

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
ASBESTOS PROGRAM
PROJECT MANAGER'S (PM) REPORT FORM

FAX # 217-785-5897

This document is **NOT** to be used as a project notification change form.

Name of School District: _____

State ID Number of Abatement Site: _____

Name of School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Date of Project Start: _____ End: _____

Size of Project: (sf/lf) _____

Disposal Company/Site: _____

Address: _____ City: _____ State: _____ ZIP: _____

PM Responsible for Report: _____ License #: _____

Printed Name of PM Responsible for Submitting Report: _____

Written Name of PM Responsible for Submitting Report: _____

PROFESSIONALS INVOLVED

Project Designer: _____ License #: _____

Contracting Firm: _____ License #: _____

Contractor Supervisor: _____ License #: _____

Contractor Supervisor: _____ License #: _____

Contractor Supervisor: _____ License #: _____

Project Manager: _____ License #: _____

Air Sampling Pro: _____ License #: _____

Number of **aggressive** clearance air samples taken from each functional space: _____

By PCM _____ TEM _____ Air Sampling Lab: _____ License #: _____

Air Samples Analyzed by:

_____ Lab enrolled in American Industrial Hygiene Association Proficiency Analytical Testing Program (PCM)

_____ Lab used NIOSH method 7400(PCM)

_____ NIST - accredited lab (TEM)

_____ Lab used protocol in Appendix A (TEM-AHERA)

PROBLEMS: _____

Attach a Separate Sheet to Continue