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AE Project No.: _____

Client: _____ Client Contact: _____

Site: _____ Contact Phone: _____

Address: _____ Contact Fax: _____

_____ Contact E-mail: _____

Project: _____

Client Contract # / Release # / Work Order # / Purchase Order # / Etc.

ABATEMENT CONTRACTOR:		SUPERVISOR:				
THIS WORK CONSISTS OF:						
Asbestos Abatement Monitoring <input type="checkbox"/>		Asbestos Spill Response <input type="checkbox"/>		Ambient Periodic Monitoring <input type="checkbox"/>		
Type of ACM Removed	Surfacing	Fireproofing <input type="checkbox"/>	Decorative Finish <input type="checkbox"/>	Plaster/Stucco <input type="checkbox"/>	Spray-applied on Equipment Housing <input type="checkbox"/>	
	TSI	Pipe Insulation <input type="checkbox"/>	Tank/Vessel Insulation <input type="checkbox"/>		Insulation Mud on Fittings <input type="checkbox"/>	
		Duct Insulation <input type="checkbox"/>	Vapor Barrier <input type="checkbox"/>		Other <input type="checkbox"/>	
	Miscellaneous	Floor Tile <input type="checkbox"/>	Floor Sheet Goods <input type="checkbox"/>	Ceiling Tile <input type="checkbox"/>	"Transite" Panels <input type="checkbox"/>	"Transite" Other <input type="checkbox"/>
		Roof Felt <input type="checkbox"/>	Roof Asphalt <input type="checkbox"/>	Mastic <input type="checkbox"/>	Packing <input type="checkbox"/>	Paint <input type="checkbox"/>
Ebony Board <input type="checkbox"/>		Wiring Insulation <input type="checkbox"/>	Arc Chutes/Shields <input type="checkbox"/>	Other		
Quantity of ACM	Material #1:	Description -			Ft <input type="checkbox"/> , Ft² <input type="checkbox"/> , Ft³ <input type="checkbox"/>	
	Material #2:	Description -			Ft <input type="checkbox"/> , Ft² <input type="checkbox"/> , Ft³ <input type="checkbox"/>	
Measures to Prevent Fiber Migration	Glovebag <input type="checkbox"/>	Mini Enclosure <input type="checkbox"/>	Decontamination Unit <input type="checkbox"/>	Critical Barriers Only <input type="checkbox"/>	Negative Pressure Enclosure <input type="checkbox"/>	
	Water Filtration <input type="checkbox"/>	Electrical GFCIs <input type="checkbox"/>	Neg. Air System <input type="checkbox"/>	Δ Pressure > 0.02 in.H ₂ O <input type="checkbox"/>		
	Other					
Respiratory Protection	Half-face w/HEPA <input type="checkbox"/>	Full-face w/HEPA <input type="checkbox"/>	PAPR <input type="checkbox"/>	Full-face Supplied Air <input type="checkbox"/>		
Comments:						

	#	Requirement	Provided	Acceptable	Not Acceptable	Note(s)
PRE ABATEMENT	1.	Current State Licenses or Accreditations. (including individuals who are assigned tasks)				
	2.	Air monitoring Strategy:				
		A. Background Sampling/EPA value of 0.01 f/cc.				
		B. ACM concentration both inside and outside containment				
		C. Area sampling in other work environments surrounding abatement.				
		D. Representative personnel monitoring as a check and balance of OSHA required monitoring.				
	3.	Containment Inspection & Integrity. Rigid (plywood) overhead protection installed over containment and decon chambers. (Pressure must be under -0.02" H ₂ O - Note pressure to right*)				*Note Pressure Here
	4.	Decontamination shower inspection / potable water / heated water / shower water filters 5 micron & 20 micron.				
5.	Waste load out inspection. Bi-lingual signs posted.					
6.	Inspection of negative air machines, vacuums & GFIs. This includes HEPA filters in both for wear and proper fit, and location of negative air machine for cross flow of air across containment.					
7.	Smoke test containment to verify proper air flow. Flow should cross containment from decon/load out to negative air machines. Also no dead air spaces.					
8.	Authority to proceed: Please note date to the right.					
DURING ABATEMENT	9.	Observation of conditions and work practices inside and outside containment.				
	10.	Sample results within respirator protection factors, and provided in a timely manner (start of following workday) to project coordinator. Employee personal results posted as well.				
	11.	Sample volume adequate to ensure results are below the EPA recommendation for clean air 0.01 f/cc or background sample results.				
	12.	Periodic checking of manometers for - 0.02 inches of water.				
	13.	Periodic inspection of negative air machines & vacuums.				
POST ABATEMENT	14.	Final Visual inspection.				
	15.	Clearance Air Monitoring (aggressive & participation on visual examination team: Please note date to the right.				
	16.	Waste container inspections (dumpsters lined / signs posted / waste bags goose necked / locked).				
	17.	Waste transport vehicle inspection (signs, loaded & locked, waste shipment record signing) Please note date to the right.				
	18.	Final Report including Log Book provided to client.				

Other Notes:

Technician(s): _____ Date Completed: ___ / ___ / ___