		<input type="checkbox"/> Certain acid gases (<i>White</i>) <input type="checkbox"/> Multi-contaminant (<i>Olive</i>) <input type="checkbox"/> Other (specify)		
Activities:				
<input type="checkbox"/> Dispose after each use (e.g., infectious agents)		<input type="checkbox"/> Disposable filtering face piece: (Select) N,R,P - 95, 100 <input type="checkbox"/> Other (specify)		
Activities:				
<input type="checkbox"/> Other (specify)		Cartridge: Activities:		
Activities:				
23. Reviewed Assessment with Supervisor (required) <input type="checkbox"/>		24. Comments		
25. Industrial Hygienist Signature (may type name)			Date	

Send completed form to UW Respirator Program Administrator: ehsdept@u.washington.edu,
Phone: 206-543-7388, Fax: 206-543-3351, Box 354400