RSK 106B

ADMINISTRATIVE SERVICES REQUEST FOR ASBESTOS SERVICES

Attention: Eric M. Ram, Industrial Hygienist, Risk Management
FAX #: 965-0736

Date of Request: ____________________

Requestor: ____________________ Phone: ____________________

Department and Division: ____________________

Request for: (circle one) Removal Repair Encapsulation Testing Evaluation Other ____________________

Location of ACM:

Building name ____________________ OR Tunnel ____________________

Room number ____________________ Entrance ____________________

Type and # of key needed ____________________

Specific location ____________________

SAMPLE

Special information: ____________________

Condition of material: (circle one) good damaged deteriorated

Type of material:
Thermal System Insulation (TSI): (fill in blanks)

How many: L.F. _____ of _____ (size) elbow(s). What Kind: _____ cold water
L.F. _____ of _____ (size) T(s)
L.F. _____ of _____ (size) valve(s).
L.F. _____ of _____ (size) pipe(s). Is line active? YES NO
L.F. _____ of _____ (size) other __________.

Is it painted green? YES NO Pressure? LOW HIGH

Temperature? _________ °F

Surfacing material: (circle one)

ceiling tile spray-on ceiling floor tile sheet flooring drywall taping compound
duct tape spray-on insulation wall tile

Miscellaneous: ____________________

How many square feet? _________

Date by which work must be completed: ____________________

If you have any questions concerning asbestos call 965-7739. If this is an emergency project, page Eric Ram at 205-1693 and enter your phone number followed by 911 and the # sign.

DO NOT WRITE BELOW THIS LINE

IR#: ____________________ Date work performed: ____________________

Contractor/consultant: ____________________

Comments: ____________________