RESPIRATORY PROTECTIVE EQUIPMENT HAZARD ASSESSMENT

UNL Respiratory Protection Program
(Revised 3/11)

(For assistance, please contact EHS at (402) 472-4925, or visit our web site at http://ehs.unl.edu/)

This form is used by EHS to document the hazard assessment of a work area or job task evaluated for the use of respiratory protection equipment (RPE). A copy of this form is provided to the supervisor. For assessments establishing a requirement for respiratory protection, EHS also provides a copy of this form to the Occupational Medicine provider for their use in performing employee medical qualification. **Note:** Employees and/or their supervisors must contact EHS when changes occur in the process or task assessed that are different from the conditions noted in this form (i.e., level or type of contaminants, work effort, etc.) or if changes to the type of RPE used are anticipated (i.e., changing from a filtering facepiece to a full-face respirator, etc.).

Identification

☐ Individual Employee:

Name	NU ID#	Department	Supervisor	Job Title	User Specific Factors

☐ Work Group

Name	NU ID#	Department	Supervisor	Job Title	User Specific Factors

Assessment Dates

Date	Type (Initial, Recurring)	Results (Assessment Still Valid; New Assessment Performed)	Added or Deleted Personnel	Comments

Process Description

Description of Task(s) when RPE is Used			
Estimated frequency of task		Estimated duration of task	
Estimated amount of product/material in process		Oils present in the workplace atmosphere?	
Temperature range		Humidity range	
Physical exertion (Light, Moderate, Heavy)*		Additional risk factors? e.g., projectiles, heavy objects, sharps, etc.	
Description of physical exertion			

Additional protective clothing	
Other workers performing same or similar tasks? (list)	
Other Notes	

* Light- sedentary or stationary; Moderate- frequent walking or standing and only lifting, carrying, bending, or squatting up to 35 pounds; Heavy– frequent or heavy lifting (50 pounds or greater), twisting, pick and shovel work, climbing ladders, etc.

Contaminant(s) of Concern

IUPAC and CAS # Or Genus/Species, Biosafety Level	**Form** (i.e., gas, vapor, fume, smoke, mist, etc.)	**Eye irritant?**	**Skin notation?**	**Occupational Exposure Limit** (including units)	**Source for the OEL** (must be the most restrictive if more than one is applicable)	**Specific OSHA Standard? (Y/N)**

Source (Engineering) Controls:
Are engineering controls in place for the process or job task (including the practicality of elimination or substitution with a less toxic substance)?

❑ Yes. Describe: _____
❑ No. Why not?_____
_____

If engineering controls are needed and are feasible but not present, is there action in process to provide the required engineering controls? ❑ Yes ❑ No

Comments: _____
_____

Is respiratory protection equipment required for this process? ❑ Yes ❑ No

Why or why not? _____
_____
_____

Additional Information
Additional comments regarding the above hazard summary, including information on known odor or irritation thresholds for any of the materials listed above: _____

_____

_____

Exposure Estimates

1. Is oxygen deficiency a concern? ❑ Yes ❑ No

2. Is the atmosphere now or potentially Immediately Dangerous to Life and Health (IDLH)? ❑ Yes ❑ No
   Note: If the answer to either question above is YES, consult the EHS Director or designee for further guidance; amendment of the UNL Respiratory Protection Program will be required, along with development and implementation of associated procedures.
3. Expected contaminant concentration: _____
   Basis for estimated contaminant concentration: _____
   Supporting data/information location (if not attached): _____

   Note: Document if the estimated concentration was based on modeling, mathematical calculation, professional judgment, physical measurement, or other method. For mathematical calculations, show your work. For modeling, reference the model used and input parameters. For professional judgment, list decision criteria. For physical measurement, indicate (or attach) a record of the sampling to include: sample method, date of sampling, duration of sampling, analytical lab, and other pertinent information.

Preferred Respiratory Protection Equipment

Respirator Type, Assigned Protection Factor (APF) & Approximate Weight	**Cartridges & Filters** (if applicable)	**Cartridge Change out Schedule if a respirator model is known**

Alternate Respiratory Protection Equipment (Should this be necessary based on review by the attending medical professional)

Respirator Type (e.g.) APF & Approximate Weight	**Cartridges & Filters** (if applicable)	**Cartridge Change out Schedule if a respirator model is known**

Evaluator:_____**Signature/Date:** _____

Approver: _____ **Signature/Date:** _____