SAMPLE RECORD KEEPING FORMS

Form 1. A sample form for recording information during asbestos-containing materials (ACM) reassessment.

Reinspection of Asbestos-Containing Materials

Location of asbestos-containing material (address, building, room, or general description):__________________________

Type of asbestos-containing material(s):
1. Sprayed- or troweled-on ceilings or walls
2. Sprayed- or troweled-on structural members
3. Insulation on pipes, tanks, or boiler
4. Other (describe): ________________________________

Abatement Status:
1. The material has been encapsulated ____, enclosed ____, neither ____ , removed ____.

Assessment:
1. Evidence of physical damage: ________________________________

2. Evidence of water damage: ________________________________

3. Evidence of delamination or other damage: ________________________________

4. Degree of accessibility of the material: ________________________________

5. Degree of activity near the material: ________________________________

6. Location in an air plenum, air shaft, or airstream: ________________________________

7. Other observations (including the condition of the encapsulant or enclosure, if any): ________________________________

Recommended Action: ________________________________

Signed: ________________________________  Date: ________________________________

(evaluator) A
Job Request Form for Maintenance Work

Name: ____________________________ Date: ____________________________

Telephone No.: ____________________________ Job Request No.: ____________________________

Requested starting date: ____________________________ Anticipated finish date: ____________________________

Address, building, and room number(s) (or description of area) where work is to be performed:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Description of work:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Description of any asbestos-containing material that might be affected, if known (include location and type):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name and telephone number of requestor:

________________________________________________________________________

Name and telephone number of supervisor:

________________________________________________________________________

Submit this application to:

________________________________________________________________________

(Asbestos Program Manager)

NOTE: An application should be submitted for all maintenance work whether or not asbestos-containing material might be affected. An authorization should be received before any work can proceed.

____ Granted (Job Request No. _________________)
____ With conditions*
____ Denied

* Conditions: ________________________________________________________________
________________________________________________________________________
Form 3. A sample maintenance work authorization form

**Maintenance Work Authorization Form**

**Authorization**

Authorization is given to proceed with the following maintenance work:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Presence of Asbestos-Containing Materials (ACM)**

_____ Asbestos-containing materials (ACM) are not present in the vicinity of the maintenance work.

_____ ACM is present, but its disturbance is not anticipated; however, if conditions change, the Asbestos Program Manager will re-evaluate the work request prior to proceeding.

_____ ACM is present, and may be disturbed.

**Work Practices if Asbestos-Containing Materials are Present**

The following work practices shall be employed to avoid or minimize disturbing asbestos:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Personal Protection if Asbestos-Containing Materials are Present**

The following equipment/clothes shall be used/worn during the work to protect workers:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(manuals on personal protection can be referenced)

**Special Practices and/or Equipment Required:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed: _______________________________ Date: _______________________________

(Asbestos Program Manager)
**Evaluation of Work Affecting Asbestos-Containing Materials**

This evaluation covers the following maintenance work:

Location of work (address, building, room number(s), or general description):

Date(s) of work:

Description of work:

Work approval form number:

Evaluation of work practices employed to minimize disturbance of asbestos:

Evaluation of work practices employed to contain released fibers and to clean up the work area:

Evaluation of equipment and procedures used to protect workers:

Personal air monitoring results (in-house worker or contract?):

<table>
<thead>
<tr>
<th>Worker Name</th>
<th>Results</th>
<th>Worker Name</th>
<th>Results</th>
<th>Handling or storage of ACM waste</th>
</tr>
</thead>
</table>

Signed: ___________________________   Date: ___________________________

(Asbestos Program Manager)