ASBESTOS REMOVAL FORM

PLEASE FILL OUT THIS FORM AFTER ASBESTOS REMOVAL
*(Return form to* *compchange@metizoft.com**)*

|  |  |
| --- | --- |
| DATE: |  |
| SHIPOWNER: |  |
| SHIP NAME: |  |
| IMO NUMBER: |  |
| RESPONSIBLE: |  |
| TITLE: |  |
| PHONE: |  |
| EMAIL: |  |

|  |
| --- |
| ASBESTOS REMOVAL (Description, Maker, Supplier): (IF POSSIBLE)  |
|   |

|  |  |
| --- | --- |
| COMPONENT LOCATION/ZONE: |  |
| FINDINGS NO: IN IHM REPORT: |  |
| AMOUNT: |  |

|  |
| --- |
| NEW COMPONENT (Description, Maker Supplier): (IF APPLICABLE) |
|  |

|  |  |
| --- | --- |
| PO NUMBER: |  |

DOCUMENTATION RECEIVED? (Yes/No)
If yes, please attach this documentation.
If no, please provide us with supplier contact information:
Picture attached (Yes/No)

|  |  |
| --- | --- |
| SUPPLIER NAME: |  |
| CONTACT PERSON: |  |
| EMAIL: |  |
| PHONE: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Authorized Signatory: |  | Position: |  |
| Signature/Stamp: |  |