

# Asbestos Risk Form



## Section 1: Customer/Job Details

Completed by: ..... Job No.: .....  
Customer Name: ..... Customer Tel No: .....  
Customer Address: .....

Type of Property (tick box)

Private Domestic Dwelling	
Rented Dwelling with Common Shared Areas	
Non-Domestic Property	

1. Does the customer know or suspect the property contains asbestos?  Yes  No  
2. Is asbestos identified or suspected within the property?  Yes  No  
3. Please indicate below the location and potential type of suspect material:

	Flue Pipe/Tank	AIB	Soft Lagging	Coating	Electrical Appliance
Compartment					
Living/Bedroom					
Kitchen					
Cylinder Cupboard					
Roof Space					
Cellar					
Garage					
Other					

4. Will asbestos be disturbed as a result of the planned work?  Yes  No  
5. Does the suspect material require sampling?  Yes  No  
6. Planned sample date if known: / /

Signature: ..... Date: / /

## Section 2: Sampling (to be completed by the trained Asbestos Sampler)

1. Name of sampler: ..... 4. Signature of sampler: .....  
2. Date sample taken: / /   
3. Please note the location from where sample(s) taken:

1.	2.	3.
----	----	----

## Section 3: Results and Actions

1. Sample analysis  Positive  Negative  
2. Indicate below results:

No.	Location	Asbestos Result Name	Condition
1.			
2.			
3.			

3. If POSITIVE, indicate the action to follow:

- A. Appointed Licensed Asbestos Contractor to remove**   
**B. Customer to arrange own Licensed Contractor to remove**   
**C. Clear air receipt official 4 stage re-occupation certificate**

Procedure to be applied: