



UNIVERSITY OF WYOMING

OPERATIONS ASBESTOS BULK SAMPLING REQUEST FORM *To be completed by Operations Requestor*

Date of Request: _____

Operations Requestor Name: _____

Project Manager/Estimator
(If Applicable): _____

Sample Results Needed By: _____

Material(s) to be sampled:

- | | |
|--|---|
| <input type="checkbox"/> Floor tile | <input type="checkbox"/> Ceiling tile |
| <input type="checkbox"/> Mastic under floor tile | <input type="checkbox"/> Ceiling mastic |
| <input type="checkbox"/> Cove base | <input type="checkbox"/> Ceiling |
| <input type="checkbox"/> Mastic behind cove base | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Wall | |

Building: _____

Room/Area: _____

Primary Work Order: _____

To be completed by Asbestos Inspector

Active Date: _____

Sample Collection Date: _____

- Results emailed to requestor.
- Results entered into Operations spreadsheet.
- Work Order/Work Phase closed.