To be completed by the University Asbestos Manager to confirm the Asbestos Enclosure is suitable for works.

|  |  |
| --- | --- |
| **Work Information** |  |
| Job Number |  |  |
| Contractor |  | Proposed Dates | From: |  |
| To: |  |
| 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, including types of asbestos/materials involved |  |  |
| Project / CompliancePlease circle as appropriate  | **PROJECT**  | [ ]  | **COMPLIANCE**  | [ ]  | Initiator  |  |  |
|  |  |
| **Checks** | **Yes** | **No** | **Details** |  |
| Enclosure integrity visually examined | [ ]  | [ ]  |  |  |
| Smoke test undertaken | [ ]  | [ ]  |  |  |
| Smoke test satisfactory | [ ]  | [ ]  |  |  |
| Retest required | [ ]  | [ ]  |  |  |
| Retest satisfactory | [ ]  | [ ]  |  |  |
|  |  |  |  |  |
| **Comments** |  |
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| **Witnessed by** |  |
| University Asbestos Manager |  | Signature |  | Date |  |  |
| Contractors Representative |  | Signature |  | Date |  |  |

To be retained in project file