



Respiratory Hazard Assessment

Department:		Date:
Location where task occurs:		
Please provide a detailed description of the job task:		
What is the expected physical work effort: <input type="checkbox"/> Light/Sedentary <input type="checkbox"/> Moderate <input type="checkbox"/> Strenuous <input type="checkbox"/> Very Strenuous		
Employees Names:		
Supervisor name:		JHA?
Exposure to chemicals:		
<input type="checkbox"/> Formaldehyde/Formalin ¹	<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 ¹ (list): _____
<input type="checkbox"/> Other fumes: _____	<input type="checkbox"/> Other: _____	
! 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 the shop	<input type="checkbox"/> In confined space ¹
<input type="checkbox"/> In a fume hood/Biosafety Cabinet	<input type="checkbox"/> In a spray paint room or booth	<input type="checkbox"/> In an oxygen deficient atmosphere ¹
<input type="checkbox"/> In the lab (bench top)	<input type="checkbox"/> In a mechanical room	<input type="checkbox"/> Other: _____
Type of respirator recommended:		
<input type="checkbox"/> N, R, or P disposable respirator e.g., N95, P100 (filter mask, non-cartridge type only)	<input type="checkbox"/> Powered-air purifying respirator (PAPR) tight fit	<input type="checkbox"/> Self-Contained Breathing Apparatus (SCBA)
<input type="checkbox"/> Half facepiece (negative pressure) respirator	<input type="checkbox"/> Powered-air purifying respirator (PAPR) loose fit	<input type="checkbox"/> Supplied-air respirator/Airline
<input type="checkbox"/> Full facepiece (negative pressure) respirator	<input type="checkbox"/> None	
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)	

- Form can be sent by email to safety@uttyler.edu or hard copy can be mailed to:

¹ Work performed in these environments require an exposure risk assessment. Please contact EHS at (903) 566-7011.