

## Respiratory Exposure Assessment

**NOTICE:** All answers written on this form are confidential and are disclosed only with Chapman University's Environmental Health and Safety Office.

### SECTION I: Background Information

<b>Name:</b>	<b>Suffix:</b>
<b>Job Title:</b>	
<b>Supervisor/ PI:</b>	
<b>Phone Number:</b>	<b>Best time to reach you at this number:</b>
<b>Email:</b>	
<b>Brief Job Description:</b>	
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### SECTION II: Exposure Assessment

<b>1. Is the airborne contaminant a particulate (dust, fumes, mist, aerosol) or a gas/vapor?</b>	<b>Yes</b>	<b>No</b>
If "yes," name the airborne contaminants if you know them:		
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<b>2. Is the airborne contaminant a biological (bacteria, mold, spores, fungi, virus)?</b>	<b>Yes</b>	<b>No</b>
If "yes," name the biological contaminants if you know them:		
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<b>3. Is the airborne contaminant a chemical (organic, inorganic, acids, bases)?</b>	<b>Yes</b>	<b>No</b>
If "yes," name the chemicals if you know them:		
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<b>4. Is the airborne contaminant an acutely / particularly hazardous substance (specific carcinogens, reproductive toxins and acute Toxins)?</b>	<b>Yes</b>	<b>No</b>
If "yes," name the chemicals if you know them: _____		
<b>5. Will you be working with radioactive materials (except Tritium and noble gases)?</b>	<b>Yes</b>	<b>No</b>
If "yes," name the radioactive materials if you know them: _____		
<b>6. Will you be working with Pesticides (Insecticides, Herbicides, Bactericides, Fungicides)?</b>	<b>Yes</b>	<b>No</b>
If "yes," name the pesticides if you know them: _____		
<b>7. Is the environment you are working in have a controlled ventilation system?</b>	<b>Yes</b>	<b>No</b>
<b>8. Will you be working in a fume hood/biosafety cabinet (BSC)?</b>	<b>Yes</b>	<b>No</b>
If "yes," which one will you be working in and what type is it: _____		
<b>9. Is the environment you will be working in have a temperature monitor/ control system?</b>	<b>Yes</b>	<b>No</b>
<b>10. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)? :</b>		
<b>a. Escape only (no rescue):</b>	<b>Yes</b>	<b>No</b>
<b>b. Emergency rescue only:</b>	<b>Yes</b>	<b>No</b>
<b>c. Less than 5 hours <i>per week</i>:</b>	<b>Yes</b>	<b>No</b>
<b>d. Less than 2 hours <i>per day</i>:</b>	<b>Yes</b>	<b>No</b>
<b>e. 2 to 4 hours per day:</b>	<b>Yes</b>	<b>No</b>
<b>f. Over 4 hours per day:</b>	<b>Yes</b>	<b>No</b>

Signature of User: \_\_\_\_\_

Date: \_\_\_\_\_

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FOR EHS PURPOSE ONLY

Assessed By EH&S Personnel: \_\_\_\_\_

Date: \_\_\_\_\_