

**SUSPECTED ASBESTOS CONTAINING MATERIAL (ACM)REPORT
(SAR Form)**

Submit Completed *Original* to Work Control Center

Date: _____

Location of Suspected ACM: Building _____ Room _____

Piece of Equipment or Portion of Room Suspected of Containing Asbestos Material:

Are there *Loose Pieces* or Fibers of Like Material Visible on the Floor Around the Suspect Material? _____ (y/n)

Volume of Pedestrian Traffic in Area:

_____ None _____ Very Light _____ Light _____ Fairly Heavy _____ Heavy _____ Very Heavy

Based on the location of the suspected ACM, would these pedestrians be routinely exposed to the fibers this material may release? _____ (y/n)

Do You (or Someone in your Department) have a Specific Task Which Would Require Handling (or Otherwise Disturbing) the Suspected ACM? _____ (y/n)

IF "YES": Please Describe _____

When does this work require completion? _____

Additional Information or Comments: _____

REPORTING EMPLOYEE: _____
Name (please print)

PHONE: _____

DEPARTMENT: _____