



Appendix A: Respiratory Hazard Evaluation Form

Request for EHS Exposure Risk 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 and eIDs:		
Supervisor name:		
Phone:		
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 a fume hood or biosafety cabinet <input type="checkbox"/> In a confined space ¹		
<input type="checkbox"/> In a lab (bench top) <input type="checkbox"/> In a spray paint room or booth <input type="checkbox"/> In an oxygen deficient atmosphere ¹		
<input type="checkbox"/> In a shop <input type="checkbox"/> In a mechanical room <input type="checkbox"/> Other: _____		
Type of respirator currently in use, if applicable:		
<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)		

- **Submit completed form to EHS for review and to initiate an exposure risk assessment.**
- **Form can be sent by email to respirator@ksu.edu or hard copy can be mailed to:**
 KSU EHS, 108 Edwards Hall, 1810 Kerr Dr, Manhattan, KS 66506 or fax to 785-532-1981.

¹ Work performed in these environments requires an exposure risk assessment. Please contact EHS at 785-532-5856.