MOD Form 960

Asbestos Personal Record Annotation

Self Certification (To be completed by staff concerned)	
Mr Mrs Miss Ms Other Title Surname Date of Birth (dd/mm/yyyy) NHS No.	Staff / Service / Payroll No.
Current Location (establishment / unit)	Current Rank / Grade
Location at time of suspected exposure	Rank / Grade at time of suspected exposure
Job Description at time of suspected exposure	
Description of Exposure / Occurrence	
Type of asbestos if known (for example, chrysotile (white), amosite (brown), crocidolite (blue), actinolite (dark grey), anthophyllite (yellowish-brown), tremolite (white to dark green))	
Any further information; (for example chest X-ray, screening and so on)	
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 during the period in the date format (dd/mm/yyyy)	
Signature	Date
Service Personnel: Send a copy to your Med Centre to update your personal health record. Civilian Staff: Send a copy to DBS via the Digital Workplace using the Scanning Hub, under the Enquiry Type: "Occupational Health Documents" to update your personal records. All personnel: Retain a copy for your own personal records.	
The data collected is for the sole purpose of recording potential or actual exposure to asbestos. The data will be protected in accordance with DPA18 and MOD policy. OFFICIAL - SENSITIVE – PERSONAL (When completed) JSP 375 MF 960	