

## ASBESTOS ABATEMENT PLAN

<b>Abatement Contractor</b>	
Name:	
Address:	
City, State, Zip:	
Contact Person:	
Phone:	
Emergency Phone:	
<b>Facility Owner</b>	
Name:	
Address:	
City, State, Zip:	
Contact Person:	
Phone:	
<b>Facility Information</b>	
Name:	
Address:	
City, State, Zip:	
Contact Person:	
Phone:	
Age of Facility (years):	Size: (square feet):
Number of floors (including basement level):	
<b>Waste Disposal Site</b>	
Name:	
Address:	
City, State, Zip:	
Contact Person:	
Phone:	
Date of project: Start: _____ End: _____	Type of project: <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Removal
Description and amount of material involved and its location in the facility to be repaired, encapsulated or removed: <input type="checkbox"/> Pipes (linear ft) _____ <input type="checkbox"/> Surface Area (sq. ft.) _____	
Description of abatement methods, including work practices and engineering controls to be used to repair, encapsulate or remove contaminated materials:	
Description of wetting agents, encapsulates and sealants to be used:	

Description of personal protective equipment and clothing to be worn by employees:
Description of negative air system to be used: Rated capacity of negative air machine(s): _____ CFM Total volume of containment _____ cubic ft.      Air exchanges per hour: _____
Description of waste handling procedures and method of transport: Transporter Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____
Final air clearance must consist of the following: <ul style="list-style-type: none"> <li>• At least three samples per containment area</li> <li>• Aggressive air sampling techniques required (i.e. leaf blower, fans, etc.)</li> <li>• Final clearance of .01 f/cc or less if required</li> <li>• Independent air sampling contractor required</li> </ul> Contractor Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____
Description of the air monitoring plan:  Flow rate: _____ Total Volume: _____ Laboratory that air samples will be analyzed by: _____
Will you carry liability insurance for this asbestos abatement project: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Person: _____ Phone: _____ Are all your asbestos abatement personnel bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that a Wisconsin Certified Asbestos Supervisor will be on-site during the project and that all removal, repair and disposal of contaminated material shall follow Federal, State and Local rules and/or guidelines. The above submitted information is correct to the best of my knowledge. Signature: _____ Title: _____ Date: _____
Indicate which of the following agencies/offices were sent their mandatory copy of the demolition/renovation notification: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dept. of Natural Resources, Asbestos Coordinator, Bureau/Air Management, P.O. Box 7921, Madison, WI 53707</li> <li><input type="checkbox"/> Dept. Health Services, Bureau of Environmental and Occupational Health Asbestos and Lead Section, 1 West Wilson St., P.O. Box 2659, Madison, WI 53701</li> </ul>