

Berkeley Lab Respiratory Protection

Appendix H. Hazard Evaluation Form – Respirator User

EMPLOYEE NAME: _____ EMPLOYEE ID PHONE _____

SUPERVISOR: _____ DIVISION: _____

EMPLOYEE JOB TITLE: _____

WORK LOCATION BLDG: _____ ROOM: _____

☐ VOLUNTARY USE ☐ MANDATORY USE

RESPIRATOR TYPE AND WEIGHT (check all that apply):

AIR PURIFYING		SUPPLIED AIR
<input type="checkbox"/> Half-Mask <5 lbs	<input type="checkbox"/> Emergency use	<input type="checkbox"/> Airline (Continuous Flow) <5 lbs
<input type="checkbox"/> Full-Face Mask <5 lbs	<input type="checkbox"/> PAPR <10 lbs	<input type="checkbox"/> Airline (Pressure Demand) <15 lbs
<input type="checkbox"/> Other (describe)		<input type="checkbox"/> SCBA 25 lbs

DURATION AND FREQUENCY OF RESPIRATOR USE:

☐ Full shift (4-8 hrs/day) ☐ Moderate use (1-4 hrs/day) ☐ Low use (< 1 hr/day)
☐ High use (daily or weekly) ☐ Moderate use (monthly) ☐ Infrequent use (< monthly)

TYPICAL WORK ACTIVITIES AND HAZARDS

<input type="checkbox"/> Routine laboratory or shop operations	<input type="checkbox"/> Potential exposure to reduced oxygen environments
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EXPECTED PHYSICAL WORK EFFORT:

<input type="checkbox"/> Heavy work	<input type="checkbox"/> Moderate work	<input type="checkbox"/> Light work
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ADDITIONAL PROTECTIVE CLOTHING AND EQUIPMENT TO BE WORN:

Eye and Face	<input type="checkbox"/> safety glasses	<input type="checkbox"/> goggles	<input type="checkbox"/> faceshield	<input type="checkbox"/> filter lenses (shade #)
Head	<input type="checkbox"/> hardhat			
Foot	<input type="checkbox"/> safety shoes (protective toe)	<input type="checkbox"/> metatarsal	<input type="checkbox"/> rubber boots (protective toe)	
Hand	<input type="checkbox"/> leather gloves	<input type="checkbox"/> nitrile gloves	<input type="checkbox"/> other gloves	
Clothing	<input type="checkbox"/> protective suit (e.g., Tyvek®)	<input type="checkbox"/> lab coat	<input type="checkbox"/> apron	<input type="checkbox"/> clothing, other

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TEMPERATURE AND HUMIDITY EXTREMES THAT MAY BE ENCOUNTERED:

<input type="checkbox"/> Outside work (summer)	<input type="checkbox"/> Outside work (winter)	<input type="checkbox"/> Routine laboratory or shop environment
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HAZARDOUS MATERIAL(S) Include contaminant chemical state and physical form (e.g., gas, vapor, biological):

OPERATION / DESCRIPTION: _____

HAZARD CONTROLS: _____

MONITORING NEEDED: _____

If no, list the justification: _____

RECOMMENDATIONS (Include monitoring results, any modifications to controls, and status of on-going work.): _____

Industrial Hygienist Signature: _____ Date: _____