



PHASED PROJECT SCHEDULE

This schedule must be submitted along with the Asbestos Abatement/Demolition Notification. See the Phased Project Schedule Instruction Guide for more information on how to complete this schedule. For online notifications, email this schedule along with a copy of the notification summary to EHNG.Help@dshs.state.tx.us. If you need additional information, call (512) 834-6747.

Is this Phased Project Schedule being submitted along with an online notification? Yes No

If yes, what is the notification number? _____

This schedule is being submitted along with the following type of notification:

Initial Notification Amendment Number: _____

Select Work Type: Asbestos Abatement Demolition

Total number of facilities being reported as part of this phased project: _____

<input type="checkbox"/>	Facility Name:		
<input type="checkbox"/>	Address:	City:	Zip:

Asbestos-Containing Building Material Type and Amounts

- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft

Start date: _____ **Stop date:** _____ **Start time:** _____ **End time:** _____

<input type="checkbox"/>	Facility Name:		
<input type="checkbox"/>	Address:	City:	Zip:

Asbestos-Containing Building Material Type and Amounts

- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
- ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft

Start date: _____ **Stop date:** _____ **Start time:** _____ **End time:** _____

<input type="checkbox"/>	Facility Name:		
<input type="checkbox"/>	Address:	City:	Zip:

Asbestos-Containing Building Material Type and Amounts

ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft

Start date: _____ **Stop date:** _____ **Start time:** _____ **End time:** _____

<input type="checkbox"/>	Facility Name:		
<input type="checkbox"/>	Address:	City:	ZIP:

Asbestos-Containing Building Material Type and Amounts

ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft

Start date: _____ **Stop date:** _____ **Start time:** _____ **End time:** _____

<input type="checkbox"/>	Facility Name:		
<input type="checkbox"/>	Address:	City:	Zip:

Asbestos-Containing Building Material Type and Amounts

ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft
 ACBM: _____ AMT.: _____ Sq Ft Ln Ft (pipes) Cu Ft

Start date: _____ **Stop date:** _____ **Start time:** _____ **End time:** _____