Environment, Health & Safety Office Environmental Programs Office

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| Asbestos Survey Request Form Please "x" boxes as applicable | Name: | |
|---|------------------|--|
| | Date submitted: | |
| | Phone: | |
| | Email: | |
| | Building: | |
| | Room(s): | |
| | | |

| Date results are needed by: | |
|-----------------------------|--|
| Results to: | |
| Total square footage: | |
| Type of room: | □ Lab □ Clean room □ Office space □ Shop □ Dorm □ Other: |
| Is the space occupied? | □ Yes □ No |
| Walk through necessary? | □ Yes □ No |
| Accessibility: | ☐ Master keys ☐ Swipe access ☐ Door code ☐ Meet onsite ☐ Other: |
| Impacted areas: | □ Walls □ Doors □ Ceiling □ Windows □ Floors □ Roof □ HVAC □ Lab bench □ Sinks □ Other: □ Sprinklers |
| Project scope of work: | |
| Will a ladder be provided? | □ Yes □ No |
| Miscellaneous notes: | |

Please attach any photos, demo / floor plans or any additional drawings or specifications that may assist us in surveying the space.

