

Asbestos Abatement Pre-Job Submittal Review of Content Form

Project Information

Project Name: _____
 Project Number: _____
 Location/ Address: _____

General Contractor Information

Company: _____
 Point of Contact: _____ Phone: _____

Abatement Contractor Information

Company: _____
 Point of Contact: _____ Phone: _____

Oversight Consultant or City of Mesa Personnel Only

Plan Reviewed By: _____ Phone: _____
 Date of Review: _____ Status: Approved Not Approved

Instructions:

Where a checklist item is Not Applicable (NA) to the project and that option is provided on this checklist, the Abatement Contractor should indicate it is not applicable and provide reason why that is the case in the submittal.

See "Comments" section following the checklist for details on items marked "No".

Tab 1 - Licenses, Certifications, & Statements

	Yes	No	NA
Arizona Registrar of Contractor License for asbestos abatement or equivalent.	<input type="checkbox"/>	<input type="checkbox"/>	
Provide a copy of the certificate of liability insurance form demonstrating a minimum amount of \$3 million per occurrence/\$5 million aggregate Commercial General Liability insurance, including Contractual Liability, and Environmental Pollution Liability insurance with the same limits.	<input type="checkbox"/>	<input type="checkbox"/>	
Provide a certification signed by an officer of the company stating that the Abatement Contractor has prior experience on abatement projects similar in nature and extent and is capable of performing the abatement in a satisfactory manner.	<input type="checkbox"/>	<input type="checkbox"/>	
Provide a certification signed by an officer of the company stating that the Contractor's full-time onsite certified supervisor:			
• Meets the Competent Person requirements as defined in 29 CFR 1926.1101(b).	<input type="checkbox"/>	<input type="checkbox"/>	
• Has attended initial asbestos contractor/supervisor training, received accreditation, and has maintained such accreditation from a training facility approved by the USEPA pursuant to 40 CFR 763, subpart E, appendix C.	<input type="checkbox"/>	<input type="checkbox"/>	
• Has been trained in the requirements for shipping hazardous materials including preparing shipping papers, package marking, labeling, and transport vehicle placarding applicable to the shipment and transportation of those hazardous materials pursuant to 49 CFR 172.	<input type="checkbox"/>	<input type="checkbox"/>	
• Has experience in administration and supervision of asbestos abatement projects, including work practices, protective measures for building and personnel, disposal procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
• Has had a minimum of 2 years on-the-job experience.	<input type="checkbox"/>	<input type="checkbox"/>	

Tab 1 - Licenses, Certifications, & Statements	Yes	No	NA
Provide a copy of the NESHAP submitted to the regulating agency (usually MCAQD, some sites may be in Pinal County; Oversight Consultant to review for completeness and accuracy) and any supporting communications between the Abatement Contractor and the regulating agency regarding this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tab 2 - Personnel & Schedule	Yes	No	NA
Provide a list of emergency telephone numbers including numbers of the local hospital, emergency squad, police and fire departments (i.e. 911); General Contractor; Abatement Contractor; Abatement Contractor's contractor/supervisor (24-hour number); the Oversight Consultant (24-hour number); and City contact (24-hour number). List shall be posted at the facility near the entrance to the regulated area.	<input type="checkbox"/>	<input type="checkbox"/>	
Submit a list of all personnel who will be conducting abatement activities and included a copy of each employee's most recent (within one year) asbestos worker or contactor/supervisor certificate of completion from a training facility approved by the USEPA pursuant to 40 CFR 763, subpart E, appendix C.	<input type="checkbox"/>	<input type="checkbox"/>	
Provide a detailed abatement schedule that specifies the number of full-time staff that will be provided for the project daily, project mobilization, pre-abatement site preparation, abatement, preliminary and final decontamination and clearance, post-abatement activities (i.e. containment removal, site restoration, demobilization).	<input type="checkbox"/>	<input type="checkbox"/>	

Tab 3 – Abatement Work Procedures	Yes	No	NA
Provide a map illustrating the following:			
• Location of all ACM to be removed as part of this project.	<input type="checkbox"/>	<input type="checkbox"/>	
• Regulated area(s).	<input type="checkbox"/>	<input type="checkbox"/>	
• Decontamination areas.	<input type="checkbox"/>	<input type="checkbox"/>	
• Areas requiring critical barriers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Location and number of air filtration devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Area(s) where air from filtration devices will be exhausted to the outside ambient air.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Area(s) where make-up air will be supplied.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Location of utilities to be used as part of the abatement activities (power supply, water supply, drains, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Eating, smoking, and washroom areas to be provided to workers.	<input type="checkbox"/>	<input type="checkbox"/>	
Describe the construction of the regulated area(s) and decontamination area(s) and provide the dimensions of these areas.	<input type="checkbox"/>	<input type="checkbox"/>	
Provide negative air calculations and the amount of air filtration equipment determined to be needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe the abatement methods to be used for each type of ACM, engineering controls to be used to minimize the creation of asbestos-containing dust emissions, and provide a negative exposure assessment for the proposed abatement methods used each type of ACM per 29 CFR 1926.1101(f)(iii).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide a list of equipment and materials to be used in performing abatement activities including, but not limited to, the following:			
• Respirators and cartridges.	<input type="checkbox"/>	<input type="checkbox"/>	
• Protective clothing.	<input type="checkbox"/>	<input type="checkbox"/>	
• Signs and labels.	<input type="checkbox"/>	<input type="checkbox"/>	
• Air filtration and pressure monitoring devices.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HEPA vacuums or other HEPA systems.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tab 3 – Abatement Work Procedures	Yes	No	NA
• Encapsulates (provide MSDSs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chemicals and associated MSDSs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sprayers and misters.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Water filtration systems.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mechanical tools equipped with associated engineering control devices (electric tools must be GFI protected and double insulated).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hand tools (scrapers, utility knives, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	
• Containment and waste containment materials (e.g. polyethylene sheeting or waste bags, 55-gallon drums, etc.).*	<input type="checkbox"/>	<input type="checkbox"/>	
• Waste transport (trucks, roll-off bins, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Elevating equipment (e.g. scaffolding, lifts, ladders, etc.; ladders shall be constructed of wood or fiberglass).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: (*) include brand names, models, capacities, performance characteristics, and other pertinent information			
Provide a list of all subcontractors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tab 4 - Material & Waste Management	Yes	No	NA
Description of housekeeping procedures including:			
• Storage of materials used for abatement to prevent damage or contamination.	<input type="checkbox"/>	<input type="checkbox"/>	
• Daily cleanup procedures for areas within the regulated area(s).	<input type="checkbox"/>	<input type="checkbox"/>	
• Cleanup procedures for areas outside the regulated area(s).	<input type="checkbox"/>	<input type="checkbox"/>	
Provide the name, address, phone number and permit numbers of all waste disposal facilities that will receive asbestos waste and asbestos-contaminated waste from the abatement process.	<input type="checkbox"/>	<input type="checkbox"/>	
NOTE: Asbestos reclamation facilities that convert ACM waste to non-asbestos material must demonstrate their USEPA-approved status.			
Description of housekeeping procedures including:			
• Storage of materials used for abatement to prevent damage or contamination.	<input type="checkbox"/>	<input type="checkbox"/>	
• Daily cleanup procedures for areas within the regulated area(s).	<input type="checkbox"/>	<input type="checkbox"/>	
• Cleanup procedures for areas outside the regulated area(s).	<input type="checkbox"/>	<input type="checkbox"/>	
Spill prevention and response procedures.	<input type="checkbox"/>	<input type="checkbox"/>	

Tab 5 - OSHA Required Documentation	Yes	No	NA
Provide a signed certification that the Abatement Contractor has developed and implemented the following:			
• A respiratory protection program for asbestos in accordance with 29 CFR 1926.1101(h)(2).	<input type="checkbox"/>	<input type="checkbox"/>	
• A medical surveillance program for asbestos in accordance with 29 CFR 1926.1101(m)(1)(i)(A).	<input type="checkbox"/>	<input type="checkbox"/>	
• A hazard communication program for asbestos in accordance with 29 CFR 1926.1101(k)(ii).	<input type="checkbox"/>	<input type="checkbox"/>	

Comments (Oversight Consultant or City of Mesa Personnel Only**):**