



CALIFORNIA STATE UNIVERSITY, FULLERTON

Division of Administration & Finance

Capital Programs & Facilities Management

P.O. Box 6806, Fullerton, CA 92834-6806 / T 657-278-7233 / F 657-278-8240

ASBESTOS ABATEMENT PROJECT NOTIFICATION FORM

This form must be submitted at least five (5) business days before an asbestos abatement project.

Form Completed By

Name: _____

Send notification to:	Department	Phone	Email
Dispatch	University Police	(657) 278-2578	updkiosk@fullerton.edu
Dave Ostrowski	Central Plant	(714) 315-8337	dostrowski@fullerton.edu
Larry McGee	Central Plant	(714) 732-2027	lamcgee@fullerton.edu

General Project Information

Building: _____ Room Number: _____

Project Dates: _____ Hours of work: _____

Scope of Work/Details of type of ACM:

Work Order #: _____

Abatement Contractor: _____

Supervisor: _____ Cell Phone: _____

Employees performing the work: _____

Occupant Notified? Yes ___ No ___

Clearance Testing

Company: _____ Name of person _____

Results emailed to EHS and Project Manager by _____ (Date)

Manifest

Transporter: _____ Date: _____

EHS ONLY

Reviewed by: _____ Date: _____

Manifest No.: _____

Manifest Signed by: _____