Old Dominion University
Respirator Use and Workplace Conditions Form

Employee Name: ____________________________________________________

Department: _______________________________________________________

Employees email: _______________________________________________

Description of work performed while wearing a respirator:

Type of respirator and filtering device:

Length of time expected to wear a respirator:

Level of work effort expected while wearing a respirator (i.e. light, moderate, strenuous):

Other protective clothing or equipment worn while wearing a respirator:

Environmental conditions encountered while wearing a respirator:

Toxic substances encountered while wearing a respirator and estimated exposure/duration of exposure:

Other information:

Submit form to ehsdept@odu.edu