



Respirator Request Form

Request #

Environmental Health & Safety Department
University of Washington

1. Supervisor Name		First:	Last:	2. Email:	
3. Box #	35	4. Phone	() --	5. Dept/Unit/Shop	
6. Hazards / Agents/ Products (attach MSDSs)					
7. Activities / Processes					
8. Form of Contaminants (Check all that apply)		<input type="checkbox"/> Dust <input type="checkbox"/> Mist <input type="checkbox"/> Smoke <input type="checkbox"/> Gas <input type="checkbox"/> Fumes <input type="checkbox"/> Spray <input type="checkbox"/> Aerosol <input type="checkbox"/> Vapor			
9. 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)					
10. Administrative Controls in Place					
<input type="checkbox"/> Standard Operating Procedures (Specify) <input type="checkbox"/> Employee Training <input type="checkbox"/> Other (specify)					
11. 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)					
12. 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)					
13. 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)					
14. 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)	
15. Frequency of Use of Respirator					
<input type="checkbox"/> Rarely (specify)		<input type="checkbox"/> Occasionally (Specify)		<input type="checkbox"/> Daily (Specify)	

	16. Respirator User Information				
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	First / Last	Completed Medical Clearance In Past 12 months?		EID/SID (Employee ID # or Student ID #)	UW Net ID (uwnetid@uw.edu)	Job Title
		Yes	No			
1		<input type="checkbox"/>	<input type="checkbox"/>			
2		<input type="checkbox"/>	<input type="checkbox"/>			
3		<input type="checkbox"/>	<input type="checkbox"/>			
4		<input type="checkbox"/>	<input type="checkbox"/>			
5		<input type="checkbox"/>	<input type="checkbox"/>			
6		<input type="checkbox"/>	<input type="checkbox"/>			
7		<input type="checkbox"/>	<input type="checkbox"/>			
8		<input type="checkbox"/>	<input type="checkbox"/>			
9		<input type="checkbox"/>	<input type="checkbox"/>			
10		<input type="checkbox"/>	<input type="checkbox"/>			
11		<input type="checkbox"/>	<input type="checkbox"/>			
12		<input type="checkbox"/>	<input type="checkbox"/>			
13		<input type="checkbox"/>	<input type="checkbox"/>			
14		<input type="checkbox"/>	<input type="checkbox"/>			
15		<input type="checkbox"/>	<input type="checkbox"/>			
16		<input type="checkbox"/>	<input type="checkbox"/>			
17		<input type="checkbox"/>	<input type="checkbox"/>			
18		<input type="checkbox"/>	<input type="checkbox"/>			
19		<input type="checkbox"/>	<input type="checkbox"/>			
20		<input type="checkbox"/>	<input type="checkbox"/>			
21		<input type="checkbox"/>	<input type="checkbox"/>			
22		<input type="checkbox"/>	<input type="checkbox"/>			
23		<input type="checkbox"/>	<input type="checkbox"/>			
24		<input type="checkbox"/>	<input type="checkbox"/>			
25		<input type="checkbox"/>	<input type="checkbox"/>			

17. Supervisor Signature (may type name)		Date
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ATTACH ADDITIONAL PAGES IF NEEDED

**Environmental Health and Safety Use Only
INDUSTRIAL HYGIENE ASSESSMENT**

18. 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)	
19. Required or Voluntary Use (attach applicable documentation)				
<input type="checkbox"/> Required (Explain)		<input type="checkbox"/> Voluntary (Explain)		
20. 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:		
21. Reviewed Assessment with Supervisor (required) <input type="checkbox"/>				
22. Industrial Hygienist Signature				Date

Send completed form to UW Respirator Program Administrator: <mailto:UWresp@uw.edu>,
Phone: 206-543-7388, Fax: 206.221.3068, Box 357165