Asbestos Removal Tracking Form

Part 1 – Must be Completed

Supervisor’s/Contractor Name: ______________________________________________ Date of work: ________________

Supervisor’s Signature: ___________________________________________ Permit No.: ___________________

Department: __________________________________________________________ Extension: ____________________

Part 2 – Complete only if the HMIS Asbestos Survey Report is not available

Building No:_____________ Building Name:_________________________________ Square Feet:______________

Location No.____________ Location Name:_________________________________ Floor:_____________ Room No._______
(e.g. lunch room, storage closet)

Indicate on the table the asbestos containing materials to be removed or repaired.

<table>
<thead>
<tr>
<th>System</th>
<th>Component</th>
<th>Material</th>
<th>Item</th>
<th>Covering</th>
<th>Quantity</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1: Piping two</td>
<td>Heating Water Return</td>
<td>Magnesia Block</td>
<td>Hanger Support</td>
<td>N/A</td>
<td>2</td>
<td>LF (Linear Feet)</td>
</tr>
<tr>
<td>Example 2: Piping one</td>
<td>Chilled Water System</td>
<td>Parging Cement</td>
<td>Fitting</td>
<td>Canvas</td>
<td>15</td>
<td>N/A</td>
</tr>
<tr>
<td>Example 3: Ceiling</td>
<td>N/A</td>
<td>Lay in Ceiling Tile</td>
<td>N/A</td>
<td>N/A</td>
<td>80</td>
<td>SF (Square Feet)</td>
</tr>
</tbody>
</table>

Send or fax this form with the HMIS Observation Report or Floor Plan to DOHS, East Office Building, C37 or Fax 416-650-8057 or ext. 58057. Note: reports with missing information will be sent back to the supervisor for completion.