CCDOA ASBESTOS ASSESSMENT REQUEST FORM

General Information			
Facility Name:			Date:
Requestor's Name:			Phone #:
Project/PCA #:			
Work Order #:			
Project Name:			
Project Start Dat	te:	Anticipated Finish D	Date:
DOA Space ID number(s), and description of areas where work is to be performed:			
Derivers is number (e), and decomplien of areas where we we to so performed.			
Description of work to be performed:			
Description of building materials that will be impacted by the proposed work:			

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).

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