CONTRACTOR NOTIFICATION FORM

DATE(S) ONSITE: _____________________________________________________________
BUILDING: ________________________________________________________________
ROOM NUMBER(S): __________________________________________________________

CONTRACTOR: _____________________________________________________________
NUMBER OF EMPLOYEES ONSITE: ___________________________________________

RE: Notification of the Presence of Asbestos-Containing Materials

I, ________________________ , Representative of ____________________________
(Employee Name) (Name of the Company)
acknowledge and understand that ____________________________________________
(Location of Work)
may potentially contain asbestos debris.

I acknowledge that I have been advised of the dangers associated with exposure to
airborne asbestos fibers including, but not limited to, the fact that asbestos can cause
Asbestosis, and is a known carcinogen and can cause various types of cancer.

I agree faithfully to take all precautions to protect my employees, and to conform to, all
applicable requirements of Federal, state and local regulations.

SIGNATURE: _____________________________________________________________

UNC REPRESENTATIVE: ________________________________________________

DATE: _________________________________________________________________
BUILDING OCCUPANT NOTIFICATION
Notification Date: ______________________

Building Name:________________________________________________________

Site Location:________________________________________________________

Scheduled Remediation Dates:__________________________________________

Environmental Remediation Firm:_______________________________________

Environmental Consultant:____________________________________________

Additional Comments:__________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Should you have any questions, please contact____________________________at
____________________________________________________________________
or EHS representative ________________________ at
____________________________.
Asbestos Operation & Maintenance (O&M) Activity Form

Job/Order Number: ____________________________________________________________

Date of Work Operation: _____________________________________________________

Building Name: _____________________________________________________________

Description of Work Operation: (include type and quantity of ACM removed).

________________________________________________________________________

________________________________________________________________________

Names of Employees Involved in Work Operation  PID Numbers

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Authorized Representative of Employer Who Has assigned Competent Person to this Job.

Signature of Competent Person

University of North Carolina at Chapel Hill

Name of Employer

Chapel Hill, NC

Address

Date