

E&S use only
 date received: _____
 sent by: _____

ASBESTOS TASK REQUEST FORM

Form AB 1-1
 [Please print or type]

Office of Environmental & Safety
 Corey Robinson, E&S Coordinator
 AISD Service Center-1201 Colorado Lane
 (Ofc: 682-867-7610) (FAX: 817-459-7677)
 (EMAIL: crobins5@aisd.net)

To: Michael Swabowicz, Asbestos Consultant
 PRIMERA
 214-868-1222 cell
 972-774-4446 fax

Date: _____
 School/Bldg.: _____
 Area & Room #: _____

Primera Proposal # _____
 Modecor Proposal # _____
 Is this an Emergency? Yes No

E&S USE ONLY	RESPONSE ACTION REQUESTED	(Double click and select check box for action requested)
	SURVEY/SAMPLING of suspect material	<input type="checkbox"/>
	ABATEMENT consulting, if needed	<input type="checkbox"/>
	EMERGENCY abatement consulting, if needed	<input type="checkbox"/>
	ABATEMENT contractor, if needed	<input type="checkbox"/>
	3-year Re-Inspection	<input type="checkbox"/>
	6-month Re-Surveillance	<input type="checkbox"/>
	Review of Management Plan	<input type="checkbox"/>

Location and description of scope of work:

Suspect material reported by: _____

AISD employees/departments to notify:

<input type="checkbox"/> HVAC	<input type="checkbox"/> Architect
<input type="checkbox"/> Custodial	<input type="checkbox"/> David Guillory
<input type="checkbox"/> Principal	<input type="checkbox"/> Winston Pendley
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other:
<input type="checkbox"/> Electrical	<input type="checkbox"/> Other:
<input type="checkbox"/> General Maintenance	<input type="checkbox"/> Other:

(Department Supervisor or Designee Signature): _____ Date: _____

[This form may be photocopied as needed.]