

UNIVERSITY AT ALBANY - OFFICE OF ENVIRONMENTAL HEALTH AND SAFETY

PROTECTIVE EQUIPMENT REQUEST

NAME _____	BARGAINING UNIT _____
DEPARTMENT/SHOP _____	JOB TITLE _____
PHONE NUMBER _____	
EQUIPMENT REQUESTED (Be specific - e.g. gloves to handle acid) _____	

IF REQUESTING RESPIRATORS:

Has employee been trained in respirator fit testing procedures? () YES () NO

Type of Work Being Done and Exact Location _____

IF APPLICABLE:	
<u>Product(s) to be used</u>	<u>Manufacturer</u>
_____	_____
_____	_____
_____	_____
How will product(s) be applied (e.g. sprayed, rolled, etc.)? _____	
Has employee reviewed material Safety Data Sheet(s)? () YES () NO	
Ventilation at Work site (i.e. Smoke ejector, open windows, etc.)? _____	

Supervisor's Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE – ENVIRONMENTAL HEALTH & SAFETY STAFF ONLY

Equipment given (specify quantities) _____

If applicable, training given [include items(s) and time in minutes] _____

Recommendations _____

EHS Staff Signature _____ Date _____