JOB REQUEST AND AUTHORIZATION FORM FOR MAINTENANCE PROJECTS

Name: ____________________________ Date: ____________________________

Department/Extension: ____________________________ FMR/Job No.: ____________________________

Requested starting date: ____________________________ Anticipated finish date: ____________________________

Building, Room Number, Description of area: ________________________________________________________________

Description of work: ________________________________________________________________

Description of any asbestos-containing material potentially affected, if known (include location and type): ________________________________________________________________

Supervisor/Extension: ____________________________

Please submit this application to: Environmental Health and Safety
                                      Zot Code 2725
                                      Attn: Asbestos Program Manager

Do not write below this line; for EH&S use only

Maintenance Work Authorization

☐ Granted
☐ With Conditions*
☐ Denied

*Conditions:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Presence of Asbestos-Containing Materials (ACMs):

☐ ACMs are not present in the vicinity of the work.
☐ ACM is present, but disturbance is not anticipated; however, if conditions change, the Asbestos Program Manager will reevaluate the work request prior to proceeding.
☐ ACM is present, and may be disturbed.

Work Practices:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Personal Protective Equipment:

____________________________________________________________________________________
____________________________________________________________________________________

Signature of Asbestos Program Manager:

Printed Name: Date: