

**ASBESTOS ABATEMENT STANDARD FORMS**

**GENERAL**

**1.01 THE FOLLOWING LIST OF ENCLOSED FORMS WILL BE UTILIZED IN CONJUNCTION WITH THE PROJECT.**

<b>FORM NO</b>	<b>DESCRIPTION</b>	<b>SUBMITTAL SCHEDULE</b>
1	Asbestos Contractor Information Detail (Enclosed)	With Material Submittals
	Emergency Information (Contractor to Provide)	Prior to Commencing Work
2	Authorized Project Personnel (Enclosed)	Prior to Commencing Work
3	Medical Testing Certification (Enclosed)	Prior to Commencing Work
	Respirator Fit Test Certification (Contractor to Provide)	Prior to Commencing Work
4	Certificate of Worker's Acknowledgment (Enclosed)	Prior to Commencing Work
5	Asbestos Waste Disposal Site (Enclosed)	Prior to Commencing Work
6	Certificate of Visual Inspection (Enclosed)	Use for each visual clearance

*All submittals shall be approved prior to commencing work, after award.*

FORM 1

ASBESTOS CONTRACTOR INFORMATION DETAIL

Contracting Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Organizational Status: Corporation\_\_\_\_ Partnership\_\_\_\_ Individual\_\_\_\_

Number of years firm in business: \_\_\_\_\_

Previous Company Names: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_ Dates: \_\_\_\_\_

Names and Positions of Firm Principals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Have you ever refused to sign a contract of your original bid \_\_\_\_\_

Have you ever defaulted on a contract \_\_\_\_\_

(If yes to either, attach statement with history of each event)

Bidder may be required to submit financial information at owners request.

List 5 projects of similar size and character which your company has completed with the last three years.

	<u>Project Name, location</u>	<u>Owner (name, address, tel.)</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

	<u>Contract Amount</u>	<u>Completion Date</u>	<u>Consultant/Architect</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

(Attach separate sheet with additional information as necessary)

Names of key personnel to participate in this project:

Project Manager: \_\_\_\_\_ No. yrs. Experience \_\_\_\_\_

Superintendent: \_\_\_\_\_ No. yrs. Experience \_\_\_\_\_

Foreman: \_\_\_\_\_ No. yrs. Experience \_\_\_\_\_

\_\_\_\_\_  
Authorized signature Title Date

FORM 2

AUTHORIZED PROJECT PERSONNEL

I certify that the following \_\_\_\_\_ (enter number) workers (whether employees or sub-contractors) used by \_\_\_\_\_ (company name) in the performance of any asbestos abatement activities for \_\_\_\_\_ (client name) on Project \_\_\_\_\_ have met all training, licensing and certification requirements of the Federal Government, and the State, County and City in which the work is taking place.

Attached are photocopies of all required training and licensing certificates for the workers listed.

Employee Name	Social Security Number
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____
_____	XXXX - XX - _____

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date Name

FORM 3

MEDICAL TESTING CERTIFICATION

I certify that the following \_\_\_\_\_ (enter number) personnel (whether employees, company officers of subcontractors) used by \_\_\_\_\_ (company name) in the performance of any asbestos abatement activities for \_\_\_\_\_ (client name) on Project \_\_\_\_\_ have received the necessary tests as specified in Federal Regulation 29 CFR Parts 1910.134, 1910.1001 and 1926.1101, and have had administered to them the Initial Medical Questionnaire included in Appendix D of CFR 1926.1101 and are qualified to wear respirators and to work on asbestos abatement projects.

Employee Name	Social Security Number	Date of Last Exam
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____
_____	XXXX- XX - _____	_____

\_\_\_\_\_ Date Physician's Signature License Number

(NOTE: Consultant reserves the right to accept photocopies of Contractor's own physician-signed forms in lieu of this certification if said forms provide the information required above.)

FORM 4  
CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

Project Name \_\_\_\_\_ Date \_\_\_\_\_

Project Address \_\_\_\_\_

Contractor's Name \_\_\_\_\_

Working with asbestos can be dangerous. Inhaling asbestos fibers has been linked with various types of cancer. If you smoke and inhale asbestos fibers, then the chance that you will develop Lung Cancer is greater than that of the non-smoking public.

Your employer's contract with the Owner for the above project requires that:

- 1. You be supplied with the proper respirator and be trained in its use.
- 2. You be trained in safe work practices and in the use of the equipment found on the job.
- 3. You receive a complete medical examination in accordance with 29 CFR 1910.1001.

These things are to have been done at no cost to you.

Respiratory Protection: You must have been trained in the proper use of respirators, and informed of the type respirator to be used on the above referenced project. You must be able to access a copy of the written respiratory protection manual maintained by your employer. You must be equipped at no cost with the respirator and miscellaneous cartridges, etc., to be used on the above project.

Training Course: You must have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper work procedures and personal and area protective measures. The topics covered in the course must have included the following:

- 1. Physical characteristics of asbestos
- 2. Health hazards associated with asbestos
- 3. Respiratory protection
- 4. Use of protective equipment
- 5. Pressure Differential Systems
- 6. Work practices including hands on or on-the-job training
- 7. Personal decontamination procedures
- 8. Air monitoring, personal and area

Medical Examination: You must have had a medical examination within the past 12 months at no cost to you. This examination must have included: health history, pulmonary function tests and may have included an evaluation of a chest x-ray.

By signing this document, you are acknowledging only that the Owner of the building you are about to work in has advised you of your rights to training and protection relative to your employer, the Contractor.

Signature \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Printed Name \_\_\_\_\_ Witness \_\_\_\_\_

FORM 5  
ASBESTOS WASTE DISPOSAL SITE

Project # \_\_\_\_\_ Title \_\_\_\_\_

Disposal Site Name \_\_\_\_\_

Site Identification Number \_\_\_\_\_

Site Supervisor Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Owner/Operator Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTRACTOR'S CERTIFICATION

The appropriate regulatory agency was queried, and the site named above was found to be authorized to accept asbestos waste.

Agency queried \_\_\_\_\_ Date \_\_\_\_\_

Agency Official Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Contractor's Signature \_\_\_\_\_

FORM 6  
CERTIFICATE OF VISUAL INSPECTION

Date: \_\_\_\_\_, 202\_\_ Project No. \_\_\_\_\_  
Project: \_\_\_\_\_  
Location: \_\_\_\_\_

CONTRACTOR ACKNOWLEDGMENT:

In accordance with the Project Specifications, the Contractor hereby certifies that he has visually inspected the Work Area and has found no dust, debris or residue containing asbestos.

The Contractor certifies that he has completed all work at this location as required by project documents and in compliance with applicable law.

By: Signature: \_\_\_\_\_ Date \_\_\_\_\_, 202\_\_  
Print Name: \_\_\_\_\_, Project Supervisor  
Contractor Firm Name: \_\_\_\_\_

PROJECT ADMINISTRATOR CERTIFICATE:

The Project Administrator hereby certifies that he has accompanied the Contractor on his visual inspection and verifies that this inspection has been thorough and to the best of his knowledge and belief, the Contractor's Certification above is a true and honest one.

By: Signature: \_\_\_\_\_ Date \_\_\_\_\_, 202\_\_  
Print Name: \_\_\_\_\_, Project Administrator  
Contractor Firm Name: \_\_\_\_\_ Title \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Final Air Clearance Performed: Yes\_\_ No\_\_ No. of Samples:\_\_\_ Analysis: PCM\_\_ TEM\_\_

END OF SECTION