

|                    |  |                                     |  |
|--------------------|--|-------------------------------------|--|
|                    |  | <b>Building:</b>                    |  |
| <b>Job Title:</b>  |  | <b>Workplace/ Day Phone Number:</b> |  |
| <b>Supervisor:</b> |  |                                     |  |

**List Airborne Hazards:**

|             |        |             |
|-------------|--------|-------------|
| Asbestos    | Dust   | Biohazard   |
| Silica      | Vapour | Other _____ |
| Isocyanates | Fume   |             |

**A. Types of Respirators you are required to use: (Check all applicable)**

|                          |                      |              |                          |                                    |
|--------------------------|----------------------|--------------|--------------------------|------------------------------------|
| <input type="checkbox"/> | N95/ P95<br>N95/ P95 | Required Use | <input type="checkbox"/> | Self Contained Breathing Apparatus |
|--------------------------|----------------------|--------------|--------------------------|------------------------------------|



**D. FOR PAPR Respirator, SCBA Respirator Users ONLY** (for all other respirator types, proceed to section E):

**Health Conditions:**

This information is required to assess any medical conditions that you may have which preclude the wearing of a **Full Face Respirator, PAPR**

