Notice of Asbestos-Containing Material (ACM) Removal and Request for Correction of On-line ACM Inventory

This form is to be completed for all asbestos abatement/removal work at the University of Maryland. It shall be submitted to the Department of Environmental Safety, Sustainability & Risk (ESSR) Occupational Safety and Health Division by the service provider for each such project, and it must be found acceptable by the ESSR prior to any reimbursement for the related services.

Location (B	Building <u>Nu</u>	mber/Room Number(s)):				
Purpose of	Removal:	☐ Planned Renovation ☐	Operations &	Maintenance	☐ Emerge	ency
Date(s) for	Removal:					
Materials F	Removed (a	attach additional pages as n	necessary):			
Room Number	Description, size, color and type of		Quantity removed ("s.f.", "l.f." or "ea.")	Material confirmed as ACM? (Y/N)	NESHAP Regula- ted? (Y/N)	Has ALL material of this description been removed from this room? (Y/N)
						,
Abatement	Contractor	(specify company name, ad	ddress, compar	ny representa	tive and pho	ne number):
UM Project	Coordinato	r (specify project coordinate	or's name, phor	ne number)։ լ		
Information	Supplied by	y:		L		
Date Subm	itted:					