Respirator Request Form

Environmental Health & Safety
University of Washington

Request #

1. Requestor Name		**2. Email**	
3. Phone		**4. Dept/Unit/Shop**	
5. Hazards/Agents/ Products (*attach SDSs)*			
6. Activities/Processes			
7. Form of Contaminants (Check all that apply)	☐ Dust ☐ Mist ☐ Smoke ☐ Gas ☐ Fumes ☐ Spray ☐ Aerosol ☐ Vapor		

8. Engineering Controls in Place

☐ Substitution by a less toxic material ☐ Isolation or enclosure of process or operation ☐ General dilution ventilation

☐ Local exhaust, chemical fume hoods, special ventilation systems ☐ Tools or equipment designed to minimize emissions

☐ Other (specify)

9. Administrative Controls in Place

☐ Employee Training ☐ Standard Operating Procedures (specify) ☐ Other (specify)

10. Physical Demands of Work

☐ Light, like standing ☐ Moderate, like walking ☐ Heavy, like digging ☐ Other (specify)

11. Other PPE or Equipment

☐ Safety Goggles ☐ Face Shield ☐ Coveralls (Tyvek) ☐ Gloves ☐ Hard Hat ☐ Other (specify)

12. Temperature Extremes

☐ None	☐ High temperature extreme (ex. high heat furnace)	☐ Low temperature extreme (ex. walk-in freezer)

13. Frequency of Use of Respirator

☐ Rarely (specify)	☐ Occasionally (Specify)	☐ Daily (Specify)

14. Other Notes

15. Respirator User Information		
	First and Last Name	**UW Net ID** (**uwnetid**@uw.edu)
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16. Requestor Signature (may type name)		**Date**

Attach additional pages if needed.

Send completed form to UW Respirator Program Administrator:
UWresp@uw.edu / Phone: 206-543-7262 / Fax: 206.221.3351 / Box 354400