# Contractor Asbestos Risk Assessment Request Form

| Client Details |
| --- |
| Date: |  |
| Client Company Name: |  |
| Client Project Manager: |  |
| Name of Person Filling out this Form: |  |
| Client Project Name: |  |
| Client Project Number: |  |
| Email:CC: |  |
| Client Phone Number: |  |
| Project Information |
| Address of Project: |  |
| Building Type (ex. Residential): |  |
| Asbestos-Containing Material (ACM) to be removed: |  |
| Amount of ACMs to be removed (In square feet): |  |
| Rooms ACMs located in (ex. Bedroom): |  |
| Are asbestos-containing materials in poor condition or is debris present? |  |
| Will building be occupied during ACM abatement? |  |
| Will building be reoccupied after ACM abatement? |  |
| How long will the ACM removal take in days? |  |
| Will power tools be used? |   |
| Are ACM’s concealed behind other finishes? |  |
| How are asbestos-containing materials scheduled to be removed (Method of Removal)? |  |
| **Attachments to Include:** | **Asbestos Lab Results, Photographs of Site & Site Plan of Work Area** |
| **PLEASE EMAIL FORMS TO: apex@apexehs.ca** |