



UNIVERSITY OF WYOMING

APPENDIX B Respiratory Protection Hazard Assessment Form

Use this form to provide information regarding the employee's work environment for those personnel who are required to be enrolled in the University of Wyoming's Respiratory Protection Program.

This respiratory protection hazard assessment form is dependent upon input from the employee and the employee's Supervisor. It does not imply that the University of Wyoming, or its consultants, has completed a separate hazard assessment of the employee's work environment.

Employee's Name:	Employee's Phone:
Supervisor's Name:	Supervisor's Phone:
Supervisor's Signature:	Date:
Department/Unit:	

1. Will this respiratory protection equipment be used for the following (check appropriate box)?

Emergency response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Firefighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Entering oxygen-deficient atmospheres?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Emergency escape?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

2. On average, what is the length of time the employee is expected to wear respiratory protection (check appropriate box)?

1-5 hours per week.	<input type="checkbox"/>
2-4 hours per day.	<input type="checkbox"/>
5-6 hours per day.	<input type="checkbox"/>
Entire shift every day.	<input type="checkbox"/>
Other (Please describe).	<input type="checkbox"/>

3. How many hours would the employee spend doing the following in a given day?

Light work (less than 200 kcal per hour): Examples include sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.	__ hours
Moderate work (200-350 kcal per hour): Examples include sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs. at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.	__ hours



Heavy work (about 350 kcal per hour): Examples include lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder, working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; or climbing stairs with a heavy load (about 50 lbs.).

__ hours

(To Be Completed by Supervisor)

4. Describe the employee's typical work activities while wearing respiratory protection equipment (may use PDQ) and the potential hazard(s) to which the employee may be exposed (i.e. solvents, acids, dusts, fumes, infectious materials, etc.):

5. Describe personal protective equipment (other than respiratory protection) the employee will wear while using respiratory protection equipment (worst case scenario):

6. Describe temperature and humidity conditions (including extreme conditions) the employee may/will experience while utilizing respiratory protection equipment:

7. Describe any special or hazardous conditions the employee may/will encounter when utilizing respiratory protection equipment [for example, confined spaces, trenches, elevated work surface, oxygen deficiency (< 19.5% oxygen), hazardous materials incident response, rescue duties, heavy equipment use, etc.]:



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8. Indicate the type(s) of respiratory protection equipment you anticipate this employee to utilize:

- | | |
|--|--|
| <input type="checkbox"/> Filtering face piece respirator | <input type="checkbox"/> Tight-fitting PAPR |
| <input type="checkbox"/> Half-face APR | <input type="checkbox"/> Supplied-air (compressed air) |
| <input type="checkbox"/> Full-face APR | <input type="checkbox"/> Supplied-air (compressor) |
| <input type="checkbox"/> Loose-fitting PAPR | <input type="checkbox"/> SCBA |

9. Indicate the type(s) of filters and/or pre-filters you anticipate may/will be necessary:

- | | |
|--|---|
| <input type="checkbox"/> HEPA filter | <input type="checkbox"/> Chlorine |
| <input type="checkbox"/> Organic vapor cartridge | <input type="checkbox"/> Hydrogen sulfide |
| <input type="checkbox"/> Acids cartridge | <input type="checkbox"/> Combination |
| <input type="checkbox"/> Radioactive | <input type="checkbox"/> Other |

10. Is this employee expected to be facially clean-shaven when wearing the respirator?

- YES NO NA

11. Will this employee use the respiratory protection equipment for protection from fumes, vapors, or gases that are corrosive or irritating to the eyes?

- YES NO

12. Indicate the type of corrective lens this employee will wear (if necessary) when using respiratory protection equipment (check one box):

- Spectacle kit Contact lenses Not required

INTERNAL USE ONLY

Note: The Respiratory Protection Hazard Assessment Form will be provided to the PLHCP.

Recommended type of respiratory protection equipment:

- | | |
|--|--|
| <input type="checkbox"/> Filtering face piece respirator | <input type="checkbox"/> Tight-fitting PAPR |
| <input type="checkbox"/> Half-face APR | <input type="checkbox"/> Supplied-air (compressed air) |
| <input type="checkbox"/> Full-face APR | <input type="checkbox"/> Supplied-air (compressor) |
| <input type="checkbox"/> Loose-fitting PAPR | <input type="checkbox"/> SCBA |



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13. Physician or Other Licensed Health Care Professional (PLHCP) Special Conditions/Comments:

Physician or Other Licensed Health Care Professional (PLHCP) Name: _____

Physician or Other Licensed Health Care Professional (PLHCP) Signature: _____

Date: _____