



Post Mark or Delivery date:	
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Amount	

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**BLANKET ASBESTOS ABATEMENT PROJECT QUARTERLY UPDATE FORM**

Contractor:		Contact:	
Address:			
City:		Phone	
State:		Zip	
Facility Name			
Address:			
City			
State		Zip	
Notification Start		Notification Completion	
Indicate (X) For Quarter Period			
January - March	April - June	July - September	October - December
Number of individual projects completed This quarter:		# of projects completed to date:	
Type and amount of asbestos abated this quarter:			
FRIABLE		NONFRIABLE CAT. I	
A. Sprayed/troweled on:	Sq. ft.	I. Floor covering/tiles	Sq. ft.
B. Boiler Insulation:	Sq. ft.	J. Roofing materials	Sq. ft.
C. Tank Insulation:	Sq. ft.	K. Gaskets/Packings:	Sq. ft.
D. Breaching Insulation:	Sq. ft.	NONFRIABLE CAT. II	
E. Duct Insulation:	Sq. ft.	L. Transite Board	Sq. ft.
F. Ceiling Tiles:	Sq. ft.	M. Other, specify	Sq. ft.
G. Other, Specify:	Sq. ft.	N. RACM off components:	Cu.ft
H. Pipe Insulation	Sq. ft.		
Linear feet of Insulation:	Diameter of pipe	Mult. By conversion factor	equals Square feet
(a) Cost of abatement for this quarter:	\$	(b) Cost of abatement to date:	\$
(a) Fees submitted for this quarter only, if none state "0"	\$		\$

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