

November 29, 2021

---

## HAZARDOUS BUILDING MATERIALS REPORT FORM

---

This report form must be completed by the Qualified Professional (QP) as defined by City of Vancouver Bulletin 2015-008-EV. The form must be submitted to the City of Vancouver with the Hazardous Materials Inspection Report, Post-Abatement Inspection Report, and other supporting documentation, as required, prior to issuance of a Demolition Permit.

**Documents must be electronically sealed by the QP and submitted by the permit applicant using the City's electronic permitting system.**

### 1. PROJECT INFORMATION

Site Address: \_\_\_\_\_

Building Type:            Single Family      Single Family w/Secondary Suite      Multiple Family  
                                 Commercial      Institutional            Industrial            Other \_\_\_\_\_

### 2. CONTACT INFORMATION

#### Owner Information:

Owner's Name: \_\_\_\_\_

Owner's Civic Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_ Business License: \_\_\_\_\_

#### Applicant Information (Leave blank if same as above):

Applicant's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_ Business License: \_\_\_\_\_

#### Person Completing Form (Qualified Professional):

Consultant's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email: \_\_\_\_\_ Business License: \_\_\_\_\_

### 3. BUILDING DESCRIPTION

Year Built: \_\_\_\_\_ Major Renovation Year: \_\_\_\_\_ Size: \_\_\_\_\_

Number of Floors: \_\_\_\_\_ Roof Type: \_\_\_\_\_

Heating System: \_\_\_\_\_ Insulation? Yes No Type: \_\_\_\_\_

Exterior Finish: \_\_\_\_\_ Drywall? Yes No Approx. Quantity: \_\_\_\_\_

### 4. HAZARDOUS BUILDING MATERIALS SUMMARY

A Hazardous Materials Inspection Report completed by a qualified person, as defined in WSBC OHSR 20.112, **must** be submitted electronically with this form. Analytical lab report must be attached.

#### Hazardous Materials Inspector:

Consultant's Name and Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Asbestos Containing Building Materials (identified or presumed):

Sample ID	Material Type	% Asbestos	Location	Homogeneous Area	Approximate Quantity

\*Attach additional table as required

Total Number of Samples: \_\_\_\_\_

Laboratory Name: \_\_\_\_\_ Analytical Method(s): \_\_\_\_\_

### 5. REMOVAL, RECYCLING AND DISPOSAL

Documentation providing evidence that all hazardous building materials identified in this report have been managed in accordance with all applicable regulations must be submitted electronically with this form. Hazardous Materials Inspection Report and Post-Abatement Inspection Report are mandatory.

**Attached Document Checklist:**

Hazardous Materials Inspection Report                      Mandatory  
Post-Abatement Inspection Report                      Mandatory (unless no hazmat identified)  
WSBC Notice of Project                      NOPA #: \_\_\_\_\_  
  
Air Monitoring Report

**Abatement Contractor (where applicable):**

Contractor's Name and Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business License: \_\_\_\_\_

**Risk Assessment:**

Risk Level:              Low              Moderate              High

**Person Conducting Air monitoring (where applicable):**

Consultant's Name and Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Business License: \_\_\_\_\_

**Asbestos Waste Disposal (where applicable): Receiver**

Name and Address: \_\_\_\_\_

Disposal Date: \_\_\_\_\_

**6. ADDITIONAL INFORMATION**

---

**7. CERTIFICATION**

---

*To be completed by the qualified professional.*

I, \_\_\_\_\_, certify that the information provided on this form is consistent with the findings of the attached Hazardous Materials Inspection Report and supporting documentation. I have reviewed the Hazardous Materials Inspection Report, agree with its findings and confirm that all materials identified have been appropriately managed in accordance with all applicable regulations.

\_\_\_\_\_  
Signature (with digital stamp or designation)

\_\_\_\_\_  
Date