

**Puget Sound Clean Air Agency**

1904 3rd Ave Ste 105 Seattle WA 98101-3317

206-343-8800 • 800-552-3565

fax 206-689-4073

Date Received:

Asbestos Annual Quarterly Report

Agency Use Only

1st Qtr Due April 15**2nd Qtr Due July 15****3rd Qtr Due October 15****4th Qtr Due January 15**

Notification #:		Registration # (if applicable):	
Property Owner:		Work Schedule: M T W Th F Sa Su Hours:	
Mailing Address:		Contact Person:	
City:	State:	Zip:	Phone No.:

IMPORTANT: Do not include any other asbestos projects filed under separate notification forms. The quarterly report shall only apply to projects where the sum total of all the asbestos removals from each structure, vessel or building in a calendar year is less than 260 linear feet and 160 square feet.

ASBESTOS REMOVAL PROJECTS UNDERTAKEN DURING THE _____ QUARTER FOR CALENDAR YEAR 20_____

FACILITY NAME: _____ TELEPHONE: _____

PROJECT DATES		JOB SITE ADDRESS OR LOCATION Specify Name of Bldg., Vessel, etc.	ASBESTOS CONTRACTOR OR EMPLOYEE NAMES	CERT #	QUANTITY REMOVED In Linear or Square Feet	
Start	Complete				Quarter	Year Total
		Facility _____	1._____ 2._____ 3._____ 4._____			
		Address or Location _____				
		City _____				

METHOD OF REMOVAL (describe):

_____COMPLIANCE PROCEDURES (describe):

* Continue on Next Page for Additional Projects

ANTICIPATED ASBESTOS REMOVAL PROJECTS FOR NEXT QUARTER:

I do hereby certify that the information contained in this Quarterly Report and supplemental data described herein is to the best of my knowledge, accurate and complete.

Agency Use Only*Signature**Representing**Date**Reviewed By*

QUARTERLY REPORT (Continued)

ASBESTOS REMOVAL PROJECTS UNDERTAKEN DURING THE _____ QUARTER FOR CALENDAR YEAR 20_____

PROPERTY OWNER: _____ Page _____ of _____

PROJECT DATES		JOB SITE ADDRESS OR LOCATION Specify Name of Bldg., Vessel, etc.	ASBESTOS CONTRACTOR OR EMPLOYEE NAMES	CERT #	QUANTITY REMOVED In Linear or Square Feet	
Start	Complete				Quarter	Year Total
		1. _____	_____			
		2. _____	_____			
		3. _____	_____			
		4. _____	_____			

METHOD OF REMOVAL (describe):

COMPLIANCE PROCEDURES (describe):

PROJECT DATES		JOB SITE ADDRESS OR LOCATION Specify Name of Bldg., Vessel, etc.	ASBESTOS CONTRACTOR OR EMPLOYEE NAMES	CERT #	QUANTITY REMOVED In Linear or Square Feet	
Start	Complete				Quarter	Year Total
		1. _____	_____			
		2. _____	_____			
		3. _____	_____			
		4. _____	_____			

METHOD OF REMOVAL (describe):

COMPLIANCE PROCEDURES (describe):

PROJECT DATES		JOB SITE ADDRESS OR LOCATION Specify Name of Bldg., Vessel, etc.	ASBESTOS CONTRACTOR OR EMPLOYEE NAMES	CERT #	QUANTITY REMOVED In Linear or Square Feet	
Start	Complete				Quarter	Year Total
		1. _____	_____			
		2. _____	_____			
		3. _____	_____			
		4. _____	_____			

METHOD OF REMOVAL (describe):

COMPLIANCE PROCEDURES (describe):

* Attach Continuation Page for Additional Projects