

APEX EHS SERVICES

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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