

# FIBER RELEASE EPISODE REPORT

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

Page \_\_\_ of \_\_\_

Building No. and Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

Name of Person  
Completing Report: \_\_\_\_\_

Title: \_\_\_\_\_

Location of Material: \_\_\_\_\_  
(Room Number)

Description of Area (sq. ft.) Where Episode Occurred: \_\_\_\_\_

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

Note: photograph the area prior  
to clean up and record the  
photo number

Photo No.

The Asbestos Containing Material was \_\_\_\_\_/was not \_\_\_\_\_  
Cleaned up according to U.S.E.P.A. approved procedures. Identify who performed the clean  
up and describe the procedures implemented \_\_\_\_\_  
Description of clean up procedure: \_\_\_\_\_

Note: photograph the area prior  
to clean up and record the  
photo number

Photo No.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Asbestos Program Manager)

(Attach Additional Sheets as Needed)