ASBESTOS WORK REQUEST FORM

SUBMIT COMPLETED FORM TO:

Work	Requ	uest
------	------	------

NAIVIE	PROJECT CODE	DATE OF REQUEST
Click here to enter text.	Click here to enter text.	Click here to enter a date.
SERVICE	CONTACT TEL. NO.	E-MAIL ADDRESS
Click here to enter text.	Click here to enter text.	Click here to enter text.

Property Details

ADDRESS OF PROPERTY	(where work is	to be carried out)
---------------------	----------------	--------------------

7.55 N. 2. 1. N. 3. 2. 1. 1. (Will					
Click here to enter text.					
IS PROPERTY OCCUPIED (YES/NO)	Choose an item.	IF "NO" IS KEY SAFE FITTE	Choose an item.	KEY SAFE CODE	Click here to enter text.
CONTACT NAME FOR ACCESS CONTACT TEL NO AND /OR E-MAIL					
Click here to enter text .		Click here to enter t	ext.		

SPECAIL ACCESS DETAILS(Communal stairs Etc.)

Click here to enter text.

Task Required

PLEASE CROSS ONLY ONE OF THE BELOW (CHOOSE A SURVEY TYPE)

TASK REQUIRED: Choose an item.

SURVEY TYPE: Choose an item.

Descriptions of Works to be Carried Out

DATE REQUIRED BY

DATE ACCESS IS AVAILABLE FROM

SPECIFIC DATE AND TIME WORK TO BE CARRIED OUT

Click here to enter a date.

Click here to enter a date.

TIME: Click here to enter text.

TO BE COMPLETED BY ASBESTOS CONTRACTOR PERSONNEL ONLY



Certificate of Cleanliness Following Non-Licensed Asbestos Removal / Remediation

PROPERTY:	
CONTRACTOR	DATE:
ORGANISATION	
	TIME:
LOCATION OF WORKS IN PROPERTY [use WLC location reference]	
ECCATION OF WORKS IN PROFERENT (use with location reference)	
DETAILED DESCRIPTION OF WORK INCLUDING ACMS REMOVED / REMEDIATED	
DETAILED DESCRIPTION OF WORK INCLUDING ACMS REMIOVED / REMIEDIATED	
I CONFIRM THAT THE ABOVE WORKS HAVE BEEN CARRIED OUT IN ACCORDANCE WITH THE CONTROL OF ASBESTOS AND THAT I HAVE INSPECTED THE AREA(S) AND THERE IS NO VISIBLE DUST / DEBRIS PRESENT. THE AREA(S) LISTED A	
NAME [PRINT]	
SIGNATURE	
This DOCUMENT must be returned to West Lethian Council's Ashestes Compliance Team, within 24hrs	of completion of the works