

ASBESTOS ABATEMENT PERMIT

An ASBESTOS ABATEMENT PERMIT is required to be approved by UofM OFD prior to removal of any asbestos containing materials on campus. *This form is to be filled out in its entirety by the responsible party, supervising the ASBESTOS ABATEMENT, and provided to the UofM Office of Facilities Development for approval, a minimum of 1 week prior to beginning the work.*

Location/Floor/ Room # _____

Accredited Asbestos Firm: _____ Pho No: _____

Firms Accreditation Expiration Date: _____

Accredited Asbestos Supervisor: _____ Supervisor Pho No: _____

Start Date and Time: _____ Finish Date and Time: _____

Responsible Party to Circle "yes" or "no" for each item below:

- | | | |
|---|-----|----|
| • Has Asbestos work area been inspected by all signatories? | Yes | No |
| • Has HVAC shutdown been approved and scheduled? | Yes | No |
| • Have the number of HEPA filter type and blowers been approved? | Yes | No |
| • Are all on-site employees and the company accredited to perform asbestos abatement by the State of Tennessee? | Yes | No |
| • Are workers provided with OSHA approved protective equipment and respirators? | Yes | No |
| • Do abatement personnel have OSHA approved training? | Yes | No |
| • Is "in-process" air monitoring included? | Yes | No |
| • Has OFD approved in process test on negative air? | Yes | No |
| • Will a final air monitoring report be submitted to OFD after completion? | Yes | No |
| • Will contractor post warning and caution signs appropriately? | Yes | No |
| • Has contractor hazardous waste disposal plan been included? | Yes | No |
| • Will all hazardous waste be contained? | Yes | No |
| • Will contractor hazardous waste disposal documents be provided to OFD? | Yes | No |
| • Will contractor superintendent be always on -site during abatement? | Yes | No |
| • Will all hazardous waste be containerized? | Yes | No |
| • Will asbestos contaminated clothing be containerized? | Yes | No |
| • Have solvent Material Safety Data Sheets (MSDS) been provided? | Yes | No |
| • Is the work confined the area described in this permit? | Yes | No |
| • Has the Asbestos Removal Work Plan been submitted and Approved by OFD? | Yes | No |

I attest that the above precautions have and will be taken _____

Asbestos Supervisor Signature

Approved _____ Permit Approval Date: _____

Director of OFD

Date Closed: _____ Comments: _____

Note: THIS PERMIT MUST BE POSTED AT THE SITE OF THE ABATEMENT DURING THE WORK.

Upon approval, this permit to be cc'd by group email to Asbestos Abatement Group Email