## Medical Surveillance for Columbia University Personnel Wearing Half/Full-Face Respirators or Self-Contained Breathing Apparatuses

Name:	Date:		
Job Title:	Department: <u>Pathology/Dermatopathology</u>		
List the airborne contaminant(s) for which a resp	pirator is requested:		
<u>Formalin</u>			
List the job task(s) that create the airborne conta	minants listed above:		
Eist the location(s) where the job task(s) occurs:  Grossing laboratories, histology laboratories, pathology laboratories  List the frequency and duration this job task(s) is performed (for example: every Monday 2pm-5pm or Monda Wednesday and Friday 9am-5pm):  Various times throughout the day as needed for approximately one hour			
		respirator is required to minimize airborne expos	his employee's potential exposure and determined that a sure to <u>formalin</u> and that engineering controls and/or EH&S has reviewed these results with the employee and
		EH&S recommends a <u>full-face cartridge</u> respirate expected.	tor be worn during work ONLY when this identified hazard is
		Exposure Assessment Conducted By:	
		EH&S Health and Safety Specialist	2/8/2017
Name (Printed)	Date of Assessment		
Signature of Employee Assessed	Date of Signature		

Created by: Katie Bolger, 6/2017