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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 loose paint by pressure washing to prepare surface for painting | | | | | | | | | | | **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:** | | | | | | | | | | | | | | | |
| * Pressure washer (1,000 to 1,500 psi) | | | | | | | | | | | | | | | |
| **7. Precautions for Warning and Protecting Building Occupants:** | | | | | | | | | | | | | | | |
| * Post Lead Warning Sign around the worksite perimeter * Occupants will not be home during the project * Protect building egress | | | | | | | | | | | | | | | |
| **8. Preparation and Work Procedures (include controls and work practices to minimize employee exposures):** | | | | | | | | | | | | | | | |
| * Place catch mat below work area and seal all storm water drains. Cover vegetation as much as possible. * If scaffolding is needed, contact outdoor masons for scaffold instruction. If JLG, scissor lift, or any other mobile lift is used, make sure unit is stabilized, there are no overhead hazards, and fall protections is used and clipped to the bottom of the bucket. Scaffolding must be inspected daily by a competent person. * Wear PPE listed below * Provide buckets of water and soup for cleaning tools and personal hygiene * Take appropriate precautions if working near power lines. Stay a minimum of 10 feet away from lines of insulate the lines. * Power wash | | | | | | | | | | | | | | | |
| **9. Clean-up Procedures:** | | | | | | | | | | | | | | | |
| * Carefully roll up plastic collection mats, place in plastic bags and seal ends * Double bag plastic sheet and attach hazardous waste label * If HEPA vacuum is used, tape the ends of the hoses and vacuum port when not in use. Return to hazard room when finished. If HEPA vacuum is more than half full after use, remove bag from vacuum, place in plastic bag and label and attach hazardous waste label. * All contaminated clothing/PPE should be removed before exiting worksite | | | | | | | | | | | | | | | |
| **10. Disposal:** | | | | | | | | | | | | | | | |
| * Labeled bags containing plastic sheeting and HEPA vacuum waste can be delivered to ESOB or kept at worksite for pick-up by ESOB. * Insert disposal instruction provided by Hazardous Waste Supervisor, Doug Gallucci (616-0595). | | | | | | | | | | | | | | | |
| **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:** | |