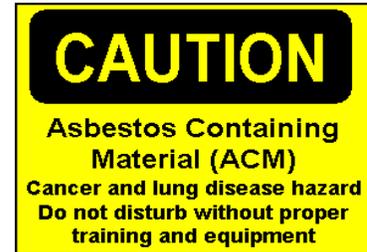


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1.0 Purpose & Scope

The purpose of this procedure is to define the specific of the SHSD members function in the project oversight of small BNL asbestos remediation projects.

This procedure describes the completing of the Asbestos Remediation Assessment Form (ARAF) for projects of thermal system insulation or surfacing ACM or PACM and non-friable material projects conducted by BNL staff on projects of the size less than 25 ln.ft. or 10 sq.ft.

Not within the scope of this SOP are functions which may be done by SHSD which are::

- *Bulk Sampling* which requires a training course for EPA *Asbestos Inspector*.
- *Area monitoring* to determine the integrity of containment barrier which requires a training course for EPA *Asbestos Monitor*.
- *Personnel exposure monitoring* which is covered by IH60500 and IH75100.

2.0 Responsibilities

2.1 The SHSD portion of the BNL Asbestos program is implemented through personnel assigned by the SHSD Manager.

3.0 Definitions none

4.0 Prerequisites

4.1 Obtain and maintain required training for OSHA, DOE and EPA requirements.

5.0 Precautions none

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6.0 Procedure Review planned jobs for exposure monitoring, appropriate controls, and Personal protective equipment requirements. Include the following:

- 6.1 Discuss the planned work and scope of asbestos abatement/disturbance with the personnel from the BNL organization performing the project.
- 6.2 Review documentation such as Experimental Reviews, Work Permits, Project Designs, and SOPs to determine if the planned project will achieve compliance with regulatory drivers and provide adequate controls measures. Inform the document generating organizations of any needed corrective actions in writing and follow-ups to ensure adequate measures were taken to correct any deficiencies.
- 6.3 Determine if sampling of personnel for airborne asbestos exposure is to be done.
- 6.4 Determine the proper personal protective equipment (PPE) for the personnel performing the work.
- 6.5 Document the needed controls, PPE, and exposure monitoring using the ARAF (Form 10.1).

7.0 Implementation & training

- 7.1 Personnel who perform assessment under this program document the qualification with the Attachment: Job Performance Measure.

8.0 References

- 8.1 BNL SBMS Subject Area *Asbestos Program*.
- 8.2 29 CFR 1910.1001 *OSHA Asbestos Standard for General Industry*.
- 8.3 29 CFR 1926.1101 *OSHA Asbestos Standard for Construction*.
- 8.4 New York State Code Rule 56 *Asbestos*.

9.0 Attachments none

10.0 Forms

- 10.1 *ARAF form*
- 10.2 *Asbestos Monitor JPM Qualification Form*

11.0 Documentation

The only official copy is on-line at the SHSD website.
 Before using a printed copy, verify that it is current by checking the document issue date on the website.

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division - Industrial Hygiene Group Standard Operating Procedure Subject: <h2 style="text-align: center;">Asbestos Project Oversight</h2>	Number:	IH88500
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Document Development		
Prepared By: <i>(signature/date on file)</i> Robert Selvey 10/08/09 Industrial Hygienist	Reviewed By / Date: <i>(signature/date on file)</i> R. Selvey 04/14/05 Industrial Hygienist	Approved By / Date: <i>(signature/date on file)</i> R. Selvey 10/08/09 Industrial Hygienist Group Leader
ESH Coordinator/ Date: <i>none</i>	Work Coordinator/ Date: <i>none</i>	SHSD Manager / Date <i>none</i>
QA Representative / Date: <i>none</i>	Training Coordinator / Date: <i>none</i>	Filing Code: IH52.05
Facility Support Rep. / Date: <i>none</i>	Environ. Compliance Rep. / Date: <i>none</i>	Effective Date: 10/08/09
ISM Review - Hazard Categorization <input type="checkbox"/> High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low/Skill of the craft	Validation: <input type="checkbox"/> Formal Walkthrough <input checked="" type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date:	IMPLEMENTATION: Training Completed: none Procedure posted on Web: 10/08/09 Hard Copy files updated: 10/08/09

Revision Log
Purpose: Change in Scope Changed resulting from: change in equipment Section/page and Description of change: Rev1: Deleted Attachment on FAM-1. Added Attachment on FM-7400. Updated Section 1 and JPM. SME Reviewer/Date: R. Selvey 12/06/11
Purpose: Change in Scope Changed resulting from: improvement effort Section/page and Description of change: Rev2: Changed scope to cover only completion of ARAF. Removed Attachment on FAM-1 to operator aid. Sampling role referred to IH75100 and IH60500. SME Reviewer/Date: R. Selvey 12/20/11

The only official copy is on-line at the SHSD website.
 Before using a printed copy, verify that it is current by checking the document issue date on the website.

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Form 10.1

Asbestos Removal Assessment Form (ARAF)

For official copy access this link:

http://www.bnl.gov/esh/shsd/SOP/WordDocs/IH_Forms/IH88_ARAF.doc

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 to, to	ARAF #:	
Job Description:				EP #:	
<input type="checkbox"/> NO <input type="checkbox"/> YES DOE NOTIFICATION IS REQUIRED IN ADVANCE OF REMOVAL					
ARAF PREPARATION (Review team)				WORK BY:	
SHSD	<input type="checkbox"/> Litzke <input type="checkbox"/> Bernholz <input type="checkbox"/> Chiu	<input type="checkbox"/> Chuc	<input type="checkbox"/> Czekaj	<input type="checkbox"/> BNL EP <input type="checkbox"/> Contractor	
F&O	<input type="checkbox"/> Felock <input type="checkbox"/> Hanley <input type="checkbox"/> Marco	<input type="checkbox"/> Selvey	<input type="checkbox"/> Wellandics		
ESHR	<input type="checkbox"/> Rhodus <input type="checkbox"/> Barrow <input type="checkbox"/> Scheidet	<input type="checkbox"/> Stelmaschuk	<input type="checkbox"/> Lein		
	<input type="checkbox"/> Blanda <input type="checkbox"/> Ferrone <input type="checkbox"/> Martino	<input type="checkbox"/> Rankine	<input type="checkbox"/> Zanoni		
TYPE OF ABATEMENT			ASBESTOS CONTAINING MATERIAL TYPE		
<input type="checkbox"/> Remove ACM <input type="checkbox"/> Encapsulate ACM <input type="checkbox"/> Cover with Protective Metal Cover <input type="checkbox"/> Clean Up Debris			<input type="checkbox"/> Equipment or Duct Insulation <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Ceiling Tile <input type="checkbox"/> Floor Tiles <input type="checkbox"/> Shingles (Non-transite) <input type="checkbox"/> Transite <input type="checkbox"/> Roofing <input type="checkbox"/> Wall and Ceiling <input type="checkbox"/> Debris <input type="checkbox"/> Other:		
LOCATION OF SURVEY			PRE-JOB CONTROLS		
<input type="checkbox"/> Attic <input type="checkbox"/> Basement <input type="checkbox"/> Roof <input type="checkbox"/> General (Office/hall/lab) <input type="checkbox"/> Mechanical Room <input type="checkbox"/> Outdoors <input type="checkbox"/> Other:			<input type="checkbox"/> Bulk Sample <input type="checkbox"/> Warning Signs / Tape <input type="checkbox"/> Secure Doors, Etc. <input type="checkbox"/> Steam off <input type="checkbox"/> Electric off / Disconnect <input type="checkbox"/> Local Ventilation off <input type="checkbox"/> Local Ventilation Covered <input type="checkbox"/> Off Limits During Abatement		
ACCESSIBILITY					
<input type="checkbox"/> Worker / Occupant Access <input type="checkbox"/> Public Access <input type="checkbox"/> Inaccessible					
ABATEMENT METHOD					
<input type="checkbox"/> Glove Bag <input type="checkbox"/> Neg. Pres. G <input type="checkbox"/> Tent <input type="checkbox"/> Enclosure <input type="checkbox"/> HEPA Vacuum <input type="checkbox"/> Wet Pick-up <input type="checkbox"/> Wrap in Plastic <input type="checkbox"/> Remove Nails / Dismantle <input type="checkbox"/> Mop Adjacent Floor <input type="checkbox"/> Mop Entire Floor <input type="checkbox"/> Wipe Adjacent Surfaces <input type="checkbox"/> Other:			Sample		
AIR SAMPLING			PERSONAL PROTECTIVE EQUIPMENT		
<input type="checkbox"/> Pre-test, Background <input type="checkbox"/> Area Sample <input type="checkbox"/> High Vol Pump <input type="checkbox"/> Low Vol Pump <input type="checkbox"/> Post Test <input type="checkbox"/> Aggressive <input type="checkbox"/> Nonaggressive <input type="checkbox"/> Personal Monitors: Worn in Breathing Zone <input type="checkbox"/> Excluded: <input type="checkbox"/> Size of Job <input type="checkbox"/> <input type="checkbox"/> Fiberglass Interference <input type="checkbox"/> <input type="checkbox"/> Negative Exposure Assessment			<input type="checkbox"/> Half Face Mask with HEPA <input type="checkbox"/> Full Face Mask with HEPA <input type="checkbox"/> APR with HEPA <input type="checkbox"/> Supplied Air <input type="checkbox"/> SCBA <input type="checkbox"/> Tyvek Suit <input type="checkbox"/> Double Suit <input type="checkbox"/> Boots <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles / Face Shield <input type="checkbox"/> Ear Plugs / Ear Muffs <input type="checkbox"/> Heat Stress Potential <input type="checkbox"/> Other:		
ARAF Prep By (Print):		Date:		Surveyors Name:	
ARAF Prep Signature:				Date:	
<input type="checkbox"/> Electronic				Job Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Safety and Health Services Division - Industrial Hygiene Group

**Asbestos Project Oversight
Job Performance Measure Qualification Certificate**

Candidate's Name (Print):	BNL#
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Additional Requirements for Program Administrator

		Unsatisfactory	Recovered	Satisfactory
Exposure Monitoring Specification	Demonstrates the proper specification of airborne fiber monitoring requirements via the ARAF form.			
Engineering Controls	Demonstrates proper knowledge of proper engineering controls.			
Personal Protective Equipment	Demonstrates the proper specification of Personal Protective Equipment for the workers on the project.			

I accept the responsibility for performing the tasks as demonstrated within this JPM and the corresponding SOP.

Candidate Signature:	Date:
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I certify the candidate has satisfactorily performed each of the above listed steps and is capable of performing the task unsupervised.

Evaluator Signature:	Date:
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