

SITE AND PROCESS ASSESSMENT FORM

RESPIRATORY PROTECTION REQUEST

Department: _____

Building: _____

Room Number: _____

Supervisor: _____

Phone: _____

The following questions must be answered prior to submitting a request for respiratory protection:

1. Is the chemical inventory list in the EOHS HazMat database for this location being updated regularly? ☐ Yes ☐ No
2. Is there SDS information available for all the chemicals located in this room? If "Yes," where are the SDS' located? ☐ Yes ☐ No
3. Are the chemicals in this room properly labeled? ☐ Yes ☐ No
4. List the hazards for which you are requesting a respirator (e.g., Formaldehyde – target toxic/carcinogenic substance)
Do you have the SDS for each chemical listed? ☐ Yes ☐ No

Chemical	Classification	Entry Routes	Target Organs

5. Explain the process involving these chemicals which will require the use of a respirator:
6. List the potential for exposure:
7. Have you received any training in the Hazard Communication Standard: ☐ Yes ☐ No
If "Yes," list date and name of trainer: Name: _____ Date: _____
8. List any other Personal Protection Equipment which you use: _____

NAME _____

DATE _____

TELEPHONE _____

WHAT IS THE BEST TIME TO REACH YOU? _____