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