



University of Connecticut

Asbestos Project Notification (APN) Form

Building Name: Building #:

Project Name: Project/Work Order #:

Project Start Date: Anticipated Completion Date:

Type of Project (check one): Planned Emergency Maintenance

Location and Description of Work:

Material to be Removed:

Totals for Project:

	Thermal System Insulation (TSI)	Duct insulation/mastic
<i>Linear/Sq.ft.:</i>	<input type="text"/>	<i>Square ft.:</i> <input type="text"/>
	Asbestos Cement (Transite)	Flooring (describe): <input type="text"/>
<i>Square ft.:</i>	<input type="text"/>	<i>Square ft.:</i> <input type="text"/>
	Surfacing Material	Other (describe): <input type="text"/>
<i>Square ft.:</i>	<input type="text"/>	<i>Amount:</i> <input type="text"/>

Building Occupant Notification

Building & Emergency Contact (name):

Other (describe):

Date notified: Describe method of communication:

Asbestos Contractor:

Asbestos Consultant:

General Contractor (if applicable):

Form Submitted by: Date: Phone: Fax:

Submit to EH&S (Unit 4097, FAX 1106, or via email

to receive confirmation of notification.