



# UNIVERSITY OF WYOMING

## APPENDIX C

### Respiratory Protection Hazard Assessment Update Form

Use this form to provide updated information for personnel currently enrolled in the UW Respiratory Protection Program. This form must be completed at least annually, or more often, if the employee's work environment or job tasks change.

This respiratory protection hazard assessment update form is dependent upon input from the employee and the employee's Supervisor. It does not imply that the University of Wyoming, or its consultants, has completed a separate hazard assessment of the employee's work environment.

#### Part 1 (To be completed by Supervisor):

Employee's Name:	Employee's Phone:
Supervisor's Name:	Supervisor's Phone:
Supervisor's Signature:	Date:
Department/Unit:	

Please check the appropriate box and return to the Program Administrator:

No changes have occurred in the employee's work environment or job tasks.	<input type="checkbox"/>
The employee's work environment or job tasks have changed. The employee is exposed to different hazards (provide specific information in the comments section below):	<input type="checkbox"/>
<b>Comments section</b> (describe new hazards, environmental changes, respiratory protection equipment concerns, etc.):	

#### Part 2 (To be completed by PLHCP):

<b>Review and comments:</b>

Physician or Other Licensed Health Care Professional (PLHCP) Name: \_\_\_\_\_

Physician or Other Licensed Health Care Professional (PLHCP) Signature: \_\_\_\_\_

Date: \_\_\_\_\_