

**LOYALIST COLLEGE
Asbestos Removal Tracking Form**

Loyalist College Project Coordinator:
Project Name:
Building:
Area/Department:
Removal Done by:
Project Start Date:
Project Completion Date:

Asbestos-Containing Material (ACM) Abated:

Room or Location	Type of ACM	Quantity Removed	Comments

Asbestos Record Updated: _____ Date: _____
Name/Initials