## 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 (ST	EL).
	• • • • • • • • • • • • • • • • • • •	
2	Form in which it will be used:	
	☐ Liquid: ☐ Solid: ☐ Gaseo	us.
	☐ If gaseous, is it an organic vapor: ☐	
	= if guscous, is it an organic vapor.	
3	Maximum expected concentration:	
٦.	a Parts per million:	
	h Milligrams per cubic meter:	
	<ul><li>a. Parts per million:</li><li>b. Milligrams per cubic meter:</li><li>c. Duration of exposure to maximum experts</li></ul>	ected concentration:
	c. Duration of exposure to maximum expe	eted concentration.
1	Will material be heated? □Yes□ No	
⊣.	If yes, to what temperature?	
	if yes, to what temperature:	
5	What is the odor threshold of the material?	
<i>J</i> .	what is the odor threshold of the material:	
6	At what concentration is the material considered to be immediately dangerous to life	
0.	or health (IDLH)?	
	of health (fDE11)!	
7	At what concentration is it an irritant?	
1.	At what concentration is it all lititalit?	
0	Can the substance he absorbed through the skin?	□Yes□ No
0.	Can the substance be absorbed through the skin?	LI I ESLI NO
0	Irritant to:	
9.		
	Eyes:	☐ Yes ☐ No
	Respiratory Tract:	☐ Yes ☐ No
	Skin:	☐ Yes ☐ No
10	TC1	d 11.1° 4.0
10.	. If known to be flammable, what are the lower and	
	In percent by volume: Lower:	Upper:
1 1	W	
11.	. What is the vapor pressure of the material?	
1.0	Will de the transfer of the tr	
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? As an escape device? As an emergency re-entry device? Voluntary Use?	<ul> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> <li>☐ Yes ☐ No</li> </ul>
18. Provide as much detail as possible concerning exposure co	nditions