

ENVIRONMENTAL, HEALTH & SAFETY RESPIRATORY PROTECTION PROGRAM

ATTACHMENT 1

Palomar Community College District Respirator Request Evaluation Form			
1. Name	First: <input type="text"/>	Last: <input type="text"/>	2. Email: <input type="text"/>
3. Extension:	<input type="text"/>	4. Department:	<input type="text"/>
5. Employee Classification:	<input type="text"/>		
6. Supervisor	First: <input type="text"/>	Last: <input type="text"/>	7. Email: <input type="text"/>
8. Hazards/Agents/Products (attach MSDSs)	<input type="text"/>		
9. Activities/Processes	<input type="text"/>		
10. Form of Contaminants (Check all that apply)	<input type="checkbox"/> Dust <input checked="" type="checkbox"/> Mist <input type="checkbox"/> Smoke <input type="checkbox"/> Gas <input type="checkbox"/> Fumes <input type="checkbox"/> Spray <input checked="" type="checkbox"/> Aerosol <input type="checkbox"/> Vapor		
11. Engineering Controls in Place			
<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) <input type="text"/>			
12. Frequency of contact with substance			
<input type="checkbox"/> Less than 2 hours per day <input type="checkbox"/> Over 4 hours per day <input type="checkbox"/> 2-4 hours per day <input type="checkbox"/> Other (specify) <input type="text"/>			
13. Physical Demands of Work			
<input type="checkbox"/> Light, like standing <input type="checkbox"/> Moderate, like walking <input type="checkbox"/> Heavy, like digging <input type="checkbox"/> Other (specify) <input type="text"/>			
14. Other PPE or equipment			
<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Coveralls <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other (specify) <input type="text"/>			
15. Temperature Extremes			
<input type="checkbox"/> None <input type="checkbox"/> High temperature extreme (ex. high heat furnace) <input type="checkbox"/> Low temperature extreme (ex. walk-in freezer)			
16. Frequency of Use of Respirator			
<input type="checkbox"/> Rarely (specify) <input type="text"/> <input type="checkbox"/> Occasionally (specify) <input type="text"/> <input type="checkbox"/> Daily (specify) <input type="text"/>			
17. Have you previously been assigned a respirator at Palomar College?	<input type="text"/>		

Complete the information below to expedite the purchase of your respirators

Account	Fund (2 digits)	Org/Dept. (6 digits)	Program (5 digits)	Subcls (2 digits)	BY (4 digits)	Project/Grant (7 digits)
<input type="text"/>						

Submit

Submit using the button above, you may also submit by printing this document and e-mailing the completed version to djohnson1@palomar.edu.