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|---|------------------------|--|
| <p><b><u>Asbestos Survey Request</u></b><br/><b><u>Form</u></b><br/><i>Please "x" boxes as applicable</i></p> | <b>Name:</b>           |  |
|   | <b>Date submitted:</b> |  |
|   | <b>Phone:</b>          |  |
|   | <b>Email:</b>          |  |
|   | <b>Building:</b>       |  |
|   | <b>Room(s):</b>        |  |

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

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

