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 Location  Please detail all areas that require sampling (please attach plans to this request if necessary) | |  | | | | | |  |
| Details of Work to be Done  Please provide as much detail as possible | |  | | | | | |  |
| Date Results Required by  Please do not enter ASAP. Asbestos sampling/surveys take time to plan so more notice given will assist in producing timely results | |  | | | | | |  |
| Signature  Person 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.