

ASN 3



QUARTERLY REPORTING FORM

Used with the Annual Small-Scale and Annual Nonfriable Notifications

For DEQ use only
Date Received: _____
Project Number: _____

Instructions: This form is used in conjunction with Department of Environmental Quality (DEQ) Forms ASN 2 and ASN 7 (Annual Notice of Intent to remove or encapsulate smaller friable asbestos projects and annual notice of intent to remove nonfriable asbestos projects for schools and facilities). This Report may only be used for projects where the scope of friable asbestos abatement does not exceed 40 linear or 80 square feet, or for nonfriable projects being performed by Schools, Colleges, or Facilities or where a licensed asbestos contractor is performing this work for a Schools, Colleges, or Facilities. **Large-scale friable asbestos removal projects may not be subdivided to meet small-scale size limitations.**

Due Dates:	1 st Quarter due April 15	3 rd Quarter due October 15
	2 nd Quarter due July 15	4 th Quarter due January 15

Contractor, Facility Owner, School Rep. _____ **Phone:** _____

Quarter and Calendar Year for this Report: 1st Qtr: _____ 2nd Qtr: _____ 3rd Qtr: _____ 4th Qtr: _____ Year: _____

Mailing Address: _____
Street or PO Box City County Zip

Contact Person: _____ Title: _____ Phone: _____

List of Projects:

In the boxes below, list the smaller friable asbestos abatement projects (40 linear or 80 square feet or less) that you performed during the quarter. Or, list the non-friable asbestos removal projects that you performed at a School, College, or Facility during the quarter. (More boxes are on the other side of this form. If you need to report more projects, make copies of the back side of this form.)

Job site address: _____

Description of Facility: _____ Type of Asbestos: _____

Project start date: _____ Completion date: _____

Name of Certified Worker or Competent Person: _____ Certification No: _____

Amount of Friable asbestos removed or encapsulated: LF: _____ SF: _____

Amount of Non-friable asbestos abated: Square Footage: _____

Questions? Contact the DEQ at 1-800-452-4011 for the number of your local DEQ regional office.

<p>Sign this form and mail, email or fax it to the appropriate DEQ Regional Office listed below: Fax numbers: Portland 503-229-6957, Bend 541-388-8283, Pendleton 541-278-0168, Medford 541-776-6262, Coos Bay 541-269-7984 and Salem 503-378-4196.</p>

Name: _____
(Print)

Signature: _____
I certify that the information contained in this report are true and correct to the best of my knowledge and belief.

Date: _____ Phone: _____

Job site address: _____
Description of Facility: _____ Type of Asbestos: _____
Project start date: _____ Completion date: _____
Name of Certified Worker or Competent Person: _____ Certification No: _____
Amount of Friable asbestos abated: LF: _____ SF: _____
Amount of Non-friable asbestos abated: Square Footage: _____

Job site address: _____
Description of Facility: _____ Type of Asbestos: _____
Project start date: _____ Completion date: _____
Name of Certified Worker or Competent Person: _____ Certification No: _____
Amount of Friable asbestos abated: LF: _____ SF: _____
Amount of Non-friable asbestos abated: Square Footage: _____

Job site address: _____
Description of Facility: _____ Type of Asbestos: _____
Project start date: _____ Completion date: _____
Name of Certified Worker or Competent Person: _____ Certification No: _____
Amount of Friable asbestos abated: LF: _____ SF: _____
Amount of Non-friable asbestos abated: Square Footage: _____

Job site address: _____
Description of Facility: _____ Type of Asbestos: _____
Project start date: _____ Completion date: _____
Name of Certified Worker or Competent Person: _____ Certification No: _____
Amount of Friable asbestos abated: LF: _____ SF: _____
Amount of Non-friable asbestos abated: Square Footage: _____

Job site address: _____
Description of Facility: _____ Type of Asbestos: _____
Project start date: _____ Completion date: _____
Name of Certified Worker or Competent Person: _____ Certification No: _____
Amount of Friable asbestos abated: LF: _____ SF: _____
Amount of Non-friable asbestos abated: Square Footage: _____