

ASBESTOS REMOVAL ASSESSMENT FORM (ARAF)				IH Job #:
Dept Code	Building#:	Room # or Room Name	or Location	CC #:
Date Today	Date of Job	Abatement: sq. ft.	Abatement ln. ft	ARAF #:
Job Description:				EP #:
<input type="checkbox"/> NO <input type="checkbox"/> YES DOE NOTIFICATION IS REQUIRED IN ADVANCE OF REMOVAL				

ARAF PREPARATION (Review team)

SHSD	<input type="checkbox"/> Litzke	<input type="checkbox"/> Bernholz	<input type="checkbox"/> Chiu	<input type="checkbox"/> Chuc	<input type="checkbox"/> Czekaj	<input type="checkbox"/> _____
	<input type="checkbox"/> Felock	<input type="checkbox"/> Hanley	<input type="checkbox"/> Marco	<input type="checkbox"/> Selvey	<input type="checkbox"/> Weilandics	
F&O	<input type="checkbox"/> Rhodus	<input type="checkbox"/> Barrow	<input type="checkbox"/> Scheidet	<input type="checkbox"/> Stelmaschuk	<input type="checkbox"/> Lein	<input type="checkbox"/> _____
ESHR	<input type="checkbox"/> Blanda	<input type="checkbox"/> Ferrone	<input type="checkbox"/> Martino	<input type="checkbox"/> Rankine	<input type="checkbox"/> Zanoni	

WORK BY:

____ BNL EP
____ Contractor

TYPE OF ABATEMENT

____ **Remove ACM**

____ Encapsulate ACM

____ Cover with Protective Metal Cover

____ Clean Up Debris

LOCATION OF SURVEY

____ Attic

____ Basement

____ Roof

____ General (Office/hall/lab)

____ Mechanical Room

____ Outdoors

____ Other: _____

ACCESSIBILITY

____ Worker / Occupant Access

____ Public Access

____ Inaccessible

ABATEMENT METHOD

____ **Glove Bag**

____ Neg. Pres. Glove Bag

____ Tent

____ Enclosure

____ **HEPA Vacuum**

____ **Wet Pick-up**

____ Wrap in Plastic

____ Remove Nails / Dismantle

____ Mop Adjacent Floor

____ Mop Entire Floor

____ **Wipe Adjacent Surfaces**

____ Other: _____

AIR SAMPLING

____ Pre-test, Background

____ Area Sample __ High Vol Pump __ Low Vol Pump

____ Post Test __ Aggressive __ Nonaggressive

____ **Personal Monitors:** Worn in Breathing Zone

____ Excluded: __ Size of Job

 __ Fiberglass Interference

 __ Negative Exposure Assessment

ASBESTOS CONTAINING MATERIAL TYPE

____ Equipment or Duct Insulation

____ **Pipe Insulation**

____ Ceiling Tile

____ Floor Tiles

____ Shingles (Non-transite)

____ Transite

____ Roofing

____ Wall and Ceiling

____ **Debris**

____ Other: _____

PRE-JOB CONTROLS

____ Bulk Sample

____ Warning Signs / Tape

____ Secure Doors, Etc.

____ Steam off

____ Electric off / Disconnect

____ Local Ventilation off

____ Local Ventilation Covered

____ Off Limits- During Abatement

____ Off Limits- Until Post Test

____ TLD Area

____ Contact S/H Rep and ESH Coordinator

____ Safety Instructions

____ Other: _____

PERSONAL PROTECTIVE EQUIPMENT

____ Half Face Mask with HEPA

____ Full Face Mask with HEPA

____ PAPR with HEPA

____ Supplied Air

____ SCBA

____ Tyvek Suit ____ Double Suit

____ Boots

____ Gloves

____ Goggles / Face Shield

____ Ear Plugs / Ear Muffs

____ Heat Stress Potential

____ Other: _____

ARAF Prep By (Print):	Date:
ARAF Prep Signature:	
<input type="checkbox"/> Electronic	

Surveyors Name:	Date:
Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	

