


Title: MCC Respirator Hazard Assessment Form	Revision #: 0	
DOC ID # MCCRM_F0001.2	Revision Date: 20160113	
Document Owner: Tamara Hunt	Effective Date: 20160113	
Authorized by: Larry Koehler	Review Date: 20170113	
Controlled File: O:\Shared\Office of Physical Plant\Risk Management\PE\Respirator\MCCRM_F0001.2_Respiratory Hazard Assessment Form_Rev0.docx		

**Occupational Health and Safety Use Only
RESPIRATORY HAZARD ASSESSMENT FORM**

Respirator Request Form #

1. Required or Not Required

<input type="checkbox"/> Required (Explain)	<input type="checkbox"/> Not Required (hazard identified is below PEL)
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2. Respirator(s) Selected	<input type="checkbox"/> Half-Face cartridge	<input type="checkbox"/> Full-Face cartridge	<input type="checkbox"/> PAPR	<input type="checkbox"/> SCBA
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<input type="checkbox"/> Disposable filtering face piece: (Select) N,R, P – 95, 100	<input type="checkbox"/> Air-line	Other (specify)
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3. Change Out Schedule (attach applicable documentation)	Cartridge(s)
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<input type="checkbox"/> When it becomes harder to breathe or sooner if cartridge becomes wet or damaged	<input type="checkbox"/> P100, HEPA (<i>Purple</i>) <input type="checkbox"/> Other (specify) Activities:
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<input type="checkbox"/> 8 hours from the time the cartridges are opened	<input type="checkbox"/> Certain organic vapors (<i>Black</i>) <input type="checkbox"/> Certain acid gases (chlorine, sulfur dioxide, chlorine dioxide, hydrogen chloride) (<i>White</i>) <input type="checkbox"/> Certain organic vapors and acid gases (<i>Yellow</i>) <input type="checkbox"/> Multi-contaminant (certain organic vapors, certain acid gases, hydrogen sulfide, ammonia, methylamine, formaldehyde, hydrogen fluoride) (<i>Olive</i>) <input type="checkbox"/> Other (specify) Activities:
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<input type="checkbox"/> Whichever comes first: - When it becomes harder to breathe - Cartridge becomes wet or damaged - 8 hours from the time the cartridges are opened	P100 plus: <input type="checkbox"/> Certain organic vapors (<i>Purple/Black</i>) <input type="checkbox"/> Certain acid gases (<i>Purple/White</i>) <input type="checkbox"/> Certain organic vapors and acid gases (<i>Purple/Yellow</i>) <input type="checkbox"/> Multi-contaminant (<i>Purple/Olive</i>) <input type="checkbox"/> Other (specify) Activities:
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<input type="checkbox"/> 3 hours (e.g., formaldehyde)	<input type="checkbox"/> Certain acid gases (<i>White</i>) <input type="checkbox"/> Multi-contaminant (<i>Olive</i>) <input type="checkbox"/> Other (specify) Activities:
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<input type="checkbox"/> Dispose after each use (e.g., infectious agents)	<input type="checkbox"/> Disposable filtering face piece: (Select) N,R,P - 95, 100 <input type="checkbox"/> Other (specify) Activities:
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<input type="checkbox"/> Other (specify)	Cartridge: Activities:
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4. Reviewed Assessment with Supervisor (required) <input type="checkbox"/>	Date Completed:	Initialed:
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4. Reviewed Assessment with Employee (required) <input type="checkbox"/>	Date Completed:	Initialed:
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