



Health & Safety at Work

PROTECT - STAFF  
(when completed)

MOD Form 960  
(Revised 02/12)

## Asbestos Personal Record Annotation

### Part 1

### Self Certification (To be completed by staff concerned)

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other Title <input type="text"/>	Surname <input type="text"/>	Forename(s) <input type="text"/>
Date of Birth <input type="text"/>		National Insurance No. <input type="text"/>		Staff/Service/Payroll No. <input type="text"/>		
Location Now (establishment/unit) <input type="text"/>				Rank/Grade Now <input type="text"/>		
Location at time of suspected exposure if different <input type="text"/>				Rank/Grade at time of suspected exposure if different <input type="text"/>		

Job Description at time of suspected exposure

  

Description of Exposure/Occurrence

  
  

Type of asbestos if known (eg chrysotile (white), amosite (brown), crocidolite (blue))

Any further information; (eg chest X-ray, screening etc and dates)

  
  

### CERTIFICATION

This is to certify that I am  or have been  present at   
(unit/establishment)

and believe that I may have been exposed to airborne asbestos dust  to   
during the period

Signature

Date

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