

CONTRACTOR & SHORT-TERM WORKER ASBESTOS ACKNOWLEDGMENT

I have been informed of the location(s) of the asbestos-containing material (ACM) in this facility in the area(s) where I will be performing work. I understand that ACM may be undetected, especially if it is located within or behind existing structures. I further understand that if I encounter or suspect ACM, I must cease work and contact the building administration staff. I am knowledgeable in the appropriate procedures to work around or near ACM.

Company Name

Date

Address

Phone

City, State

Signature of people doing the work:

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature and Date

Signature of Building Representative

Date Received

This form, when completed, should be forwarded to the AHERA Designated Person for Asbestos: