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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:** | | Rotohammering | | | | | | | | | | | **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:** | | | | | | | | | | | | | | | |
| * Rotohammer with vacuum dust collector attachment * HEPA vacuum | | | | | | | | | | | | | | | |
| **7. Precautions for Warning and Protecting Building Occupants:** | | | | | | | | | | | | | | | |
| * Post Lead Warning Sign around the worksite perimeter * Close off work area to public * Place plastic sheeting under work surface area to capture falling debris * Notify Building Coordinator of scheduled work | | | | | | | | | | | | | | | |
| **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 * Provide buckets of water and soup for cleaning tools and personal hygiene * One employee will rotohammer while the other handles the HEPA vacuum | | | | | | | | | | | | | | | |
| **9. Clean-up Procedures:** | | | | | | | | | | | | | | | |
| * HEPA vacuum as needed * Carefully roll up plastic and tape ends * Double bag plastic sheet and attach hazardous waste label * 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 * Wash face and hands after completion of work | | | | | | | | | | | | | | | |
| **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:** | |