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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature_Center_Purple_RGB  Facilities Maintenance & Construction – Facilities Services  Work Plan for Lead Containing Materials (LCM) | | | | | | | | | | | | | | |
| **1. Location (Building, Room):** | | | | |  | | | | | | | | | | |
| **2. Description of Work:** | | Remove lead based paint using troweled-on chemical stripper. Do NOT use methylene chloride stripper. (Enter name) | | | | | | | | | | | **3. Job #:** | |  |
| **4. Type and Quantity of LCM:** | | | | % of lead in material(s) is: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | No sample collected | | | |
| **5. Project Schedule:** | | Expected Start Date: | | | | | | Expected Completion Date: | | | | | | | |
| **6. Tools and Equipment Used to Disturb LCM:** | | | | | | | | | | | | | | | |
| * Hand trowel * Scraper | | | | | | | | | | | | | | | |
| **7. Precautions for Warning and Protecting Building Occupants:** | | | | | | | | | | | | | | | |
| * Post Lead Warning Sign around the worksite perimeter * Close off work area to public * Notify Building Coordinator of scheduled work * Review MSDS with employees prior to start of project and provide a copy on the job site | | | | | | | | | | | | | | | |
| **8. Preparation and Work Procedures (include controls and work practices to minimize employee exposures):** | | | | | | | | | | | | | | | |
| * Place plastic sheeting under work area to capture falling debris * Wear PPE listed below * Demarcate clean areas for workers to take off PPE, clean equipment and wash hands. * Provide soap and water * Apply chemical stripper onto painted surface with hand trowel * After appropriate time has elapsed (according to manufacturer instructions), scrape off residue * If stripper is caustic, ensure eye was is available | | | | | | | | | | | | | | | |
| **9. Clean-up Procedures:** | | | | | | | | | | | | | | | |
| * Carefully roll up plastic * Place plastic into appropriate container (bags for small jobs; 55-gallon open-top drums for larger jobs) | | | | | | | | | | | | | | | |
| **10. Disposal:** | | | | | | | | | | | | | | | |
| * Insert disposal instruction provided by Hazardous Waste Supervisor, Doug Gallucci (616-0595). * Label containers with hazardous waste labels * Complete Chemical Waste Collection request form and send to EH&S (fax 685-2915) | | | | | | | | | | | | | | | |
| **11. Air Monitoring:** | | | Arranged with EH&S  No air monitoring will be conducted. We will assume exposure levels above the PEL. | | | | | | | Previous air monitoring has shown that employee exposures are below the Action Level and PEL for this task. | | | | | |
| **12. Worker Protection:** | | | Respirator (specify**) \_\_\_\_\_\_\_\_\_\_**  Coveralls  Shoe covers | | | | | | | Gloves  Disposable hoods  Safety glasses | | | | | |
| **13. List all workers on the project (attach additional sheets if necessary):** | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Current Training** | | | | | | | | | |
|  | | | | | | Lead Awareness  Lead Worker  Respiratory Protection | | | | | | | | | |
|  | | | | | | Lead Awareness  Lead Worker  Respiratory Protection | | | | | | | | | |
| **14. By signing below, I certify that all required precautions including, but not limited to, wearing of proper protective equipment and clothing, participation in a medical surveillance program if necessary, and following the procedures referenced above will be followed during this project. These employees have received appropriate training in the tasks to be performed and understand the risks associated with working with lead-containing material.** | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | **Printed Name** | | | | **Date** | | | | |
| **THIS WORK PLAN MUST BE AVAILABLE AT THE JOB SITE.** | | | | | | | | | | | | | | | |
| Send completed form to Regulate Materials Management Office | | | | | | | | | | | | | | | |
| Email: asbestos@uw.edu | Fax: 206-221-7079 | Box 354285 | | | | | | | | | | | | | | | |
| For Asbestos Office Use Only | | | | | | | | | | | | | | | |
| **15. Reviewed by Competent Person:** | | | | | | | **Initials** | | **Date** | | | | | **Date Sent to EHS:** | |