

## Asbestos Project Notification (APN) Form

Building Name:  Building #:

Project Name:  Project/Work Order #:

Project Start Date:  Anticipated Completion Date:

Type of Project (check one):      Planned                      Emergency                      Maintenance

**Location and Description of Work:**

**Material to be Removed:**

**Totals for Project:**

Thermal System Insulation (TSI)	Duct insulation/mastic
Linear/Sq.ft.: <input type="text"/>	Square ft.: <input type="text"/>
Asbestos Cement (Transite)	Flooring (describe): <input type="text"/>
Square ft.: <input type="text"/>	Square ft.: <input type="text"/>
Surfacing Material	Other (describe): <input type="text"/>
Square ft.: <input type="text"/>	Amount: <input type="text"/>

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**Building Occupant Notification**

Building & Emergency Contact (name):

Other (describe):

Date notified:  Describe method of communication:

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Asbestos Contractor:

Asbestos Consultant:

General Contractor (if applicable):

Form Submitted by:  Date:  Phone:  Fax:

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Submit to EHS via email:

to receive confirmation of notification.