Appendix A: Respiratory Hazard Evaluation Form

Request for EHS Exposure Risk Assessment

<table>
<thead>
<tr>
<th>Department:</th>
<th>Date:</th>
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<tbody>
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<td>Location where task occurs:</td>
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Please provide a detailed description of the job task:


What is the expected physical work effort: □ Light/Sedentary □ Moderate □ Strenuous □ Very Strenuous

Employees Names and eIDs:


Supervisor name: [__________]

Phone: [__________]

Exposure to chemicals:

□ Formaldehyde/Formalin
□ Mercury vapors
□ Methylene Chloride

□ Pesticides
□ Ammonia
□ Other: [__________]

□ Acid gas (e.g. hydrogen chloride, hydrogen sulfide)
□ Organic Vapors (e.g. benzene, toluene, MEK, acetone, paint thinners)

! Please approximate duration/frequency of use and quantity:

Exposure to dust, mist, fumes or particulates:

□ Asbestos
□ Lead
□ Welding fumes
□ Asphalt fumes

□ Cotton dust
□ Grain dust
□ Animal dust
□ Wood dust

□ Pesticide application
□ Paint spraying
□ Biological hazards (list): [__________]
□ Nanoparticles’ (list): [__________]

□ Other: [__________]

! Please approximate duration/frequency of use and quantity:

Work involving any of the above mentioned hazards is performed:

□ Outside
□ In a fume hood/Biosafety Cabinet
□ In the lab (bench top)
□ In the shop
□ In a spray paint room or booth
□ In a mechanical room
□ In confined space\(^1\)
□ In an oxygen deficient atmosphere\(^1\)

Other: [__________]

Type of respirator currently in use, if applicable:

□ N, R, or P disposable respirator e.g., N95, P100 (filter mask, non-cartridge type only)
□ Half facepiece (negative pressure) respirator
□ Full facepiece (negative pressure) respirator

□ Powered-air purifying respirator (PAPR) loose fit
□ Powered-air purifying respirator (PAPR) tight fit
□ Self-Contained Breathing Apparatus (SCBA)
□ Supplied-air respirator/Airline
□ None

Type of filter/cartridge currently in use (include color of label): [__________]

Hazard concentration:

□ Unknown
□ Known (please attach 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 require an exposure risk assessment. Please contact EHS at 785-532-5856.