

ASBESTOS SURVEY

(See Instructions)

1. Purpose of Survey			Renovation			Demolition		
2. Building/Area Description								
Address						City		# of Structures
3. Owner Information								
Name								
Address					City/State			Zip
Contact			Phone			Fax		
4. Consultant Information				Survey Date(s):				
Company Name								
Name							DOSH #	
Address				City/State			Zip	
Phone		Fax			Signature			
5. Client Information (If different than owner)				General Contractor		Insurance Company		
				Property Manager		Other		
Name								
Address					City/State		Zip	
Contact		Phone			Fax			
6. Have all of the suspect materials that will be disturbed been sampled?							Yes	No
If no, explain why:								
7. Summary of Total Asbestos Containing Material (ACM) Findings								
Regulated Asbestos Containing Material <small>(Includes materials subject to known mechanical removal and fire damaged materials)</small>				Category II		Category I		
Square Ft.	Linear Ft.	Cubic Ft.		Square Ft.	Linear Ft.	Square Ft.	Linear Ft.	
To receive future SMAQMD Rule updates and changes affecting your industry (check one box):								
Please send e-mail notices to _____ I will sign up myself at www.airquality.org/listserve/ to receive e-mailed notices.								
I am already subscribed.			I want the District to mail notices to the address on this application:			Owner	Consultant	