Employee Name:_______________________________________________________________

Department:_____________________________ Supervisors Name:_____________________

Employees email:_________________________

1) Description of work performed while wearing a respirator:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

2) Type of respirator/filtering device requesting:
   [ ] N95
   [ ] Half-Face
   [ ] Full Face
   [ ] PAPR (Powered Air-purifying Respirator)

3) Length of time expected to wear respirator:
   [ ] Escape only  [ ] Rescue only  [ ] Less than 5 hours per week
   [ ] Less than 2 hours per day  [ ] 2-4 hours per day
   [ ] Over 4 hours per day

4) Level of work effort expected while wearing a respirator (i.e. light, moderate, strenuous):
   [ ] Light  [ ] Moderate  [ ] Heavy

5) Other protective clothing or equipment worn while wearing a respirator:
___________________________________________________________________________
___________________________________________________________________________

6) Environmental conditions encountered while wearing a respirator:
   [ ] High Places  [ ] Extreme Temperatures: [ ] Hot  [ ] Cold  [ ] Humid
   [ ] Hazardous Materials  [ ] Protective Clothing  [ ] Other (list)_______________________

7) Toxic substances or known hazards:
___________________________________________________________________________
___________________________________________________________________________

Other information: _____________________________________________________________
_____________________________________________________________________________

Submit form to ehsdept@odu.edu