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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:** | | Scrape loose paint from wood 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:** | | | | | | | | | | | | | | | |
| * Paint scrapers | | | | | | | | | | | | | | | |
| **7. Precautions for Warning and Protecting Building Occupants:** | | | | | | | | | | | | | | | |
| * Work area will be closed off to the public * Lead warning signs will be posted * 6 mil plastic sheeting will be placed under work area to capture debris * Notify Building Coordinator of work schedule | | | | | | | | | | | | | | | |
| **8. Preparation and Work Procedures (include controls and work practices to minimize employee exposures):** | | | | | | | | | | | | | | | |
| * Employees will wear PPE listed below * Tape plastic sheeting to ground below work area to capture debris * Scrape loose and flaking paint * Wipe off walls with a damp rag * Water buckets and soap will be provided to clean tools and personal hygiene * While in the work containment and PPE is still on, remove HEPA vacuum bag. Dispose of bag as lead waste in 6 mil bags. Seal bags. Wipe vacuum with damp cloth. | | | | | | | | | | | | | | | |
| **9. Clean-up Procedures:** | | | | | | | | | | | | | | | |
| * HEPA vacuum any debris from plastic, roll plastic and tape ends closed and seal in 6 mil plastic bags. * Tape the ends of the HEPA vacuum hoses when not in use. Return to hazard room when finished. * Wash hands and face before exiting work area. * All contaminated clothing /PPE must be removed before leaving the containment. PPE should be placed in double sealed bags. * 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:** | |