

Job/Task Evaluation for Respirator Use

Job/Task:

Department:

Evaluated by: _____ on:

Hazards Present:

Oxygen Deficient? YES NO

IDLH? YES NO

Chemical	Form			Exposure Level			Exposure Limit					Protection Factor
	Dust/Mist	Fume	Vapor / Gas	Level	Measured	Estimated	Limit	OSHA	ACGIH	NIOSH	OTHER	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Approved Respirators:

Type	Mfg	Model	Internal ID

Supplemental Medical Information

Employee to be evaluated _____

Date: _____

Respirator Program Administrator / Contact _____

Phone Number: _____

- Type of Respirator**
- Dust Mask
 - Air purifying half-face or full-face with cartridges or canisters
 - Powered Air Purifying Respirator (PAPR)
 - Supplied air respirator (SAR)
 - Self-contained breathing apparatus (SCBA)

Specific Respirator:

Manufacturer: _____

Make: _____

Model: _____

Weight: _____

- Duration and Frequency of Use**
- Daily _____ hours per day
 - At least once a week _____ hours at a time
 - For specific tasks, less than once a week _____ hours at a time
 - For emergency escape only
 - For rescue only
 - For emergencies

- Expected Physical work effort**
- Light work (seated)
 - Moderate (assembly line work, walking)
 - Heavy (lifting, material handling)
 - Very Heavy
 - Extremely Heavy (firefighting)

Additional PPE and Clothing

- Hearing Protection
- Safety glasses / goggles
- Face Shield
- Aprons
- Hard Hat
- Safety Shoes or Boots
- Metatarsal Shoes
- Spats / Leggings
- Knee / Elbow Pads
- Gloves, type _____
- Protective Sleeves, Gauntlets
- Coveralls
- Protective Trousers / Pants
- Protective Coat / Jacket
- Helmet / Hood
- Harnesses / Belts
- Cooling Vests
- Impervious Clothing,
type _____
- Other _____

Estimated
Total Weight of PPE:

Working Conditions:

Temperature Extremes: _____

Humidity Range: _____

General Description of
work activity:

Employee Fit Test Record

Employee Name: _____

Date of Fit Test: _____

Conducted by: _____

Respirator: **Make:**
 Model:
 Style:
 Size:

Type of Test:

- Qualitative (QLFT)
- Isoamyl Acetate
 - Saccharin
 - Bitrex
 - Irritant Smoke
 - Other: _____

<input type="checkbox"/> Passed
<input type="checkbox"/> Failed

Comments: _____

I agree with this assessment:

Employee Signature

date

Respirator Inspection Records

Date: _____

Inspector _____

AIR-PURIFYING RESPIRATORS (Quarter-mask, Half-mask, Full Face Piece and Gas Mask) Check before and after each use and during cleaning

Place ✓ if OK	Item	Check For
	Respirator	Function test
	Rubber Face piece	Excessive dirt (clean all dirt from facepiece)
		Cracks, tears or holes (obtain new facepiece)
		Distortion (allow facepiece to "sit" free from any constraints and see if distortion disappears; if not, obtain new facepiece)
		Cracked, scratched or loose fitting lenses (contact respirator manufacturer to see if replacement is possible; otherwise, obtain new facepiece)
	Corrugated Breathing Tube	Cracks or holes (replace tube)
		Missing or loose hose clamps (replace clamps)
		Broken or missing end connectors (obtain new connectors)
	Head straps	Breaks or tears (replace headstraps)
		Loss of elasticity (replace headstraps)
		Broken or malfunctioning buckles or attachments (replace buckles)
		Excessively worn serrations on the head harness that might allow the face piece to slip (replace head strap)
	Inhalation valve, Exhalation valve	Detergent residue, dust particles or dirt on valve or valve seat (clean with soap and water)
		Cracks, tears or distortion in the valve material or valve seat (replace)
		Missing or defective valve cover (replace)
	Filter Element	Proper filter for the hazard
		Approval designation
		Missing or worn gaskets (contact manufacturer for replacement)
		Worn threads - both filter and face piece threads (replace)
		Broken or missing end connectors (replace)
		Deterioration of gas mask canister harness (replace harness)
		Service life indicator, or end of service date for expiration

Respirator Inspection Records

Date: _____

Inspector _____

ATMOSPHERE SUPPLYING RESPIRATORS (Check before and after each use and during cleaning)

Place ✓ if OK	Item	Check For
	Respirator	Function test
	Rubber Face piece	Excessive dirt (clean all dirt from facepiece)
		Cracks, tears or holes (obtain new facepiece)
		Distortion (allow facepiece to "sit" free from any constraints and see if distortion disappears; if not, obtain new facepiece)
		Cracked, scratched or loose fitting lenses (contact respirator manufacturer to see if replacement is possible; otherwise, obtain new facepiece)
	Corrugated Breathing Tube	Cracks or holes (replace tube)
		Missing or loose hose clamps (replace clamps)
		Broken or missing end connectors (obtain new connectors)
	Head straps	Breaks or tears (replace headstraps)
		Loss of elasticity (replace headstraps)
		Broken or malfunctioning buckles or attachments (replace buckles)
		Excessively worn serrations on the head harness that might allow the face piece to slip (replace head strap)
	Inhalation valve, Exhalation valve	Detergent residue, dust particles or dirt on valve or valve seat (clean with soap and water)
		Cracks, tears or distortion in the valve material or valve seat (replace)
		Missing or defective valve cover (replace)
	Hood, helmet, blouse or full suit	Rips and torn seams (if unable to repair the tear adequately, replace)
		Headgear suspension (adjust properly)
		Cracks or breaks in faceshield (replace faceshield)
		Protective screen to see that it is intact and fits correctly over the faceshield, abrasive blasting hoods and blouses (obtain new screen)
	Air supply system	Breathing air quality
		Breaks or kinks in air supply hoses and end fitting attachments (replace hose and/or fitting)
		Tightness of connections
		Proper setting of regulators and valves (consult manufacturer)
		Correct operation of air-purifying elements and carbon monoxide or high-temperature alarms
	Self-contained breathing apparatus (SCBA)	Contact manufacturer

