

**Old Dominion University
Respirator Use and Workplace Conditions Form**

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