



Department of
Health and Safety

ASBESTOS INFORMATION REQUEST FORM

NOTE: This form is for routine service requests. Request for **URGENT** assistance will be taken by phone at 864-3659 **BUT** must be followed by a request form.

ALL Sections Must be Completed.

1. REQUEST: To be completed by requestor and sent to Dept. of Health & Safety			
Date:		Name:	
Tel:		Dept:	
Email:			

2. PROJECT INFORMATION:					
Site:		Building:		Rooms/Areas:	
Materials / Areas to be Investigated:					
Reason for Investigation:	Information from Asbestos Register/Survey	Pre-Reno/ Pre-Demo Assessment	Inspection of Damaged materials	Inspection of Material for Maintenance	Other
(Indicate yes)					
Scope of Work					

3. ASBESTOS REGISTER UPDATE: To be completed by Dept. of Health & Safety					
Materials Identified:					
Date of Survey:		Surveyor:			
Precautions / Actions Required					
Additional Sampling Ref. and Analysis				Date Sent:	
				Date Received:	
				Consultant Job Ref:	
Issued To:		Date:			
Issued By:		Date:			

4. FOAPAL AND APPROVAL – NO WORK WILL PROCEED WITHOUT A VALID FOAPAL AND APPROVAL			
Fund (Required)	Organization (Required)	Work Order / Project # (Required)	Program (Required)
Approval:		Date:	