

Respiratory Risk Assessment Template

Please fill out this template for **each location** where a chemical is used. Use additional sheets if necessary. Provide Safety Data Sheets electronically when submitting this form for all chemicals listed below.

Location: _____ Building: _____ Room: _____

Describe Activities that use Chemicals:

Chemical #1 (list) _____ is used:
Daily <input type="checkbox"/>
Weekly <input type="checkbox"/> What is the average time chemical #1 is used for (minutes or hours)? _____
Monthly <input type="checkbox"/>
Quarterly <input type="checkbox"/> What is the maximum time chemical #1 is used for (minutes or hours)? _____
Annually <input type="checkbox"/>
Less than annually <input type="checkbox"/>

Chemical #2 (list) _____ is used:
Daily <input type="checkbox"/>
Weekly <input type="checkbox"/> What is the average time chemical #2 is used for (minutes or hours)? _____
Monthly <input type="checkbox"/>
Quarterly <input type="checkbox"/> What is the maximum time chemical #2 is used for (minutes or hours)? _____
Annually <input type="checkbox"/>
Less than annually <input type="checkbox"/>

Chemical #3 (list) _____ is used:
Daily <input type="checkbox"/>
Weekly <input type="checkbox"/> What is the average time chemical #3 is used for (minutes or hours)? _____
Monthly <input type="checkbox"/>
Quarterly <input type="checkbox"/> What is the maximum time chemical #3 is used for (minutes or hours)? _____
Annually <input type="checkbox"/>
Less than annually <input type="checkbox"/>

Chemical #4 (list) _____ is used:
Daily <input type="checkbox"/>
Weekly <input type="checkbox"/> What is the average time chemical #4 is used for (minutes or hours)? _____
Monthly <input type="checkbox"/>
Quarterly <input type="checkbox"/> What is the maximum time chemical #4 is used for (minutes or hours)? _____
Annually <input type="checkbox"/>
Less than annually <input type="checkbox"/>

If mechanical ventilation is used, describe and provide available information (air changes, cfm, etc)

Comments:

Form completed by:

Name: _____

EID: _____

Date: _____