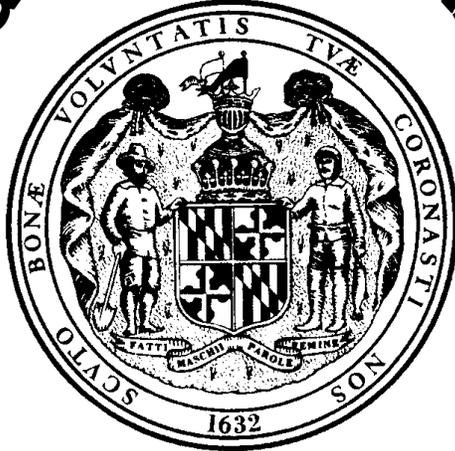


State of Maryland



STATE-OWNED FACILITY ASBESTOS MANAGEMENT PLAN

FY _____

(FACILITY)

(ADDRESS)

(DEPARTMENT)

REVIEWED AND APPROVED BY:

ASBESTOS PROGRAM MANAGER

DATE

REVIEWED AND APPROVED BY:

FACILITY SUPERINTENDENT/AGENCY HEAD

DATE

PROGRAM PERSONNEL

ASBESTOS PROGRAM MANAGER:

Name	
Title	
Phone #	Ext.
Bldg Insp/Mgmt Planner Accreditation #	
Date of Training/Recert Training	

PROJECT DESIGNER:

Name	
Phone #	Ext.
Project Designer Accreditation #	

AGENCY SAFETY & HEALTH SPECIALIST:

Name	
Phone #	Ext.
Bldg Insp/Mgmt Planner Accreditation #	
Date of Training/Recert Training	
Supervisor Accreditation #	
Date of Training/Recert Training	

DEPARTMENTAL COORDINATOR:

Name	
Phone #	Ext.

PHYSICAL PLANT MANAGER:

Name	
Phone #	Ext.

FACILITY PLANNER:

Name	
Phone #	Ext.

DEPARTMENT PLANNER:

Name		
Phone #	Ext.	
Address		
City	State	Zip

BUILDING INSPECTORS:

List the following information for each person: Name, phone, Building Inspector/Management Planner Accreditation #, date of training/recert (use additional pages as necessary)

Name	
Phone #	Ext.
Accreditation #	
Training/Recert Date	

Name	
Phone #	Ext.
Accreditation #	
Training/Recert Date	

Name	
Phone #	Ext.
Accreditation #	
Training/Recert Date	

MANAGEMENT PLAN PREPARED BY:

Name	
Title	
Phone #	Date

FACILITY ASBESTOS OVERVIEW

BUILDINGS CLASSED BY ASBESTOS CONTENT		NO. OF BUILDINGS
Class A	Asbestos free	
Class B	Misc. Asbestos Only in Good Condition	
Class C	Surface/Thermal in Good Condition	
Class C-1	Misc. w/ Moderate Damage	
Class D	Surface/Thermal w/ Moderate Damage	
Class D-1	Misc. w/ High Damage	
Class D-2	Surface/Thermal w/ High Damage	

TOTAL NUMBER OF BUILDINGS WITHOUT RESTRICTED AREAS: These buildings do not have any restricted areas.	
---	--

RESTRICTED AREAS Due to asbestos damage/deterioration, the following areas are restricted and access is limited to trained/medically monitored Level II employees using protective clothing and respirators.		NO. OF BUILDINGS
(1)	Entire Buildings	
(2)	Boiler Rooms	
(3)	Crawl Spaces	
(4)	Attics	
(5)	Spaces between ceiling decks and suspended ceilings	
(6)	Pipe Chases	
(7)	Steam Tunnels	
(8)	Basements	
(9)	Classroom/Office/Residential Areas	
(10)	Auditorium/Cafeteria/Gym Areas	
(11)	Other:	

BUILDING USE CHANGES:		NO. OF BUILDINGS
(12)	Demolished/Sold/Transferred (Only record for the FY this occurred in, then removed from the Management Plan)	
(13)	Closed for reasons other than Asbestos	

BUILDING

--

CLASS A:	Amount
Asbestos Free	

CLASS B: Good Condition (≤1% area; ≤1% local)	Amount
VAT	
Ceiling Tiles	
Transite Materials	
Roofing Felt	
Other Misc. ACM	

Comments	
----------	--

CLASS C: Good Condition (≤1% area; ≤1% local)	Amount
Surfacing	
Thermal System	

CLASS C-1: Moderate Damage (>1% area to ≤10% area) (>1% to ≤ 25% local)	Amount
VAT	
Ceiling Tile	
Transite Materials	
Other Misc. ACM	

Comments	
----------	--

CLASS D: Moderate Damage (>1% area to ≤10% area) (>1% to ≤ 25% local)	Amount
Surfacing	
Thermal System	

CLASS D-1: Significant Damage (>10% area; >25% local)	Amount
VAT	
Ceiling Tile	
Transite Materials	
Other Misc. ACM	

Comments	
----------	--

CLASS D-2: Significant Damage (>10% area; >25% local)	Amount
Surfacing	
Thermal System	

RESTRICTED AREA(S):	
None	Check if none <input type="checkbox"/>
Entire Building	Check if entire bldg. <input type="checkbox"/>

	No.	Total Amt
Boiler Room		
Crawl Space		
Basement		
Attic		
Space between Ceiling Deck & Suspended Ceiling		
Pipe Chase		
Steam Tunnels		
Classroom/Office/Residential		
Auditorium/Cafeteria/Gym		

Other (List)

	DATE
Demolished, Sold or Transferred	
Closed for Reasons Other than Asbestos	

List Reason for closure:

Building Inspector:

Accreditation #	

ANTICIPATED RENOVATION PROJECTS (NON-LEVEL II/NON-AOC)

NAME OF BUILDING	AREA	TYPE OF PROJECT	ASBESTOS IN AREA (Type i.e. Surface, TSI or Misc. and estimated amount)
FY 11		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 12		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 13		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 14		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 15		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	

Facility Planner

Asbestos Program Manager

Department Planner

Date

**PLANNED RENOVATION PROJECTS & EMERGENCY RESPONSES DURING FY _____
WHICH INVOLVED ASBESTOS (NON-AOC/NON-LEVEL II)**

PROJECTS THAT ARE EITHER ACCOMPLISHED OR IN-PROGRESS

NAME OF BUILDING	AREA	TYPE OF PROJECT	ASBESTOS INVOLVED	PROJECT NAME AND NUMBER	START/FINISH DATES
		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #

MONEY SPENT ON IN-HOUSE ASBESTOS WORK

MONTH	YEAR (FY)	SUPPLIES	LABOR	EQUIPMENT	TOTAL
July		\$	\$	\$	\$
August		\$	\$	\$	\$
September		\$	\$	\$	\$
October		\$	\$	\$	\$
November		\$	\$	\$	\$
December		\$	\$	\$	\$
January		\$	\$	\$	\$
February		\$	\$	\$	\$
March		\$	\$	\$	\$
April		\$	\$	\$	\$
May		\$	\$	\$	\$
June		\$	\$	\$	\$
TOTAL		\$	\$	\$	\$

Comments:

EQUIPMENT USAGE AND MAINTENANCE SYSTEM

Asbestos related equipment usage and maintenance at this facility will be overseen by:

Name	Position/Title	Phone #

The asbestos related equipment is kept in the following location(s):

Employees who need access to equipment *shall provide proof of current accreditation, medical monitoring and fit testing and shall use the following procedures:* (Use additional sheets as necessary)

Equipment must be checked by the user to determine if it is in safe operating condition. Anytime the equipment is not in safe operating condition, the user will notify:

Name	Position/Title	Phone #

and tag the equipment out of service. The following tagout procedure will be used: (Use additional sheets as necessary. Describe the procedures and either enclose tag, or a catalog cut of the tag used.) *Only Level II employees can handle equipment.*

Routine maintenance is performed according to the manufacturer's recommendations by:

Name	Position/Title	Phone #

EQUIPMENT USAGE AND MAINTENANCE SYSTEM (continued)

Copies of the manufacturer's user's manuals and maintenance manuals and/or operating and maintenance procedures developed by the facility as either a supplement or alternative to the manufacturer's recommendations *for vacuums, respirators, scaffolds etc.* are kept by:

Name	Position/Title	Phone #

and located

The following procedures will be used to ensure that each piece of equipment is serviced according to a preventive maintenance schedule set by the manufacturer or empirically through actual experience (*Include PM schedule*): (Use additional sheets as necessary)

EQUIPMENT INVENTORY SUMMARY (Use additional sheets as necessary)
(This includes ALL non-consumables i.e. – respirators, vacuums, ladders etc.)

EQUIPMENT ITEM	AGE OR YEAR OBTAINED	PERIOD BETWEEN MAINTENANCE	LAST DATE INSPECTED	FUNCTIONAL (Does it work? Yes/No)	LIFE CYCLE (What is useful life of device?)

PLANS FOR REPLACEMENT/OVERHAUL
 When will device be replaced or overhauled?
 What will replace it? Has/will funds be available for replacement/overhaul?

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
------	----------	-------------	-----------	------------	------------

PLANS FOR REPLACEMENT/OVERHAUL
 When will device be replaced or overhauled?
 What will replace it? Has/will funds be available for replacement/overhaul?

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
------	----------	-------------	-----------	------------	------------

PLANS FOR REPLACEMENT/OVERHAUL
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 What will replace it? Has/will funds be available for replacement/overhaul?

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
------	----------	-------------	-----------	------------	------------

PLANS FOR REPLACEMENT/OVERHAUL
 When will device be replaced or overhauled?
 What will replace it? Has/will funds be available for replacement/overhaul?

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
------	----------	-------------	-----------	------------	------------

PLANS FOR REPLACEMENT/OVERHAUL
 When will device be replaced or overhauled?
 What will replace it? Has/will funds be available for replacement/overhaul?

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
------	----------	-------------	-----------	------------	------------

PLANS FOR REPLACEMENT/OVERHAUL
 When will device be replaced or overhauled?
 What will replace it? Has/will funds be available for replacement/overhaul?

EMERGENCY RESPONSE SYSTEM

An emergency response plan is designed to anticipate and plan for unexpected asbestos fiber release episodes so that fiber release is minimized through prompt corrective action.

The emergency response contact person is

Name	Position/Title	Phone #
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The back up contact person is:

Name	Position/Title	Phone #
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Other than restricting access to the area and evacuating it, personnel in the area are to take no other action after contacting the emergency response contact person. The emergency response contact person will direct the initial response, including ensuring that the project is designed by an accredited project designer, debris clean up, patch and repair or other actions as necessary.

For those responding to the emergency, *(only Level II workers and supervisors with current training, medical monitoring and fit testing)* equipment can be found at the following location(s): (Use additional sheets as necessary)

The procedures for access to the equipment include: (Use additional sheets as necessary)

EMERGENCY RESPONSE SYSTEM (continued)

Only trained and medically monitored Level II personnel (both workers and supervisors) can respond to the emergency. A list of who is available will be located at: (Use additional sheets as necessary)

Access to the list of accredited workers and supervisors will be through the following procedure: (Use additional sheets as necessary)

*This list will be reviewed annually by: _____ at _____
Name/Position Phone #
to ensure that only currently trained, medically monitored, and fit tested personnel are on it.*

If a more extensive hazard assessment is required after the initial response, it will be done by

The accredited project designer that this facility will use is

Name	Phone #
------	---------

WASTE STORAGE & DISPOSAL PROGRAM

Asbestos waste, including both actual ACM, plastic used for containment barriers, glovebags, used disposable clothing, used respirator filters, and any other materials or furnishings contaminated with asbestos fibers.

The purpose of a waste disposal program is to prevent asbestos exposure/contamination by incorrect handling of asbestos waste. It also serves to document what happens to the ACM waste from the time that it is generated until it is buried in an approved landfill.

MANAGEMENT: Waste Storage and Disposal Operations will be managed in accordance with COMAR 26.11.21, & Asbestos Program Policy by:

Name	Position/Title	Phone #
------	----------------	---------

CONTROLLED ACCESS TEMPORARY STORAGE SITE(S): [Give detailed description of each location. Use additional sheets if necessary]

MANIFESTS: Chain of Custody manifests are kept at:

Location

by:

Name	Position/Title	Phone #
------	----------------	---------

Manifests shall be received in _____ days from the waste hauler.

PROCEDURES USED TO HANDLE ASBESTOS WASTE CONSIST OF: (Use additional sheets as necessary)

These procedures will be reviewed annually by: _____ *at* _____
Name/Position *Phone*

WASTE STORAGE & DISPOSAL PROGRAM (continued)

ONLY CURRENTLY TRAINED, MEDICALLY MONITORED AND FIT TESTED LEVEL II EMPLOYEES AND SUPERVISORS SHALL HAVE ACCESS TO TEMPORARY STORAGE AREAS. PROCEDURES TO ACCESS TEMPORARY STORAGE AREA(S) CONSIST OF: (Use additional sheets as necessary)

WASTE STORAGE INVENTORY:	Date	Quantity
Quantity of Asbestos Waste Stored as of		
Quantity of Asbestos Waste Generated during reporting period		
Quantity of Asbestos Waste Disposed during reporting period		
Quantity of Asbestos Waste Still in Storage as of		

DISPOSAL RECORD FOR PERIOD: (Use additional Sheets as necessary)

DATE	AMOUNT	HAULER (Name of Person, Firm, Address, and Phone Number. If done by Asbestos Contractor - Give license #)	LANDFILL (Name, Address, Landfill Permit Number)
		Name _____ Company _____ Address _____ Phone _____ License No. _____	Name _____ Address _____ Phone _____ Permit No. _____
		Name _____ Company _____ Address _____ Phone _____ License No. _____	Name _____ Address _____ Phone _____ Permit No. _____

Further Information/Comments: *(Identify how much ACM is Left)*

NOTIFICATION SYSTEM

A notification program is designed to do two things:

1. Inform maintenance workers and custodial workers of what they need to know to be able to work safely in a building that contains ACM.
2. Inform building occupants on how to work safely in a building that contains ACM and let them know what precautions are already being taken.

General maintenance and custodial workers working in areas with ACM with a high potential for disturbance are informed of asbestos locations through the following methods: (Use additional Sheets as necessary)

Number of days maintenance and custodial employees will receive this notification within their initial hire and annually thereafter. <i>(Within 10 working days maximum)</i>	No. of Days
--	-------------

Building occupants in buildings containing ACM are informed on what precautions must be taken to avoid disturbing the ACM by the following methods.: (Use additional Sheets as necessary)

Number of days building occupants will receive this notification within their initial occupancy and annually thereafter. <i>(Within 10 working days maximum)</i>	No. of Days
--	-------------

The person or position responsible for providing this notification is

Name	Position/Title	Phone #
------	----------------	---------

ASBESTOS TRAINING PROGRAM

The purpose of the training program is to inform employees of those aspects of asbestos hazard recognition, reporting, and response which they must follow to minimize the risk of exposure to themselves and others.

Level II building maintenance employees and their supervisors will receive both initial training and refresher training from the Maryland Department of the Environment.

Level II automotive mechanics, involved with asbestos brake and clutch work will receive initial training from the Maryland Department of the Environment and annual refresher training for the Agency Safety and Health Specialist.

Asbestos Safety & Health Specialists and Asbestos Program Managers, and Building Inspectors will attend Maryland Department of the Environment sponsored training classes, including, but not limited to Building Inspector/Management Planner Initial training and annual refresher training.

Level I Employees shall be trained annually by the Agency Safety and Health Specialist, using guidelines furnished by the Maryland Department of the Environment.

The Department Coordinator is:

Name	Position/Title	Phone #
------	----------------	---------

The Department Coordinator's Training Contact at the facility is:

Name	Position/Title	Phone #
------	----------------	---------

Employees will be notified of their scheduled training dates by:

Name	Position/Title	Phone #
------	----------------	---------

No. of days within scheduled training date notification of training will be made to employees.	No. of Days
--	-------------

Procedures for access to training records involves: (Use additional sheets as necessary)

Procedures to ensure that employees keep their training appointments, track no shows, and ensure proper cancellations:

**SUMMARY OF ASBESTOS TRAINING ACTIVITIES AT THE FACILITY
FOR THE REPORTING PERIOD ___ / ___ / ___ TO ___ / ___ / ___**

(For Level I Training and Level II Automotive Retraining Only) (Use additional Sheets as necessary)

1. **DATE** (If several courses were given on same day, list each separately)
2. **NATURE OF TRAINING AND COURSE TITLE**
3. **TIME EXPENDED FOR TRAINING COURSE** (For example, 2 hours minimum for Level I training course)
4. **INSTRUCTOR** (Name -- If person is from outside agency, give name, agency and address)
5. **LOCATION WHERE COURSE RECORDS AND DOCUMENTS ARE FILED** (Should contain course outline, copy of any handouts, location where training was conducted, list of participants, biography of instructor including his/her credentials, and other appropriate records)

DATE	NATURE OF TRAINING AND COURSE TITLE	TIME EXPENDED <i>(Min. 2hrs.)</i>	INSTRUCTOR	LOCATION OF COURSE RECORDS
	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	
	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	
	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	
	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	

ASBESTOS MEDICAL MONITORING PROGRAM

In accordance with Executive Order 01.01.1987.22, employees classified as Level II workers must participate in the medical monitoring program. Employees who do not participate in medical monitoring or who are disapproved for respirator use cannot work with asbestos. Those employees who were exposed to asbestos in the past while in State service (i.e., in a Level II type position) are also eligible for medical monitoring, even if they are not currently working in a Level II capacity. Exams are scheduled by the Maryland Department of the Environment with Departmental Coordinators who in turn notify their facilities.

The Departmental Coordinator is

Name	Position/Title	Phone #
------	----------------	---------

The Departmental Coordinator's Medical Monitoring Contact at the facility is:

Name	Position/Title	Phone #
------	----------------	---------

Employees will be notified of their medical monitoring appointments by:

Name	Position/Title	Phone #
------	----------------	---------

No. of days within scheduled appointment date notification of appointments will be made to employees.	No. of Days
---	-------------

The following procedures are instituted to ensure individuals keep appointments and to track cancellations: (Use additional sheets as needed)

The following procedures are used to determine who needs medical monitoring, where they go, and how often they go:

ASBESTOS MEDICAL MONITORING PROGRAM (continued)

Medical monitoring records will be maintained at the following location:

Location

by

Name	Position/Title	Phone #
------	----------------	---------

The following procedures are in place for access to medical monitoring records: (Use additional sheets as needed)

--

During the reporting period the following persons have been re-designated from a Level II category to a Level I category **BUT WILL** be kept in the Medical Monitoring Program: (Use additional sheets as needed)

NAME	JOB CLASSIFICATION	MDE NUMBER

During the reporting period the following persons have been re-designated from a Level II category to a Level I category **AND WILL NOT** be kept in the Medical Monitoring Program: (Use additional sheets as needed)

NAME	JOB CLASSIFICATION	MDE NUMBER

WORK PERMIT POLICY FOR OUTSIDE CONTRACTORS (TELEPHONE, ELECTRICAL, COMPUTER, PLUMBING, ETC.)

Purpose: The work permit policy ensures that authorization is obtained prior to outside contractors performing maintenance, repair, or renovation work, in order to avoid inadvertent disturbance of ACM.

All plans for work by outside contractors must be reviewed for asbestos disturbing potential by:

- A. Any one of the following persons/positions approved by the Asbestos Program Manager as being aware of asbestos locations and any precautions that are necessary to work in those areas.

Name	Position/Title	Phone #
------	----------------	---------

Name	Position/Title	Phone #
------	----------------	---------

OR

- B. The Asbestos Program Manager

Name	Position/Title	Phone #
------	----------------	---------

All jobs occurring in an area containing ACM must have a work permit which will be issued by the person who reviews the work order. If special work procedures precautions are necessary, such as not placing ladders against pipes, not hanging wires into fireproofing, etc. they will be overseen by (i.e. an accredited Supervisor) from the facility:

Name	Position/Title	Phone #
------	----------------	---------

Copies of the work permits will be kept at:

Location

The following procedures for access will be used: (Use additional sheets as necessary)

--

The following attachments (are) examples of the Work Permit used at the facility. (Attach copies of Work Permits and provide a brief narrative on their use).

--

PERIODIC SURVEILLANCE PROGRAM

Asbestos which remains in a building must be periodically surveyed to note and respond to changes in its condition. The elements of the surveillance program include the following:

1. Assignment of trained individuals knowledgeable in the inspection and assessment of ACM and its potential for disturbance.
2. Pre-surveillance record review of asbestos locations and any abatements done since the last survey.
3. Scheduling which is consistent with the ACM's general condition and access: twice a year and more often if the condition or access warrant it.
4. Occupancy control if obtaining samples during periodic surveillance.
5. Recordkeeping.
6. Transmittal of information to the person performing the hazard assessment and response action planning.

The periodic surveillance program will be implemented by:

Name	Position/Title	Phone #
------	----------------	---------

under the authority of the Asbestos Program Manager

Name	Position/Title	Phone #
------	----------------	---------

Individuals/Positions performing periodic surveillance shall be Level II employees that are accredited workers, accredited supervisors, or accredited building inspector.

The following individuals will be involved in periodic surveillance activities: (Use additional sheets as necessary)

Name	Position/Title	Phone #
Name	Position/Title	Phone #
Name	Position/Title	Phone #

Records of inspection training for these positions/individuals are kept at

Location

by

Name	Position/Title	Phone #
------	----------------	---------

Number of times periodic surveillance will be performed at this facility each year but not less than once every six months.	No. of Times
---	--------------

In the event that samples must be taken, the following procedures will be used to control occupancy: (Use additional sheets as necessary)

PERIODIC SURVEILLANCE PROGRAM (continued)

Records pertaining to surveillance activities are kept at

Location

Supplies necessary to perform periodic surveillance can be obtained at

Location

The following procedures for access to periodic surveillance supplies and/or records: Where are they kept? Who keeps them? How are they accessed? (Use additional sheets as necessary)

At the conclusion of each survey, a copy of the findings will be sent to the Management Planner, who will do the hazard assessment and response action planning. The original copy will be sent to the appropriate recordkeeper.

The following person or persons shall be responsible for incorporating period surveillance information into the records pertaining to asbestos conditions:

Name	Position/Title	Phone #

Number of days from the end of each period surveillance survey new information regarding the condition of asbestos materials will be incorporated in the files.	No. of Days

RESPIRATORY PROTECTION PROGRAM

A written respiratory protection program shall be maintained at the facility. The purpose of such a program is to ensure that employees are adequately protected against respiratory hazards.

The following person will be responsible for writing and implementing this facility's respiratory protection program:

Name	Position/Title	Phone #
------	----------------	---------

He/She will be assisted by

Name	Position/Title	Phone #
------	----------------	---------

Number of times per year employee asbestos exposures, job tasks, etc. shall be evaluated to see if conditions have changed.

--

The followings procedures will be used to evaluate employee job tasks:

--

The following person or persons will be responsible for fit testing of employees after they have received an initial *qualitative* fit test from MDE. Fit tests will be done as least *once* a year.

Name	Position/Title	Phone #
------	----------------	---------

Name	Position/Title	Phone #
------	----------------	---------

A copy of the written respiratory protection program as well as copies of individual employee fit tests will be kept at the following location:

Location

Procedures of access include: *Who to contact and how to access* (Use additional sheets as necessary)

--

RESPIRATORY PROTECTION PROGRAM (continued)

The following procedures were used to inform Level II Employees on policies and procedures in place at the facility regarding use and care of respirators: Describe the procedures and indicate how they were implemented. (Use additional sheets as necessary)

The following procedures are in place for storage of respirators filter cartridges, and other related components: (Use additional sheets as necessary)

The following requirements are in place regarding cleaning and disinfection of respirators: Describe the procedure, the frequency of cleaning/disinfection, and the party or parties responsible. (Use additional sheets as necessary)

For PARRs (powered air purifying respirators), the following procedures are used to ensure that batteries are properly charged and available for emergency response: (Use additional sheets as necessary)

For PARRs, describe how the flow testing device is made available to respirator users so they can verify that they have sufficient air flow through the unit, as recommended by the manufacturer: (Use additional sheets as necessary)

RESPONSE ACTION SUMMARY FOR THE REPORTING PERIOD (Level II Work)

____/____/____ TO ____/____/____

(Use additional sheets as necessary)

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

HAZARD ASSESSMENT - RESPONSE ACTION PLANNING METHOD

The following accredited Management Planner will perform the hazard assessment using the decision tree method taught in Building Inspector - Management Planner class.

Name	Position/Title	Phone #
------	----------------	---------

The hazard assessment must be completed before any response action planning can be done.

Additional consultation for hazard assessment or response action design is available through The Sate Employees Asbestos Program (410) 537-3801.

Records of hazard assessments and response actions are kept on file at the following location:

Location

and may be accessed by contacting :

Name	Position/Title	Phone #
------	----------------	---------

Purchase of supplies and equipment for asbestos related work at this facility will be overseen by:

Name	Position/Title	Phone #

Specifications and requisitions for supplies have been developed by:

Name	Position/Title	Phone #

Copies of supply specifications can be obtained from:

Name	Position/Title	Phone #

The following inventory procedure will be used to ensure a sufficient quantity of supplies are maintained on hand at the facility and to monitor the expenditure of consumable supplies: (Use additional sheets as necessary)

--

Employees who need access to equipment and supplies shall use the following procedures: (Use additional sheets as necessary)

--

Supplies are stored in the following location(s): (Use additional sheets as necessary)

--

RECORDKEEPING SYSTEM

An asbestos recordkeeping system keeps relevant information available to those who need it for daily asbestos activities, provides information necessary for facility, departmental, and State level planning, meets the requirements of related laws and regulations, and provides legal documentation.

Type Of Record	Maintained By	Location of Records	Procedures for Access
1. Survey results- BCR's, FSR's, etc.			
2. As Builts, Architectural Plans, Blueprints			
3. Maintenance Records			
4. Medical Monitoring & Training Records			
5. Equipment Logs			
6. Management Plans			
7. Abatement Contracts, Priorities, Log of Activities			
8. <i>Written O/M plan</i> , activities, permits, sampling data, waste manifests, emergency			
9. Periodic Surveillance Results			
10. Respiratory Protection Program			
11. Consent/Refusal Status of Employees, Incentive Pay Logs			