Employee Respirator Assignments

**Respiratory Protection Program Coordinato**r: **Company:** **Date:**

**Phone Number: Email: Location(s)**

***Complete the following, related to employee(s) respirator assignments. Check all that apply.***

**Respirators to be used**:

Half Face  N 95 (Disposable/dust)

Full Face  Air Purifying (Filtered/cartridge)

 Supplied Air (SCBA/Airline)

**How often will the employee need to use a respirator?**

 Daily  Weekly  Monthly  Yearly  As *needed, no frequent or predictable usage*

**How long will the respirator be worn per use?**

< 2 hours/ day  < 5 hours per week 2 to 4 hours per day   Emergency only  Escape only (no rescue)

**During respirator usage, how hard is the work?**

 Light < 200 kcal/hr  *(i.e. Standing while operating a drill press)*   Moderate 200 to 350 kcal/hr *(i.e. Transferring a load of about 35 lbs.)*  Heavy >350 kcal/hr *( Lifting at least 50 lbs. from floor to waist)*

Are there other hazardous conditions associated with respirator use? NO  YES ( *If yes, please describe below)*

**What are the potential respiratory exposures?**   Dust  Fumes  Smoke  Gas  All

 Respirator usage will be above 5,000 feet?  **R**espirator will be used in oxygen deficient environment?  Respirator will be used in confined spaces?  **R**espirator will be used in hot environments (>77F)? Protective equipment will be used with respirator?  Additional protective gear, 35 lbs. & over