

The Diocese of La Crosse  
**WORK AUTHORIZATION FORM**

**To be completed by the Diocese Designated Person:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
          Street/PO Box    City    State    Zip

Asbestos Inspection By: \_\_\_\_\_ Building Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The work to be performed in the area(s) as follows:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The work shall take place in the following areas:**

Room No. and Description: \_\_\_\_\_

Room No. and Description: \_\_\_\_\_

Room No. and Description: \_\_\_\_\_

Room No. and Description: \_\_\_\_\_

**Individual/s or organization performing the work is as follows (include all generals and subs):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
          Street/PO Box    City    State    Zip

**The Asbestos Designated Person must fill out the applicable section below prior to any commencement of work in this facility:**

I hereby certify that, according to the inspection and all records of the facility, the above-described room/s **DO NOT** contain asbestos-containing building materials.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
          Street/PO Box    City    State    Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above-identified room/s contain asbestos-containing building materials and the work must be undertaken in accordance with all applicable health and safety rules and regulations.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
          Street/PO Box    City    State    Zip

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If asbestos is present and will be disturbed, DP must complete Asbestos Work Order Form)

Give a description of any asbestos-containing material that might be affected, if known. Include location and type, quantities (sq. ft./ lin. ft.) and drawings:

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**Attach any inspection spreadsheets or drawings as necessary.**

Inaccessible areas behind walls, between floors, secluded rooftops or inaccessible interior ceiling areas were not inspected and are not included in the scope or in this report. During renovation or demolition projects, these inaccessible areas may be exhumed during operations, potentially exposing ACM. Caution should be used by the construction project managers/general contractors to check behind walls, between floors and within roofs, once opened, to determine if suspect asbestos materials may be present. ACM found in this manner should be properly removed and disposed by a qualified asbestos abatement contractor, as significant fines and increased disposal costs for construction debris may be experienced if WDNR regulatory personnel determine that construction debris is contaminated with asbestos. It is recommended that once the evaluation survey is completed, and all renovation/demolition work is identified, that MEM.Co be contacted, and with assistance of the general contractor, open inaccessible areas to undergo construction to determine if ACM is present in inaccessible areas, or to perform phased demolition. Phased demolition involves having the contractor open up walls/ceilings during a Phase I, exposing the inside of walls/ceiling to determine if asbestos materials are present. If they are present, they are not disturbed by the contractor, and the contractor cleans up the construction plaster/wallboard, and Phase II begins by bringing in an asbestos abatement contractor to remove the ACM. Once this is done, the final Phase III of demolition may proceed.