



Puget Sound Clean Air Agency

1904 3rd Ave Ste 105 Seattle WA 98101-3317
 206.689.4058 • 1.800.552.3565 ext. 4058
 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. _____	_____		
		Address or Location _____	2. _____	_____		
		City _____	3. _____	_____		
			4. _____	_____		

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
		_____ Facility _____ Address or Location _____ City	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
		_____ Facility _____ Address or Location _____ City	1. _____ 2. _____ 3. _____ 4. _____			
METHOD OF REMOVAL (describe): _____						
COMPLIANCE PROCEDURES (describe): _____						

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		_____ Facility _____ Address or Location _____ City	1. _____ 2. _____ 3. _____ 4. _____			
METHOD OF REMOVAL (describe): _____						
COMPLIANCE PROCEDURES (describe): _____						

* Attach Continuation Page for Additional Projects