

# Wellesley College Environmental Health and Safety

## Request for Use of Respirator Form

<b>1. Contact Information</b>	Name: Phone:	<b>2. Department / Location of Work Room #</b>	
<b>3. Hazards / Agents/ Products</b> (attach SDSs or provide website link)			
<b>4. Activities / Processes</b> (Please be as detailed as possible)			
<b>5. Form of Contaminants</b> (Check all that apply)	<input type="checkbox"/> Dust <input type="checkbox"/> Mist <input type="checkbox"/> Smoke <input type="checkbox"/> Gas <input type="checkbox"/> Fumes <input type="checkbox"/> Spray <input type="checkbox"/> Aerosol <input type="checkbox"/> Vapor		
<b>6. Concentration of Contaminants, if known</b>			
<b>7. Engineering Controls in Place without use of respirator</b>			
<input type="checkbox"/> Substitution by a less toxic material <input type="checkbox"/> Isolation or enclosure of process or operation <input type="checkbox"/> General dilution ventilation <input type="checkbox"/> Local exhaust, chemical fume hoods, special ventilation systems <input type="checkbox"/> Tools or equipment designed to minimize emissions <input type="checkbox"/> Other (specify)			
<b>8. Administrative Controls in Place</b>			
<input type="checkbox"/> Standard Operating Procedures (please attach documentation) <input type="checkbox"/> Other (specify)			
<b>9. Frequency of Use of Respirator</b>			
Rarely (specify)	Occasionally (specify)	Daily (specify)	
<b>10. Physical Demands of Work</b> (i.e. sitting, standing, climbing, etc.)			
<input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/> Other (specify)			
<b>11. Other PPE or Equipment to be used while wearing mask</b>			
<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Coveralls (Tyvek) <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other (specify)			
<b>12. Temperature Extremes in working space</b>			
<input type="checkbox"/> Normal	<input type="checkbox"/> High temperature extreme (e.g. high heat furnace)	<input type="checkbox"/> Low temperature extreme (e.g. walk-in freezer)	
<b>13. Are you currently using a Respirator? If so, what type?</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N95	<input type="checkbox"/> Other (specify)

Please email completed form to Dawn Toon   [dt100@wellesley.edu](mailto:dt100@wellesley.edu)

Phone: 413-687-4426