

Asbestos Work Requisition/Permit

EXTERNAL FORCES

NOTE: It is the responsibility of the Project Coordinator/Manager assigned to the work to ensure the following form is completed and forwarded to the University's Environmental Health & Safety Office. Work SHALL NOT commence until a signed and duly authorized permit is obtained.

NOTICE: All work shall conform to Federal, Provincial, Municipal standards, codes and guidelines in addition to the requirements set forth by the University's Asbestons Management Porgram and any project specifications. In the case of any conflict, the most stringent requirements shall apply.		PERMIT NO. <hr/> APO USE ONLY
Project Co-ordinator or Manager:		Phone No.
Project Title/Description:		DAMAGE REPORT NO. <i>(if applicable)</i>
W.O/REQ 7#:		ADR _____
Bldg. Name/Description:		
Room No./Description:		
Date of Request:	Anticipated Start:	Anticipated Completion:
Description of Work Being Undertaken: <p style="text-align: center;"><i>Note: The above must clearly describe the scope of work. Include equipment reference, estimated quantities, location, etc.</i></p>		
Contractor/Department: <i>(Completing the Work)</i>		Contact:
		Phone No.:

ASBESTOS PROCEDURES (Check All That Apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> TYPE 1 - REMOVAL OR REPAIRS | <input type="checkbox"/> TYPE 2 - GLOVEBAG | <input type="checkbox"/> TYPE 3 - REMOVAL |
| | <input type="checkbox"/> TYPE 2 - HOARDING | |
| | <input type="checkbox"/> TYPE 2 - PRECAUTIONS (PPE) | |

OTHER RESTRICTIONS

<input type="checkbox"/> Hours of Work	Specify Hours:
<input type="checkbox"/> HVAC Shut Down	Specify Hours and Zones:
<input type="checkbox"/> Other Systems Shut Down	Specify:

AUTHORIZATION

Name (APO):	SIGNATURE:	Date:
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Work Report

SITE ASSESSMENT

SIGN OFF

Project Coordinator:	Signature:	Date:
APO:	Signature:	Date:
Union Representative:	Signature:	Date: