Medical Surveillance for Columbia University Personnel

Wearing Half/Full-Face Respirators or Self-Contained Breathing Apparatuses

Complete the fields below, then save a copy of the completed form.

Name | UNI | Date

Job Title | Department: Pathology/Dermatopathology

1. Exposure and Work Information

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

Formalin

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

Formalin Decanting

List 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:

Various times throughout the day as needed for approximately one hour

2. Environmental Health and Safety Assessment

Environmental Health and Safety has assessed this employee's potential exposure and determined that a respirator is required to minimize airborne exposure to:

Formalin

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:

- [x] FULL-FACE
- [ ] HALF-FACE
- [ ] SELF-CONTAINED BREATHING APARATUS (SCBA)
- [x] POWERED AIR PURIFYING RESPIRATOR (PAPR)
- [ ] N/P/R - 95/99/100

The selected respirator must be worn during work **ONLY** when this identified hazard is expected.

3. Exposure Assessment and Employee Acknowledgment

Exposure Assessment Conducted By — Name (Printed): Occupational Safety - Health & Safety Specialist

Date of Assessment

Signature of Employee Assessed

Date of Signature

Complete all applicable fields. Save a copy for your records.