To be completed for requests for Asbestos Sampling. Pass complete form to Asbestos Manager to process request.

|  |  |
| --- | --- |
| **Request Information** |  |
| Name of Person Requesting Sampling |  |  |
| Exact LocationPlease detail all areas that require sampling (please attach plans to this request if necessary)  |  |  |
| Details of Work to be DonePlease provide as much detail as possible |  |  |
| Date Results Required byPlease do not enter ASAP. Asbestos sampling/surveys take time to plan so more notice given will assist in producing timely results |  |  |
| SignaturePerson requesting sampling |  | Date |  |  |
|  |  |
| **Status of Request** (To be complete by the Health and Safety Team) |  |
| Date Request Received |  | Signature |  |  |
|  |  |
| **Action Taken** |  |
| [ ]  | Information Issued from Register no sampling required | Date | Signature |  |
|  |  |
| [ ]  | Sampling/Survey Required | Date | Signature |  |
|  |  |
| [ ]  | Sampling/Survey Undertaken | Date | Signature |  |
|  |  |
| [ ]  | Sampling Sent to Lab | Date | Signature | [ ]  | 24 Hours Required – Normally 72 Hours |  |
|  |  |
| [ ]  | Results Received | Date | Signature |  |
|  |  |
| [ ]  | Results Issued to Person Requesting Sampling | Date | Signature |  |
|  |  |
|  |  |
| **Comments** |  |
|  |  |

Please note results required on a quick turnaround may incur additional cost to be met by the project.

Asbestos information provided does not constitute consent to undertake works. Please refer to your University contact.