



## Rainy River District Social Services Administration Board

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P.O. Box 1300  
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P0T 1C0  
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### Employee Request for Respirator

I, \_\_\_\_\_, am requesting a half-mask respirator from  
(employee name)  
the Rainy River District Social Services Administration Board (RRDSSAB), in order to  
work with asbestos-containing materials.

I understand that by making this request, I am required to wear the provided  
respirator whenever completing work with asbestos-containing materials, as  
designated in RRDSSAB's *Asbestos Management Plan*.

I also understand that I am required to maintain and care for the provided  
respirator, per the manufacturer's instructions and RRDSSAB guidelines.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date