

Respiratory Hazard Evaluation Form: Request for EHS Exposure Risk Assessment

Department:		Date: / /
Location of task:		
Expected physical work effort of task: <input type="checkbox"/> Light Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Strenuous <input type="checkbox"/> Very Strenuous		
Employee names:		
Supervisor name:		Phone:
Possible chemical exposure		
<input type="checkbox"/> Formaldehyde/Formalin	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Acid gas (e.g. hydrogen chloride, hydrogen sulfide)
<input type="checkbox"/> Mercury Vapors	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Organic Vapors (e.g. benzene, toluene, MEK, acetone, xylene, paint thinners)
<input type="checkbox"/> Methylene Chloride		
<input type="checkbox"/> Other _____		
!Please approximate how many days/min quantity used		
Exposure to dust, mist fumes or particulates:		
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Cotton dust	<input type="checkbox"/> Pesticide Application
<input type="checkbox"/> Lead	<input type="checkbox"/> Grain Dust	<input type="checkbox"/> Paint Spraying
<input type="checkbox"/> Welding Fumes	<input type="checkbox"/> Animal Dust	<input type="checkbox"/> Biological Hazards (list) _____
<input type="checkbox"/> Asphalt Fumes	<input type="checkbox"/> Wood Dust	<input type="checkbox"/> Nanoparticles (list) _____
<input type="checkbox"/> Other fumes	<input type="checkbox"/> Others _____	
!Please approximate how many days/min quantity used:		
Work involving any of the above mentioned hazards is performed:		
<input type="checkbox"/> Outside	<input type="checkbox"/> In a fume hood or biosafety cabinet	<input type="checkbox"/> In a confined space
<input type="checkbox"/> In a lab (benchtop)	<input type="checkbox"/> In a spray room or booth	<input type="checkbox"/> In a oxygen deficient atmosphere
<input type="checkbox"/> In a shop	<input type="checkbox"/> In a mechanical room	<input type="checkbox"/> Biological Hazards (list) _____
Type of respirator currently used, if applicable:		
<input type="checkbox"/> N <R or P respirator e.g., N95, P100 (filter mask, non-cartridge type)	<input type="checkbox"/> Powered air purifying respirator respirator (PAPR) tight fit	<input type="checkbox"/> Self contained breathing apparatus (SCBA)
<input type="checkbox"/> Supplied-air respirator/Airline	<input type="checkbox"/> Powered-air purifying respirator (PAPR)	<input type="checkbox"/> None
<input type="checkbox"/> Half face (negative pressure) respirator		
<input type="checkbox"/> Full facepiece (negative pressure) respirator		
Type of filter/cartridge currently in use (include color of label):		
Hazard concentration:		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Known (please provide sampling data)	

- Submit completed for to Risk Management/Environmental Health & Safety for review and to initiate an exposure risk assessment
- Form can be sent by email to Gordon.Krueger@uni.edu or hard copy can be mailed to Risk Management/Environmental Health and Safety mail code 0197