

## Respirator Use Request Form

<b>1. Supervisor Name</b>	First:	<b>2. Department</b>	
	Last:		
<b>3. Hazards / Agents / Products (attach SDSs)</b>			
<b>4. Activities / Processes</b> (Please be as detailed as possible)			
<b>5. Form of Contaminants</b> (Check all that apply)	<input type="checkbox"/> Dust <input type="checkbox"/> Mist <input type="checkbox"/> Smoke <input type="checkbox"/> Gas <input type="checkbox"/> Fumes <input type="checkbox"/> Spray <input type="checkbox"/> Aerosol <input type="checkbox"/> Vapor		
<b>6. Concentration of Contaminants</b>			
<b>7. Engineering Controls in Place</b>			
<input type="checkbox"/> Substitution by a less toxic material <input type="checkbox"/> Isolation or enclosure of process or operation <input type="checkbox"/> General dilution ventilation <input type="checkbox"/> Local exhaust, chemical fume hoods, special ventilation systems <input type="checkbox"/> Tools or equipment designed to minimize emissions <input type="checkbox"/> Other (specify)			
<b>8. Administrative Controls in Place</b>			
<input type="checkbox"/> Standard Operating Procedures (Specify) <input type="checkbox"/> Other (specify)			
<b>9. Frequency of Use of Respirator</b>			
Rarely (specify)	Occasionally (Specify)	Daily (Specify)	
<b>10. Physical Demands of Work</b>			
<input type="checkbox"/> Light, like standing <input type="checkbox"/> Moderate, like walking <input type="checkbox"/> Heavy, like digging <input type="checkbox"/> Other (specify)			
<b>11. Other PPE or Equipment</b>			
<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Coveralls (Tyvek) <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other (specify)			
<b>12. Temperature Extremes</b>			
<input type="checkbox"/> None	<input type="checkbox"/> High temperature extreme (ex. high heat furnace)	<input type="checkbox"/> Low temperature extreme (ex. walk-in freezer)	
<b>13. Supervisor Requires Respiratory Protection for Activities / Processes Listed in Question 4 of This Document</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A (specify)	

Send completed form to UMass Respirator Program Administrator: <mailto:respirators@umass.edu> Phone: 413-545-5118