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| Signature_Center_Purple_RGBFacilities Maintenance & Construction – Facilities ServicesWork Plan for Lead Containing Materials (LCM) |
| **1. Location (Building, Room):**  |  |
| **2. Description of Work:** |  | **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:** |
|  |
| **7. Precautions for Warning and Protecting Building Occupants:** |
|  |
| **8. Preparation and Work Procedures (include controls and work practices to minimize employee exposures):** |
|  |
| **9. Clean-up Procedures:** |
|  |
| **10. Disposal:** Insert disposal instruction provided by Hazardous Waste Supervisor, Doug Gallucci (616-0595). |
|  |
| **11. Air Monitoring:**  | [ ]  No air monitoring will be conducted. We will use the rules for assumed exposure levels. [ ]  EH&S Results |
| **12. Worker Protection:**  | [ ]  Respirator (Type**) \_\_\_\_\_\_\_\_\_\_\_\_** ✓ Coveralls✓ Shoe covers | ✓ Gloves ✓ Disposable hoods✓ Safety glasses |
| **13. List all workers on the project (attach additional sheets if necessary):** |
| **Name**  | **Current Training** (w/in the last year) |
|  |  [ ]  Lead Worker or Lead Refresher [ ]  Respiratory Protection |
|  |  [ ]  Lead Worker or Lead Refresher [ ]  Respiratory Protection |
| **14. 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 Regulated 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:** |

**Instructions for filling out the** *Work Plan for Lead Containing Materials (LCM)*

1. **Location (Building, Room):**
2. **Description of Work:**
*Only list the tasks that will disturb the construction materials with lead in it. For example write “scrape and sand old paint”. Don’t write “Paint wall”.*
3. **Job #:**
4. **Type and Quantity of LCM:***List the material that has lead in it. Say how much of that material will be disturbed. For example write “30 square feet of 12% lead containing paint”.*
5. **Project Schedule:**
6. **Tools and Equipment Used to Disturb LCM:***List the tools to be used to disturb the lead containing materials. Be specific about power tools and hand tools. If the different tools are used the lead plan may need to be updated.*
7. **Precautions for Warning and Protecting Building Occupants:***Note if you will schedule the work with the department administrator, the building coordinator or the occupant. Also write that you will put up a sign saying “Lead work area, Poison, No smoking or eating”.*
8. **Preparation and Work Procedures (include controls and work practices to minimize employee exposures):**
*Note how you are going to mark off your work and decon areas. Write down if you are going to use plastic sheeting or walls. List any dust control measures, such as:*
* *negative air machine*
* *covering up or shutting down the building ventilation*
* *using HEPA filtered tools to capture dust*
* *water spray for dust suppression*
1. **Clean-up Procedures:***Write how the work area will be cleaned up during the work and at the end. HEPA vacuuming and wet mopping is common. Remember you don’t want to dry sweep or use a blower to clean up. Also note how the workers will clean themselves when they leave the work area.*
2. **Disposal:***Contact EH&S (*Doug Gallucci*) for instructions how to get rid of the debris from the job. Write their instructions here.*
3. **Air Monitoring:***EH&S may do testing at the beginning of the job. If they did so, put in the results here. Otherwise write in the assumed levels using the* ***Assumed Exposures and Respirator Selection Guide for Lead*** *chart.*
4. **Worker Protection:**
*Check all the boxes and use the* ***Assumed Exposures and Respirator Selection Guide for Lead*** *chart to decide which type of respirator to use.*
5. **List all workers on the project:***Each worker must have had Respiratory Protection training and either Lead Worker or Lead Refresher training in the last 12 months. Lead Awareness is not good enough nor is it necessary.*