

Respirator - Religious Accommodation Form

In accordance with Manitoba Human Rights Code C.C.S.M C.H175, a student requiring an accommodation has an obligation to make their individual needs known. This form is the College's process to initiate an accommodation request for alternate respiratory protection in the form of a Powered Air Purifying Respirator (PAPR).

Please fill out this form and send to safety@rrc.ca

To be completed by student

Student Full Name:	Program/Course	Campus
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Date range PAPR is required:

to

Start Date

End Date

Red River College is committed to ensuring the safety, health and welfare at work for all workers and students.

Respirators protect the wearer from various respiratory hazards including hazardous chemicals, airborne particulate, suspected and known carcinogens, and biological hazards including Tuberculosis. Various programs at Red River College, including welding and nursing require students to wear Respiratory Protection in the form of half-face respirators, full-face respirators and N95 respirators.

In accordance with the Workplace Safety and Health Act and Manitoba Regulation 217/2006, Part 6.15 and CSA Standard Z94.4.11; workers and students are required to be clean shaven where the respirator seals to the face in order to be fit tested for a respirator and also every time they are required to wear a respirator during school or work. A Powered Air Purifying Respirator (PAPR) will be made available to students who cannot be clean shaven for religious reasons (or shaven to an extent that it does not interfere with the seal of the respirator).

Please provide an explanation/rationale setting out why you require a PAPR (i.e. please explain why you are unable to be clean shaven. If it is for religious reasons, please indicate your religion and how using a respirator would interfere with your religious needs). Provide as much detail as possible in your description. Please note that staff from SHS may follow up with you for further information, if needed.

Student Name:	Student #:	Signature:
Email:	Contact #:	Date: