



Respiratory Hazard Assessment Form

Airswift Safety Representative
 3050 Post Oak Blvd. STE 1450
 Houston Texas 77056
 Phone: 832-942-2010

NAME: _____

Date Completed: _____

Please provide a detailed description of the job task:			
<input type="checkbox"/>			
Location where task occurs:		Single Employee	Worksite <input type="checkbox"/> Class of Employees
Employees Name(s) and PID(s):			
Supervisor name:	Phone No.	Department:	Date:
Exposure to chemicals:			
<input type="checkbox"/> Organic Vapors (benzene, toluene, MEK, acetone, xylene, paint thinners, etc)	<input type="checkbox"/> Acid gas (hydrogen chloride, hydrogen sulphide, etc.)	<input type="checkbox"/> Ammonia	<input type="checkbox"/> Formaldehyde/Formalin
<input type="checkbox"/> Methylene Chloride	<input type="checkbox"/> Mercury vapors	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Other _____
! Please approximate how many days/min/quantities used: _____			
Exposure to dust, mist, fumes or particulates:			
<input type="checkbox"/> Cotton dust	<input type="checkbox"/> Grain dust	<input type="checkbox"/> Animal dust	<input type="checkbox"/> Wood dust
<input type="checkbox"/> Welding fumes	<input type="checkbox"/> Asphalt fumes	<input type="checkbox"/> Other fumes _____	<input type="checkbox"/> Nanoparticles ¹ (list): carbon nanotubes
<input type="checkbox"/> Pesticide application	<input type="checkbox"/> Paint spraying	<input type="checkbox"/> Lead	<input type="checkbox"/> Asbestos
<input type="checkbox"/> Biological hazards (list): _____	<input type="checkbox"/> Other _____		
!Please approximate how many days/min/quantity used: _____			
Work involving any of the above mentioned hazards is performed:			
<input type="checkbox"/> Outside	<input type="checkbox"/> In the shop	<input type="checkbox"/> In confined space ¹	
<input type="checkbox"/> In a fume hood/Biosafety Cabinet	<input type="checkbox"/> In a spray paint room or booth	<input type="checkbox"/> In an oxygen deficient atmosphere ¹	
<input type="checkbox"/> In the lab (bench top)	<input type="checkbox"/> In a mechanical room	<input type="checkbox"/> Other: _____	
Respiratory protection currently in use:		Hazard concentration:	
<input type="checkbox"/> Half face respirator	<input type="checkbox"/> Full face respirator Air	<input type="checkbox"/> line respirator PAPR	<input type="checkbox"/> Disposable facepiece (NRP series)
<input type="checkbox"/> Chemical Cartridge (white, black, yellow, green or olive label)	<input type="checkbox"/> HEPA filter (purple label)	<input type="checkbox"/> Combination	<input type="checkbox"/> Dust/surgical mask
<input type="checkbox"/> None			
		<input type="checkbox"/> Unknown	<input type="checkbox"/> Known (please provide sampling data)

Submit the completed by emailing to safety@airswift.com