

RESPIRATOR SELECTION WORKSHEET		DATE (YYYYMMDD)	WORKPLAC E																	
(USE THIS SPACE FOR MECHANICAL IMPRINT)			BASE					ORGANIZATION												
			WORKPLACE OR SITE																	
			BLDG. NO./LOCATION							ROOM/AREA										
PART I - CONTAMINANT CLASSIFICATION																				
OPERATION/TASK									OPERATION/TASK LOCATION											
	CONTAMINANT 1			CONTAMINANT 2			CONTAMINANT 3			CONTAMINANT 4										
CONTAMINANT NAME																				
PHYSICAL FORM(Gas, Vapor, Dust, Mist, Fume, Fiber, or Other)																				
OCCUPATIONAL EXPOSURE LIMIT (Indicate Source/ Type, i.e., OSHA/8 hr TWA, etc.)																				
LOWER EXPLOSIVE LIMIT (LEL) CONCENTRATION																				
IDLH LEVEL																				
CARCINOGEN (If yes, reference/type)	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	NO		
SENSITIZER (If yes, reference/type)	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	NO	<input type="checkbox"/>	<input type="checkbox"/>	YES	<input type="checkbox"/>	<input type="checkbox"/>	NO		
IS SKIN ABSORPTION POSSIBLE?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CONCENTRATION																				
HAZARD RATIO																				
TARGET ORGANS AND ORGAN SYSTEMS																				
PART II - WARNING PROPERTIES																				
<i>(Complete if considering Air Purifying Respirators)</i>																				
ODOR THRESHOLD																				
EYE IRRITATION																				
SORBENT EFFICIENCY																				
SURVEYED BY(Name, Grade, AFSC)									REVIEWED BY(Name, Grade, AFSC)											

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### **About the ITAOP/savePDF Method**

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

**PART III - SPECIAL CONSIDERATIONS**

DO TWO OR MORE OF THE CONTAMINANTS AFFECT THE SAME TARGET ORGANS OR ORGAN SYSTEMS?  
(If yes, include the compliance factor calculation)

YES     NO

ARE ISOCYANATE-CONTAINING COMPOUNDS USED BY THIS WORKPLACE?

YES     NO

ARE THERE STANDARDS OR REGULATIONS OTHER THAN AFOSH STANDARD 48-1 AND 29 CFR 1910.134 WHICH APPLY?  
(If yes, list)

YES     NO

OXYGEN CONTENT \_\_\_\_\_ %

DISTANCE TO HAZARD:

ACTIVITIES/WORK RATE:

TEMPERATURE EXTREMES/HUMIDITY:

PERIOD OF TIME RESPIRATOR WORN:

COMMUNICATION:

VISION:

IS OTHER PROTECTIVE EQUIPMENT WORN?(If yes, list)

YES     NO

IS THE RESPIRATOR WORN IN A CONFINED SPACE?(If yes, consult AFOSH Standard 91-25)

YES     NO

**PART IV - RESPIRATOR SELECTION**

<input type="checkbox"/> <b>ATMOSPHERE SUPPLYING</b>	<input type="checkbox"/> <b>AIR PURIFYING</b>
TYPE	TYPE
<input type="checkbox"/> SUPPLIED AIR <input type="checkbox"/> SCBA	<input type="checkbox"/> CARTRIDGE/FILTERING RESPIRATOR <input type="checkbox"/> GAS MASK
MODE OF OPERATION	MODE OF OPERATION <input type="checkbox"/> NEGATIVE PRESSURE <input type="checkbox"/> POSITIVE PRESSURE (PAPR)
<input type="checkbox"/> PRESSURE DEMAND <input type="checkbox"/> CONTINUOUS FLOW	FILTER, CARTRIDGE (Indicate types)
FACE PIECE	FACE PIECE
<input type="checkbox"/> FULL <input type="checkbox"/> HALF MASK <input type="checkbox"/> HOOD OR HELMENT	<input type="checkbox"/> FULL <input type="checkbox"/> HALF MASK <input type="checkbox"/> HOOD OR HELMENT

COMMENTS/REMARKS