



Campus Safety

RESPIRATOR INFORMATION & FIT-TEST REQUEST

1.0 EMPLOYEE INFORMATION

Last Name:		First Name:		ID#:	Email:
Phone #:	Work Site Location:		Department:	Job Title:	
Supervisor Name:			Supervisor Email:		Supervisor Phone #:

2.0 HAZARD IDENTIFICATION

Air Contaminant Identification	CAS Registry Number	SDS Reviewed	Warning Properties	Can Substance be absorbed through or cause irritation to the eyes or skin?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

3.0 HAZARD ASSESSMENT

Immediately Dangerous to Life and Health (IDLH)?	YES	NO
Oxygen Content:	Below 19.5%	Ambient Above 21.5%
Toxic Contaminant?	YES	NO
Air Contaminant Type(s)?	Gas/ Vapour	Particulate* Both
*If particulate, is there oil present in the workplace?	"N"-No oil present	"R"-Oil possible "P"-Oil present

4.0 CONDITIONS REQUIRING RESPIRATOR USE

Activities requiring respirator use:

Frequency of use:	Daily	Weekly	Monthly	Yearly	Varies	Rarely
Exertion level:	Light	Moderate	Heavy	Strenuous	All	
Duration of use per shift:	< 1/4 hr	> 1/4 hr	> 2 hrs	Variable		
Temperature during use:	< 0°C	0-25°C	>25°C	All temps		

5.0 WORK CONDITIONS

Emergency Escape Needed or Potentially Needed:	YES	NO
Location of safe area relative to hazardous area:	<input type="text"/>	
Uncontrolled Hostile Environment:	Emergency escape Confined spaces	Rescue operations Other: <input type="text"/>
Has the work activity been identified on a Hazard Assessment?	YES	NO ATTACHED
Has the work activity been identified in a SOP?	YES	NO ATTACHED
Engineering controls used:	YES	NO SPECIFY: <input type="text"/>
Administrative controls used:	YES	NO SPECIFY: <input type="text"/>
PPE used:	Hard Hat Safety glasses Goggles Noise muffs Hood	Other: <input type="text"/>

6.0 TYPES OF RESPIRATORS WORN (check all that apply)

Full-face	Half-face	SCBA	N95
Other (specify): <input type="text"/>			
Make/Model of respirator(s) currently used: <input type="text"/>			



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7.0 TRAINING

The employee has viewed the **RESPIRATOR TRAINING VIDEO** YES NO
 Is additional training required (e.g. SCBA training)? YES NO
 If YES please provide details:

8.0 FIT-TEST REQUEST AND ACKNOWLEDGMENT

The applicant acknowledges and confirms by submitting this form they understand that a contracted service will provide Respiratory Fit Testing; that University of Lethbridge - Safety Services will arrange for fit-testing and may also follow up with applicant respiratory fit testing outcomes as needed. Send completed form by clicking on the 'Submit To' button

EMPLOYEE NAME (printed)

EMPLOYEE SIGNATURE

DATE

SUPERVISOR NAME (printed)

SUPERVISOR SIGNATURE

DATE

SUBMIT

9.0 SAFETY SERVICES REVIEW

Hazard Ratio = Airborne Concentration = OEL				
Minimum Protection Factor Needed:				
*Type of filter / Cartridge Recommended:				
Additional Requirements Needed?				
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">YES</td> <td style="width: 15%; border: none;">NO</td> <td style="width: 70%; border: none;">EXPLAIN</td> </tr> </table>	YES	NO	EXPLAIN	
YES	NO	EXPLAIN		