**OKLAHOMA STATE UNIVERSITY**
**ASBESTOS SERVICES**

Nº _____

# ABATEMENT REQUEST

Date _____ Requestor _____ / _____ / _____
(NAME) (DEPT.) (TELEPHONE)

Estimate Work Order # _____ Abatement Work Order # _____

Requested Action: [ ] Estimate Only [ ] Inspect Only [ ] Execute Abatement

Building: _____ Room # _____ Location: _____

**Priority**: ☐ Emergency ☐ 1-5 days ☐ 6-14 days ☐ 15+days Other _____

| Check Following for ASBESTOS | Check Following for LEAD |
|---|---|
| O Ceiling O Walls O Floor O Wiring | Painted Surfaces: O Interior O Exterior |
| O Air Duct Insulation O Pipe Insulation | O Soil O Plumbing Fixtures |
| O Check adjoining rooms/spaces O Other: | O Other: |

Plan/Sketch Attached: [ ] Yes [ ] No

Comments: _____

_____

_____

_____

_____

***(OFFICE USE ONLY)*** ☐ Has the Contact Person been contacted?

Date Completed: _____ Inspector: _____

Estimate Totals: Labor $_____ Material $_____

Comments: _____

_____

_____

_____

_____

forms/abate.doc