Procedure #1

Investigate Equipment Failure/Repair Above Ceiling/Pulling Wire above ceiling

NOTIFICATION OF ASBESTOS O&M WORK

DATE OF WORK: _____ STARTING TIME: _____

LOCATION: _____

ESTIMATED LENGTH OF TIME TO COMPLETE WORK: _____

WORK TO BE DONE:

_____

_____

NAME OF EMPLOYEE(S) CONDUCTING WORK:

_____

_____ _____

SUPERVISOR'S SIGNATURE (DATE)

MONITORING YES _____ NO_____

PROCEDURES:

1. Construct enclosure using 6-mil poly or use mini-enclosure and smoke test check integrity before and after use.
2. Wear half mask HEPA respirator and protective clothing (suite and gloves) and eyewear.
3. HEPA Vacuum ceiling tiles prior to removal.
4. After work is completed, HEPA Vacuum poly enclosures and clothing.
5. Dispose of clothing and poly as asbestos waste.
6. Date of last Negative Exposure Assessment_____

_____ _____

Asbestos Program Coordinator (Date)