

Respirator Request Form

Environmental Health & Safety

Carleton University

Request #

1. Requestor Name		2. Email	
3. Phone		4. Dept/Unit/Shop	
5. Hazards/Agents/Products (attach SDSs)			
6. Activities/Processes			
7. Form of Contaminants (Check all that apply)	<input type="checkbox"/> Dust <input type="checkbox"/> Mist <input type="checkbox"/> Smoke <input type="checkbox"/> Gas <input type="checkbox"/> Fumes <input type="checkbox"/> Spray <input type="checkbox"/> Aerosol <input type="checkbox"/> Vapor		
8. Engineering Controls in Place			
<input type="checkbox"/> Substitution by a less toxic material <input type="checkbox"/> Isolation or enclosure of process or operation <input type="checkbox"/> General dilution ventilation <input type="checkbox"/> Local exhaust, chemical fume hoods, special ventilation systems <input type="checkbox"/> Tools or equipment designed to minimize emissions <input type="checkbox"/> Other (specify)			
9. Administrative Controls in Place			
<input type="checkbox"/> Employee Training <input type="checkbox"/> Standard Operating Procedures (specify) <input type="checkbox"/> Other (specify)			
10. Physical Demands of Work			
<input type="checkbox"/> Light, like standing <input type="checkbox"/> Moderate, like walking <input type="checkbox"/> Heavy, like digging <input type="checkbox"/> Other (specify)			
11. Other PPE or Equipment			
<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Coveralls (Tyvek) <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> Other (specify)			
12. Temperature Extremes			
<input type="checkbox"/> None <input type="checkbox"/> High temperature extreme (ex. high heat furnace) <input type="checkbox"/> Low temperature extreme (ex. walk-in freezer)			
13. Frequency of Use of Respirator			
<input type="checkbox"/> Rarely (specify) <input type="checkbox"/> Occasionally (Specify) <input type="checkbox"/> Daily (Specify)			
14. Other Notes			
15. Special Uses			
<input type="checkbox"/> Confined space entry <input type="checkbox"/> Escape form chemical leak <input type="checkbox"/> Chemical spill clean- up <input type="checkbox"/> None			

15. Respirator User Information		
	First and Last Name	Carleton ID
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16. Requestor Signature (may type name)		Date

Send completed form to EHS at EHS@carleton.ca