



# NOTICE OF INTENT TO REMOVE OR ENCAPSULATE ASBESTOS

Phone: (206) 281-5473

THIS NOTICE MUST BE RECEIVED NO LATER THAN 10 DAYS PRIOR TO THE START DATE  
COMPLETE ALL APPLICABLE BOXES - INCOMPLETE NOTICES WILL NOT BE ACCEPTED

### ASBESTOS ABATEMENT INFORMATION

Amended?  Yes  No  Start Date:

Emergency?  Yes  No  Completion Date:

On Hold?  Off Hold?

### Work Shift:

	M	T	W	Th	F
7AM - 4PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3PM - 12AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11PM - 8AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Shift and Project Dates must be exact

### CONTRACTOR INFORMATION

Company Name

Contractor Cert. No.

Signature

(Printed Name)

Phone No.

Job Site C.A.S.

### PROPERTY OWNER INFORMATION

Name

Address

Owner Phone

Owner's Rep

Rep's Address

Rep's Phone

### Job Site

### PROJECT INFORMATION

### Facility

Site Address

City, State

Zip + 4

County

Type

Age

Size

Indoor?  Outdoor?

### QUANTITY OF ASBESTOS

TO BE  REMOVED OR  ENCAPSULATED

No.  sq. ft.      No.  ln. ft.

each box below

fireproofing

popcorn ceiling

CAB

sheet vinyl

boiler insulation

duct paper

duct tape

each box below

mag. pipe insulation

air cell pipe insulation

cement asbestos pipe

each box below

neg. p. enclosure

glove bag

mini enclosure

wrap & cut

wet methods

HEPA vacuum

each box below

1/2 mask APR

full face APR

PAPR

Type C continuous flow

Type C pressure demanc

### CONTROL MEASURES AND PIPE