

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:
