

Asbestos Work Requisition/Permit

INTERNAL 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 Physical Plant Health and Safety Program. 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 Asbestos Management Program and any project specifications. In the case of any conflict, the most stringent requirements shall apply.		PERMIT NO. <hr/> APO USE ONLY
		DAMAGE REPORT NO. <i>(if applicable)</i> <hr/> ADR _____
Project Co-ordinator or Manager:		Phone No.
Project Title/Description:		
W.O/REQ 7#:	Bldg. Name/Description:	
Room No./Description:		
Date of Request:	Anticipated Start:	Anticipated Completion:
Description of Work Being Undertaken: <i>Note: The above must clearly describe the scope of work. Include equipment reference, estimated quantities, location, etc.</i>		
Contractor/Department: <i>(Completing the Work)</i>		Contact:
		Phone No.:

DATES OF WORK

Date 1:	Date 2:	Date 3:	Date 4:
Date 5:	Date 6:	Date 7:	Date 8:

ASBESTOS PROCEDURES (Check All That Apply)

- TYPE 1 - REMOVAL OR REPAIRS
 TYPE 2 - GLOVEBAG
 TYPE 2 - HOARDING
 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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SIGN OFF

Name:	Signature:	Date:	Hours:
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