

HAZARD ASSESSMENT AND RESPIRATOR SELECTION RECORD

(To be provided by employer to health care professional prior to Medical Recommendation for respirator use.)

Profile #: _____

(Note: Each record may only represent 1 respirator and must be assigned a unique profile number.)

Date: _____

Company Name: _____

Location Name (if different than company name): _____

Address: _____

City, State, Zip _____

Telephone Number: _____

Name of Person providing information: _____ Title: _____

Department(s) to which this record applies: _____

Work area(s) or specific tasks(s) involving respirator use: _____

| Substance | Expected Concentration Range (include units of measure) | PEL (include units of measure) | TLV (include units of measure) | CEILING (include units of measure) | STEL (include units of measure) | IDLH (Yes/No) |
|-----------|--|-----------------------------------|-----------------------------------|---------------------------------------|------------------------------------|------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

DUST MIST FUME GAS VAPOR
 OIL NON-OIL Oxygen Deficient: NO YES
 Odor Threshold: _____ Other: _____

RESPIRATOR USE: Required Voluntary
TASK DESCRIPTION: Routine Non-Routine Emergency

SPECIAL EMERGENCY DESIGNATION(S), IF ANY: (Check all that apply.)

Emergency Response Team Confined Space Rescue Team Fire Brigade
 Hazmat Team Other

FREQUENCY/DURATION OF RESPIRATOR USE: (Check only one.)

Daily. Average hours per 8 hour shift: _____
 Occasional Use (more than once per week, but less than daily). Average Hours Per Use: _____
 Escape/Rescue or Rare Use Only (no more than 4 times per month). Average Hours Per Use: _____

EXPECTED PHYSICAL WORK EFFORT DURING RESPIRATOR USE: (Check all that apply.)

- Light – Sitting while performing light assembly work; or standing while operating a machine
- Moderate – Driving equipment, handling materials up to 35 lb., wheel barrow 100 lbs., standing/walking
- Heavy – Lifting > 50 lbs., loading dock work, shoveling, walking or climbing with a load.

ADDITIONAL PROTECTIVE EQUIPMENT WORN DURING RESPIRATOR USE:

(Check all that apply.)

- Hearing Protection Eye Protection Head Protection Work Boots
- Protective Clothing (> 10 lb.) Chemical Protective Clothing (heat retentive)
- Other: _____

TEMPERATURE EXTREMES DURING RESPIRATOR USE: (Check all that apply.)

- < 0° F 0 to 32 ° F 77 to 90 ° F > 90 ° F

HUMIDITY EXTREMES DURING RESPIRATOR USE: (Check either/both as applicable)

- < 30% Relative Humidity > 70% Relative Humidity

MONITORING REQUIRED BEFORE START OF TASK? Yes No

Hazard Ratio: _____ Assigned Protection Factor Required: _____
Maximum Use Concentration (include units of measure) _____

FIT TESTING:

- Qualitative Fit Test Quantitative Fit Test (Note: Negative pressure air purifying respirators used to protect against hazardous substance concentrations > 10 times PEL (or unknown) require quantitative fit testing.)

TYPE OF RESPIRATOR AND MASK:

Manufacturer Name: _____

Mask Model #: _____ NIOSH Approval # (TC): _____

Weight (including attachments) (include units of measure): _____ Change Out Schedule: _____

- Filtering Facepiece (dust mask)
- Air Purifying Respirator (neg. pressure) Filter #: _____ Cartridge #: _____
- Powered Air Purifying Respirator Retainer #: _____ Canister #: _____
- Supplied Air Compressor Information: _____
- SCBA Cylinders Type: _____
- Tight Fitting Loose Fitting
- Half Mask Full Facepiece Hood Helmet Other Type: _____

Other: _____

Other: _____

**** HTI, Inc. Use Only ****
