



UT Tyler Respiratory Hazard Evaluation Form

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.