

# Respirator Request Form

<b>1. Supervisor Name</b>		First:	Last:	<b>2. Email:</b>	
<b>3. Phone</b>	(    )    --	<b>4. Dept/Unit/Shop</b>			
<b>5. Hazards / Agents/ Products (attach MSDSs)</b>					
<b>6. Activities / Processes</b>					
<b>7. Form of Contaminants</b> (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			
<b>8. Engineering Controls in Place</b>					
<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 <input type="checkbox"/> emissions Other (specify)					
<b>9. Administrative Controls in Place</b>					
<input type="checkbox"/> Standard Operating Procedures (Specify) <input type="checkbox"/> Employee Training <input type="checkbox"/> Other (specify)					
<b>10. Special Uses</b>					
<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 <input type="checkbox"/> Leak Chemical Spill Clean-up <input type="checkbox"/> Other (specify)					
<b>11. Physical Demands of Work</b>					
<input type="checkbox"/> Light, like standing <input type="checkbox"/> Moderate, like walking <input type="checkbox"/> Heavy, like digging <input type="checkbox"/> Other (specify)					
<b>12. Other PPE or Equipment</b>					
<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)					
<b>13. Temperature Extremes</b>					
<input type="checkbox"/> None		<input type="checkbox"/> High temperature extreme (ex. high heat furnace)		<input type="checkbox"/> Low temperature extreme (ex. walk-in freezer)	
<b>14. Frequency of Use of Respirator</b>					
<input type="checkbox"/> Rarely (specify)		<input type="checkbox"/> Occasionally (Specify)		<input type="checkbox"/> Daily (Specify)	

	<b>15. Respirator User Information</b>				
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	First / Last		EID/SID (Employee ID # or Student ID #)	e-mail address	Job Title
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<b>16. Supervisor Signature (may type name)</b>		<b>Date</b>
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**ATTACH ADDITIONAL PAGES IF NEEDED**

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

<b>17. Respirator(s) Selected</b>				
<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)	
<b>18. Required or Voluntary Use (attach applicable documentation)</b>				
<input type="checkbox"/> Required (Explain)			<input type="checkbox"/> Voluntary (Explain) only for disposable filtering face piece	
<b>19. Change Out Schedule (attach applicable documentation)</b>			<b>20. Cartridge(s)</b>	
<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)	
<input type="checkbox"/> 8 hours from the time the cartridges are opened			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			<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)	
<input type="checkbox"/> 3 hours (e.g., formaldehyde)			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)	
<input type="checkbox"/> Dispose after each use (e.g., infectious agents)			<input type="checkbox"/> Certain acid gases ( <i>White</i> ) <input type="checkbox"/> Multi-contaminant ( <i>Olive</i> ) <input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Other (specify)			Activities: <input type="checkbox"/> Disposable filtering face piece: (Select) N,R,P - 95, 100 <input type="checkbox"/> Other (specify)	
			Cartridge: Activities:	

Send completed form to CSUSB Respirator Program Administrator: Benjamin Virzi