

DESIGN REQUEST FORM: VENTILATION

CONTROLHIRE VENTILATION ENGINEERING DEPARTMENT

GENERAL DETAILS

Company/Organisation:

Contact Name:

Contact Number:

Contact Email:

Site Reference & Location:

Start Date:

Duration:

WORK AND HAZARD DETAILS

Hazards Of Concern:

Room Dimensions: (width/length/height) W: _____ L: _____ H: _____

Will you be encapsulating the work zone: Yes No W: _____ L: _____ H: _____

No. People: _____ Max at one time

Diesel Power: _____ (Total kW of all motors)

Description of the works

Access to fresh air supply Yes No (m)

Site drawing supplied Yes No

Will the project be staged? Yes* No *Please provide a break down with completed form

NOTES