

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? _____