

Respiratory Protection Hazard Assessment and Selection Form

Agency/Institution: _____

Worksite: _____

General Description of Job Task: _____

Job Classification(s) _____

Level of physical exertion required to perform job: _____

Respiratory hazard(s) present: _____

PEL: _____ ACGIH TLV (if applicable: _____)

Is monitoring data available? _____ Yes _____ No

If yes, attach to this form.

Contaminant concentrations present in the workplace:

Contaminant(s): _____ Concentration: _____

Contaminant(s): _____ Concentration: _____

Contaminant(s): _____ Concentration: _____

Does data indicate levels that exceed applicable limits? _____ Yes _____ No

Do data indicate IDLH concentrations? _____ Yes _____ No

Note: Wherever hazardous exposure(s) cannot be identified or reasonably quantified, the atmosphere must be considered IDLH.

Does data indicate oxygen deficiency (less than 19.5%)? _____ Yes _____ No

Is the respirator for routine use or emergency use? _____

Additional factors (i.e. temperature and humidity levels, etc.): _____

Communication requirements: _____

Are engineering/ administrative controls feasible? _____ Yes _____ No

If no, describe reasons: _____

Type of respirator selected: _____ air purifying _____ atmosphere supplying

Style of respirator selected: _____ tight-fitting _____ loose-fitting

Make: _____

Model# _____

Type of canister or cartridge to be used: _____

Cartridge/canister change schedule if applicable _____

Name of
Evaluator: _____ Date: _____

Title: _____

Work Phone: _____ Other: _____