

The Diocese of La Crosse

ASBESTOS WORK ORDER FORM

Log # _____

Requester Name: _____

Parish and Facility Name: _____

Deanery: _____ Phone Number: (____) _____

Asbestos Abatement Patch & Repair (O &M) Emergency Release Cleanup

Approximate Date(s) of the Project: _____

Brief Scope of Work to be performed (Explain the Project):

The work shall take place in the following areas:

Building Name, No. and Area Description: _____

Note: Send completed Form to:

**Diocesan Buildings and Grounds Director
PO Box 4004
3710 East Avenue South
La Crosse, WI 54602-4004
OR FAX:
(608)787-9802**

Name: _____ Title: _____ Phone: (____) _____

Signature: _____
Requester Date

Approval:

Signature: _____
(Diocesan Buildings and Grounds Director) Date

Stipulations: _____

Individual/s or Organization performing the work is as follows:

Consultant: _____

Abatement Contractor: _____