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

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

To be retained in project file