North Dakota State University
Respirator Selection/Assessment Worksheet

1. Identify the Material
   a. Chemical Name: ______________________________________________
   b. Trade Name: _________________________________________________
   c. Formula: ____________________________________________________
   d. Allowable concentration limits, TLV or TWA: ______________________
      1. OSHA 1910-1000:_________________________________________
      2. Current ACGIH: _________________________________________
      3. Short Term Exposure Limit (STEL): _________________________

2. Form in which it will be used:
   □ Liquid:    □ Solid:    □ Gaseous:
   □ If gaseous, is it an organic vapor:  □ or Gas vapor:   □ 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? □Yes □ No
   If yes, 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 (IDLH)? ________________________________

7. At what concentration is it an irritant? _____________________________

8. Can the substance be absorbed through the skin? □Yes □ No

9. Irritant to:
   Eyes: □ Yes □ No  
   Respiratory Tract: □ Yes □ No  
   Skin: □ Yes □ No

10. If known to be flammable, what are the lower and upper flammable limits?
    In percent by volume:  Lower: _________  Upper:___________

11. What is the vapor pressure of the material? ________________________

12. Will the material be mixed with other chemicals? □Yes □ No
    If yes, give details: ______________________________________
13. Any possibility of oxygen deficiency?  □ Yes □ No

14. Results of any other air monitoring: _______________________________________

15. Can good ventilation of the area be maintained?  □ Yes □ No

16. Will the exposure be continuous or intermittent? _____________________________

17. Will the respirator device be used for any of the following:
   Routine exposures?  □ Yes □ No
   As an escape device?  □ Yes □ No
   As an emergency re-entry device?  □ Yes □ No
   Voluntary Use?  □ Yes □ No

18. Provide as much detail as possible concerning exposure conditions..

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________