NOTE: The following form has been designed to assist individual staff members, outside contracting firms, etc., in their obligation, under the University’s current Asbestos Management Program, to report any damage to a known or suspect asbestos-containing material. In the case of a University of Manitoba staff or faculty member, such damage shall be reported to his/her immediate supervisor who shall in turn, provide an executed copy of the following form to the University’s Environmental Health and Safety Office and/or designated Asbestos Programs Officer. Any outside contractors or service firms shall provide an executed copy of the following form to their designated contact at the University, who shall in turn, forward a copy of this document to the University’s Environmental Health and Safety Office and/or designated Asbestos Programs Officer.

REPORTED BY

COMPILED BY: ___________________________ EMPLOYEE NO.: ___________________________
(Name & Title)

DEPARTMENT: ___________________________ PHONE: ___________________________
(or Outside Contracting Firm)

SIGNATURE: ___________________________ DATED: ___________________________

FORM FORWARDED TO/RECEIVED BY

RECEIVED BY: ___________________________ EMPLOYEE NO.: ___________________________
(Name & Title)

DEPARTMENT: ___________________________ PHONE: ___________________________

SIGNATURE: ___________________________ DATED: ___________________________

GENERAL DESCRIPTION AND LOCATION OF DAMAGE

BLDG.: ___________________________ ROOM NO.: ___________________________

ROOM NAME/DESCRIPTION: ___________________________

URGENCY OF REQUEST:  □ High (Immediate Response Required) □ Moderate (3-5 Day Turnaround)  □ Low

If the response time is critical. i.e. Access to the area has been shutdown or risk of exposure is high. Please follow-up with a phone call directly to the University’s EHSO and/or the designated APO.

General Description and Location of Damage:

(See Attached Sketch – Optional)

REQUIRED ACTION/TRACKING OPTIONS

To be completed by the attending APO. Please specify any site specific instructions, required compliance dates, etc.

General Comments/Requirements:

Requested Compliance Date: (YM/D) Actual Compliance Date: (YM/D)

DAMAGE REPORT NO.

Name: (APO) Signature: Date: (YM/D)