

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

Name: _____ Date: _____

Job Title: _____ Department: _____

List the airborne contaminant(s) for which a respirator is requested:

List the job task(s) that create the airborne contaminants listed above:

List the location(s) where the job task(s) occurs:

List the frequency and duration this job task(s) is performed (for example: every Monday 2pm-5pm or Monday, Wednesday and Friday 9am-5pm):

Environmental Health and Safety has assessed this employee's potential exposure and determined that a respirator is required to minimize airborne exposure to _____ and that engineering controls and/or administrative measures alone are not adequate. EH&S has reviewed these results with the employee and his/her supervisor

EH&S recommends a _____ respirator be worn during work ONLY when this identified hazard is expected.

Exposure Assessment Conducted By:

Name (Printed)

Date of Assessment

Signature of Employee Assessed

Date of Signature