



Environmental Safety Division
UNIVERSITY OF GEORGIA

RESPIRATORY PROTECTION RISK ASSESSMENT REQUEST

Please send completed form to ihos@uga.edu

Date: _____

Employee Name: _____

Location: _____

Job Classification: _____

Email: _____

Department: _____

Phone: _____

Supervisor or PI: _____

**Referred by
(if applicable):** _____

Email: _____

Respirator Make: _____

Respirator Model: _____

Respirator Cartridges (if applicable): _____

Description of current respirator use:

Additional comments: