

CCDOA ASBESTOS ASSESSMENT REQUEST FORM

General Information			
Facility Name:		Date:	
Requestor's Name:		Phone #:	
Project/PCA #:			
Work Order #:			
Project Name:			
Project Start Date:		Anticipated Finish Date:	

DOA Space ID number(s), and description of areas where work is to be performed:

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Description of work to be performed:

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Description of building materials that will be impacted by the proposed work:

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NOTE: This Asbestos Assessment Request Form must be submitted for all renovations, tenant improvements and construction or maintenance work **whether or not asbestos-containing materials might be affected.**

An authorization must be received before any work may proceed, as required by 29 CFR 1910.1001(j)(3)(i).