

Respiratory Hazard Assessment Form

Appendix A- AP 823

This form is designed to assess whether a respiratory hazard exists and assist Manager/ Supervisors in the proper selection of respirator equipment. Complete a hazard assessment form (in E-Base- Logs folder) for each work activity that may present an airborne hazard.

Assessment Conducted By (Supervisor Name):	
Job Title:	
Department/ Work Site:	
Date of Assessment:	
Description of Work Activity:	
Number and Job Classification of workers performing this type of activity:	
Duration of Activity: (duration and frequency)	(eg. Toluene exposure, painting for 5 hours/ twice per wk)
Respiratory Hazards (circle all appropriate):	Oxygen Deficient; Toxic Gases/ Vapours; Particulates/ Aerosols: Fumes, Dusts, Mists, Fogs; Smoke; Biological; Asbestos Other: _____
Controls in Place: (circle all applicable)	Local Exhaust; Dilution Ventilation; Task Specific Ventilation; Enclosed System; Other: _____
Contaminant Concentrations:	
Contaminant:	Concentration:

Identified Exposure Limits: (and related standard- ACGIH, O. Reg. 833)	
Is monitoring data available? (attach to form)	Yes No
Does data indicate levels that exceed exposure limits?	Yes No
Does data indicate Immediately Dangerous to Life and Health (IDLH) concentrations?	Yes No
Does data indicate oxygen deficiency (oxygen content less than 19.5%)?	_____ (list reading) Yes No
Is oil present in the work/ immediate vicinity?	Yes No
Given the information provided, is respiratory protection equipment required?	Yes No
Respirator to be used for:	Emergency Use ONLY Routine Use (Work Procedures to be provided with form)

Determination of Respirator Selection:

Type of Respirator Selected:	Air Purifying Respirator Elastomeric Half Facepiece Elastomeric Full Facepiece Particulate Filtering Facepiece (Disposable) Powered Air Purifying
Style of Respirator Selected: (circle appropriate)	Respirator/ Cartridge Type: 95/99/100 N (not oil resistant)/ R (oil resistant/ short term use- not greater than one work shift or 8 hours intermittent use)/ P (oil proof, follow manufacturers time use limitation) OV- Organic Vapour SD- Sulfur Dioxide HC- Hydrogen Chloride CL- Chlorine CD- Chlorine Dioxide HF- Hydrogen Fluoride HS- Hydrogen Sulfide AM- Ammonia MA- Methylamine FM- Formaldehyde MV- Mercury Vapor

Reviewed By:

Print Name: