

Respirator Request Form

Environmental Health & Safety

Carleton University

Request #

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