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| --- | --- | --- |
| Memorial color logo | **Respirator Program**  **Respiratory Hazard Identification Form** | EHS-RP-F2-R1 |

| **Supervisor contact information** | |
| --- | --- |
| Name | Department |
| Work phone | Email |
| **Position being evaluated** | |

| faculty  staff | student | visitor | other: |
| --- | --- | --- | --- |

| Job title or role description | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Table 1. Tasks where respiratory hazard exposure may occur, the physical demand of each routine task and existing exposure control measures (engineering and administrative) | | | | | | | Substance | **Quantity present** | **Routine tasks**  (decanting, mixing, heating, spraying, sanding, welding, cleaning, etc.) | **Physical demand of routine tasks**  (light, moderate, heavy) | **Non-routine**  **tasks**  (responding to spill,  repairing equipment,  moving equipment, etc.) | **Exposure control measures**  (fume hood, spray booth, dust capture system, dust suppression, etc.) | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | |
| **Monitoring** | | | | | | | | | | | | | | | | | | |
| Has air sampling been carried out? If yes, please explain: | | | | | | | | | | | | | | | | | | |
| **Work schedule** | | | | | | | | | | | | | | | | | | |
| Time of day | | | | | Days of the week | | | | | | Monthly or seasonal variations in work schedule | | | | | | | |
| Time during work shift when exposure to respiratory hazards may take place: | | | | | | | | | | | | | | | | | | |
| **Location** | | | | | | | | | | | | | | | | | | |
| Is work carried out in a health care facility? yes  no | | | | | | | | | | | | | | | | | | |
| Is work done in more than one location? yes  no  Please list locations - building name, floor, room, area. | | | | | | | | | | | | | | | | | | |
| Does the potential exist for exposure due to equipment malfunction, chemical spill, or gas release?  yes  no  If yes, please explain. | | | | | | | | | | | | | | | | | | |
| Do activities take place near work area that may change the type of respiratory protection needed?  yes  no  If yes, please explain. | | | | | | | | | | | | | | | | | | |
| Are extreme temperature, humidity, or atmospheric pressure considerations expected?  yes  no  If yes, please explain. | | | | | | | | | | | | | | | | | | |
| Are there requirements for emergency escape or rescue that should be considered?  yes  no  If yes, please explain. | | | | | | | | | | | | | | | | | | |
| **Hazard identification** | | | | | | | | | | | | | | | | | | |
| Will the respirator be used in the following situations? | | | | | | | | | | | | | | | | yes | no | |
| radioactive materials | | | | | | | | | | | | | | | |  |  | |
| potential for conditions immediately dangerous to life or health (IDLH) | | | | | | | | | | | | | | | | | | |
| untested confined space | | | | | | | | | | | | | | | |  |  | |
| unknown contaminant at an unknown concentration | | | | | | | | | | | | | | | |  |  | |
| hazardous contaminant at or above published IDLH concentrations | | | | | | | | | | | | | | | |  |  | |
| known contaminant at an unknown concentration with the potential to be IDLH | | | | | | | | | | | | | | | |  |  | |
| reduced oxygen concentration | | | | | | | | | | | | | | | |  |  | |
| in the opinion of a competent person, work area may become IDLH | | | | | | | | | | | | | | | |  |  | |
| fire fighting | | | | | | | | | | | | | | | |  |  | |
| emergency response | | | | | | | | | | | | | | | |  |  | |
| types of airborne contaminants that may be present | | | | | | | | | | | | | | | | | | |
| gases | vapour | | | | | |  |  | | | |  | | | | | | |
| particulate: | | dust | |  | | fibers |  | | mist |  | | | fumes |  | bioaerosols | | |  |
| **TO BE COMPLETED BY EHS**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Table 2. Respiratory hazards present in work area & exposure limit information | | | | | | | | Substance | **TLV-STEL** | **TLV-TWA** | **Excursion limit** | **TLV-ceiling** | **Basis of exposure limit** | **Skin or eye absorption or irritation concern** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Exposure limit definitions from the American Conference of Governmental Industrial Hygienists (ACGIH)**   * **TLV-TWA** is the threshold limit value (TLV) time-weighted average (TWA) concentration for a conventional 8-hour workday and a 40-hour workweek, to which it is believed that nearly all workers may be repeatedly exposed, day after day, for a working lifetime without adverse effect. * **TLV-STEL** is a 15-minute TWA exposure limit that should not be exceeded at any time during a work day, even if the 8-hour TWA exposure is within the TLV-TWA. Exposures above the TLV-STEL should be less than 15 minutes, should occur no more than four times per day, and there should be at least 60 minutes between successive exposures (according to the ACGIH TLV book). * An **excursion limit** is used to evaluate short-term exposure for chemicals substances that do not have a TLV-STEL. Excursions in work exposure levels may exceed 3 times the TLV-TWA for no more than a total of 30 minutes during a work-day, and under no circumstances should they exceed 5 times the TLV-TWA, provided that the TLV-TWA is not exceeded. * **TLV-Ceiling** is the concentration that should not be exceeded during any part of the working exposure. | | | | | | | | | | | | | | | | | | |
| **Comments** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Report sent by: | | |  | | | | | | | | | | | | | | | |
| Report sent to: | | |  | | | | | | | | | | | | | | | |
| Date sent: | | |  | | | | | | | | | | | | | | | |