

APPENDIX I

ASBESTOS PROJECT WORK RECORD

ASBESTOS PROJECT WORK RECORD

Building: _____
(Building Address or Name)

Date: _____
(Today's Date)

Project Number: _____
(KPDSB Project Number or Purchase Order Number)

Project Type: Emergency Type 1 Type 2
 Planned Project Glove Bag Type 3

Area of Work: _____
(Room Name, Number, Floor etc.)

Description: _____
(Brief description of abatement, material, system, etc)

Tenant: _____
(Tenant name if any, department or group)

Project Start Date: _____
(Mobilization date)

Project End Date: _____
(After dismantling/clean-up)

Contractor: _____
(Contracting firm or employee)

Telephone: _____
(Contractor or employee telephone)

Consultant: _____
(Name of consulting firm/contact if any)

Telephone: _____
(Consultant telephone)

Pre-Construction Survey for ACM performed and report provided to Contractor?

Yes No (Explain) _____

Air Sampling during abatement?

Yes No

Clearance Air Monitoring performed (Regulated requirement after Type 3 abatement)?

Yes No

Air Monitoring results to Joint Occupational Health and Safety Committee?

Yes No

Asbestos Survey Updated to Reflect Changes in ACM Inventory?

Yes No. No changes to ACM inventory resulted.

No. Forward copies to Consultant prior to next re-assessment.

Asbestos waste removed from site and disposed of?

Yes. Dump tickets attached. No. ACM waste not generated.

No. ACM waste remains on site for later disposal.

Append the following information relating to asbestos abatement to this work record, if applicable, and file Asbestos Work Record and attachments with Asbestos Management Program. Check where attached.

Submittals including Insurance Yes No

Dump tickets, waybills, etc for waste. Yes No

Specifications, Change Orders, Drawings. Yes No

Consultant Inspection Reports. Yes No

Air Monitoring Results. Yes No

Analytical Certificates. Yes No

Correspondence as required. Yes No