

Part III: To be completed by Physician

CLASS (Circle One):

1. No restrictions on respirator use
2. Some specific use restrictions (explain below)
3. No respirator use permitted (explain below)

Restrictions _____

Date _____
Examining Physician Signature

RESPIRATOR SELECTION WORKSHEET

1. Material

A. Chemical Name _____

B. Trade Name _____

C. Formula _____

D. Allowable Concentration Limits, TLV or TWA:

(1) HIOSH 12-202-4 _____

(2) Current ACGIH _____

(3) Short-Term Exposure Limit (STEL) _____

2. FORM IN WHICH IT WILL BE USED

A. Liquid

B. Solid

C. Gaseous

D. If gaseous, is it an organic vapor, acid gas,
or other?

3. MAXIMUM EXPECTED CONCENTRATION

A. Parts per million

B. Milligrams per cubic meter

C. Duration of exposure to maximum expected concentration

4. WILL MATERIAL BE HEATED

A. Yes

B. No

C. If so, to what temperature _____

5. WHAT IS THE ODOR THRESHOLD OF THE MATERIAL?

6. AT WHAT CONCENTRATION IS THE MATERIAL CONSIDERED TO BE IMMEDIATELY DANGEROUS TO LIFE OR HEALTH?

7. CAN THE SUBSTANCE BE ABSORBED THROUGH THE SKIN?

Yes

NO

- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
8. IS THE SUBSTANCE AN IRRITANT TO THE EYES?
- IS THE SUBSTANCE AN IRRITANT TO THE
RESPIRATORY TRACT?
- IS THE SUBSTANCE AN IRRITANT TO THE SKIN?
9. AT WHAT CONCENTRATION IS THE SUBSTANCE AN IRRITANT?
-
10. IF THE SUBSTANCE IS KNOWN TO BE FLAMMABLE, WHICH ARE
THE LOWER AND UPPER FLAMMABLE LIMITS IN PERCENT BY VOLUME?
-
11. WHAT IS THE VAPOR PRESSURE OF THE MATERIAL?
-
12. WILL THE MATERIAL BE MIXED WITH OTHER CHEMICALS?
- Yes No
- IF SO, GIVE DETAILS
-
-
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|
13. IS THERE ANY POSSIBILITY OF OXYGEN DEFICIENCY?
14. CAN GOOD VENTILATION IN THE AREA BE MAINTAINED?
15. WILL THE EXPOSURE BE CONTINUOUS?
16. WILL THE RESPIRATORY DEVICE BE USED FOR ROUTINE
EXPOSURE?
- WILL THE RESPIRATORY DEVICE BE USED AS AN ESCAPE
DEVICE?
- WILL THE RESPIRATORY DEVICE BE USED AS AN EMER-
GENCY REENTRY DEVICE?
17. PROVIDE AS MUCH FURTHER DETAIL AS POSSIBLE CONCERNING
EXPOSURE CONDITIONS.

*Note: This worksheet is a modification of Mine Safety
Appliances Bulletin 1000-16, and acknowledgment is
hereby given to MSA for the original idea.