ADMINISTRATIVE SERVICES REQUEST FOR ASBESTOS SERVICES

Attention: Eric M. Ram, Industrial Hygienist, Risk Management

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 ____________________________

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: ________________________________________________________________