

May 2007

HOB ASBESTOS STANDARD OPERATING PROCEDURE

Procedures for Reporting and Investigating Accidental Contact, Concerns & Incidents with Asbestos Containing Materials

SOP-SAFETY & HEALTH – 01-2007

Purpose: To establish procedures for investigating all concerns, accidents and incidents in the House Office Buildings when working around asbestos materials.

Note: This SOP directs all government employees and contractors to follow rules set in the AOC Uniform Asbestos Management Program May 1, 1997.

Responsibility: Assistant Superintendents, Supervisors, Employees, Contractors

PROCEDURES

In the event of a concern, incident/accident, all personnel under the line responsibility shall contact the HOB Asbestos Program Manager (HOB-APM), (202) 680-3106 or in the absence of the HOB Program Manager, call (202) 225-4142, HOB Superintendents Office. Competent Asbestos Awareness Trained Personnel will conduct an on-site observation to determine the potential presence of asbestos containing materials. If there are questions by personnel not having full knowledge and awareness of asbestos materials please contact the Asbestos Program Managers, AOC/HOB or SOHB Asbestos Program Manager for verification. Contractors, other Agencies working within the HOB areas are to have competent and knowledgeable personnel to assist them through the phase of their contract requirements.

1. **Qualifications:** All Personnel, AOC, Outside Agencies and Contractors shall comply with all regulations, Federal and Local Instruction, when working with and around asbestos containing materials in AOC/House Office Buildings. Workers shall have the basic knowledge of Asbestos Awareness, required by OSHA Regulations. An employee working directly with asbestos materials shall have the mandated accreditation & training required to work safely with asbestos containing materials.
2. **Asbestos Containing Materials:** All Structures (Buildings) erected prior to 1980 are presumed to have asbestos containing materials unless evidence is provided to prove otherwise. Common materials such as (TSI) Thermal System Pipe Insulation, (CT) Ceiling Tiles, (SM) Surfacing Materials, (DC) Duct Cloth, (FT) Floor Tiles/Sheet Flooring, (HB/T) Hard Board Transite, (G) Gaskets, (CA) Caulking Materials, (CB) Cement Board, (AI) Acoustical Insulation, were used in the construction of industrial facilities, and office buildings. A detailed list is included as Appendix A. Any contracts involving asbestos repair or removal shall provide copies of any accredited work proposed in the House office Buildings to the HOB Asbestos Program Manager prior to work.
3. **Accidental Contact Procedures:** In the event of a spill, wet down the spill area immediately with a misting device, utilizing Amended Water. Amended water means water to which surfactant (wetting agent) has been added to increase the ability of the liquid to penetrate Asbestos Containing Material (ACM). Amended Water is to be provided by the government/contractor conducting work and shall be located at the jobsite. Cordon the area off utilizing warning tape and evacuate if necessary. If possible, immediately secure the site involved in a breach of asbestos containing materials. The first priority is to ensure that the site is identified by a barrier to warn pedestrian traffic, secured and reported to the Asbestos Program Manager/Superintendent Office. The HOB Asbestos Program Manager shall then contact the SOHB Asbestos Program Manager or representative to file a report of the incident.
4. **Accident Investigation:** The Project Supervisor is to investigate the accident/incident scene thoroughly. Interview the employees and witnesses until satisfied that assessment of the incident is complete. Take photos of the incident site. Report all findings to the HOB (APM) for building records. Obtaining statements from witnesses is critical, so gather them as soon as possible.

Once all required information is obtained, fully complete an incident investigation report, such as the attached AOC *Incident Investigation Report* (Appendix B), or similar, as required by AOC Safety Policy #9-4, *Incident Notification, Investigation and Reporting Policy*. Submit the completed report along with any photos, statements or other evidence collected during the investigation to the HOB Asbestos Program Manager (HOB-APM) within the 24 hour time frame of the incident. When completing the incident report, be as detailed as possible. If equipment is involved in the incident identify the type, model, serial number and any other information possible to assist in identifying what equipment is involved. In all cases involving equipment, do not move the equipment. It is entitled to possible de-contamination.

5. Corrective Actions: Based on the completed investigation, take additional corrective actions to eliminate the potential for the same type of accident to occur again. Corrective actions can take many forms, such as training, changing a job process or additional competent personnel and Personal Protective Equipment (PPE). If unsure what corrective actions should be taken, address questions and concerns to the HOB Asbestos Program Manager, (202) 680-3106 or HOB Safety Managers, (202) 226-9043, (202) 226-9197.

By following these guidelines, we can eliminate unsafe acts or conditions that contribute to accidents and keep our work place safer for our employees and visitors.

Frank Tiscione,



Superintendent, House Office Buildings

cc: Safety Office

Attached:

Appendix A: AOC/HOB Asbestos-Containing Materials

Appendix B: AOC Incident Investigation Report

Appendix A

AOC/HOB Asbestos-Containing Materials

The following list includes materials in the House Office Buildings that are known or suspected to contain asbestos. This list is not exhaustive and it is possible that there are other asbestos-containing materials present in the buildings. This list is informational only and should not be used as a substitute for general asbestos awareness and assessments when working in any House Office Buildings.

Asbestos warning signs are posted throughout mechanical/electrical spaces. The HOB Safety Office has copies of surveys and sampling results for various locations throughout the buildings.

Known/Suspected Asbestos-Containing Materials:

1. All areas containing 12X12 ceiling tiles are considered to be asbestos containing until sampling proves otherwise.
2. All corridor ceilings in the RHOB are asbestos containing. Pipes are lagged with asbestos (TSI), thermal system insulation, there are mud joints throughout.
3. Duct liners contain asbestos; all duct joints can contain asbestos.
4. There is TRANSITE (hard board) that is asbestos containing material within certain areas of the buildings.
5. Flooring materials can contain asbestos in all House Buildings.
6. There may be some old electrical wiring that contains asbestos within these buildings.

APPENDIX B: INCIDENT INVESTIGATION REPORT



Instructions: Complete the Incident Investigation Form for all injuries, illness, incidents with property damage, and near misses. This form is to be completed within three working days of the incident. If a Critical or Serious incident occurs, a preliminary report is to be completed within 24 hours with a final report to follow as soon as possible. Supplemental or updated information may be added later because of ongoing investigative procedures. See attachment for definitions of terms used on this form.

Received
(date / time)

Assigned to

Incident ID
Number

1. Is this a revision of a previous report? Yes No

2. If revision, what is the Incident ID (if known)

3. Date & Time of Incident

4. Reported by:

A | INCIDENT SUMMARY

5. Kind of Incident Industrial Administrative Motor Vehicle Natural Event Other (Non AOC injury)

6. Incident Resulted in: Fatality Injury/Illness Lost Time Injury/Illness No Lost Time Injury/Illness First Aid Injury/Illness No Medical
(check all that apply) Near Miss Property Damage (≥ \$100K) Property Damage (\$10K - \$99,999) Property Damage (\$1K - \$9,999) Property Damage (< \$1K)

7. Did incident occur in AOC-controlled workplace?
 Yes No Not Sure

8. Specific Location:

9. Was Supervisor on site?
 Yes No

10. Supervisor Notified?
 Yes No Not Sure

11. Responders Notified
 911 Police SFEP
 JSS Other:

12. Fire Involved? Yes No

13. Environmental Release? Yes No

B | INCIDENT DESCRIPTION

14. Please provide a brief description of the incident.

Check if additional description page(s) attached

15. Witnesses (Attach Statements)

Name

Address or AOC Work Location

Phone

UNKNOWN

16. Comments

C PERSONNEL INVOLVED

Complete one form for each individual injured or who became ill as a result of this incident

Is this a revision of a previous report? <input type="checkbox"/> Yes <input type="checkbox"/> No Preceding Report Date		Incident ID:		Page _____ of _____
17. Name:	18. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	19. Last four SS #'s	20. Age	
21. Outcome: <input type="checkbox"/> Injury <input type="checkbox"/> Illness If illness, approximate date of symptom onset:	22. Incident Severity Classification	23. Fatality? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Fatality Date or N/A	
25. Type of Injury (strain, cut, contusion, fracture, burn, foreign object in eye, etc):	26. Part(s) of Body Affected:	27. Was Employee Admitted to Hospital?	28. How many hours has employee worked on shift prior to incident? Hours ___ minutes ___	
29. Home Address:	30. AOC Jurisdiction including Office/Shop:			
31. Home Phone:	32. AOC Phone:			
33. Was PPE Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	34. List Required PPE :	35. Was PPE Used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
36. Job Title:	37. Supervisor:	38. Supervisor's Phone:		
39. Job Experience: Years Months				
40. Describe Injury / Illness and the Part of Body Affected (Example – Sprained right wrist)				
41. Describe individual's actions at the time of incident: a) The investigator's evaluation of the incident.				
b) Was a written statement obtained from the involved individual(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach statement(s).				
42. Comments:				

D Vehicles Involved in IncidentIs this a revision of a previous report? Yes No

Incident ID: _____

Page _____ of _____

Preceding Report Date _____

*Check all that apply*43. Vehicle(s) involved in the incident? Yes No44. Vehicle Type(s): Car Van Bus Pickup Tractor Trailer Truck Dump Truck Delivery Truck Construction Equipment
 Forklift Aerial Lift Gator Truck Other (specify)45. Vehicle Equipped with Seat Belts? Yes No46. Were Seat Belts used? Yes No

47. Comments:

E AOC PROPERTY INVOLVED

48. List property damaged or destroyed.

AOC Property

Approximate Value

F Material Failures Potentially Contributing to the Incident

49. List failures

Equipment

How it failed

Why it failed

50. Comments:

G Human Factors Potentially Contributing to the Incident

51. Check all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Removing safety device | <input type="checkbox"/> Physical handicap/impairment | <input type="checkbox"/> Driving too fast for conditions |
| <input type="checkbox"/> Inattention | <input type="checkbox"/> Restricted vision | <input type="checkbox"/> Misjudged clearance |
| <input type="checkbox"/> Haste | <input type="checkbox"/> Fear/excitement | <input type="checkbox"/> Improper backing |
| <input type="checkbox"/> Improper lifting/handling techniques | <input type="checkbox"/> Overconfident in own/other's abilities | <input type="checkbox"/> Following too closely |
| <input type="checkbox"/> Overloading of equipment | <input type="checkbox"/> Failure to correct a known hazard | <input type="checkbox"/> Failure to yield the right of way |
| <input type="checkbox"/> Failure to properly use PPE | <input type="checkbox"/> Indication of Poor/bad attitude | <input type="checkbox"/> Established procedures were not followed |
| <input type="checkbox"/> Indication of alcohol/drugs | <input type="checkbox"/> Lack of rest/sleep | <input type="checkbox"/> Other (specify in comments) |

52. Comments:

H Environmental Factors Potentially Contributing to the Incident

53. Check all that apply

- | | | | |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Hot (°F) | <input type="checkbox"/> Mist | <input type="checkbox"/> Slippery | <input type="checkbox"/> Lightning |
| <input type="checkbox"/> Cold (°F) | <input type="checkbox"/> Dark / Dim | <input type="checkbox"/> Dust, fumes, gasses, smoke, vapors | <input type="checkbox"/> Hail |
| <input type="checkbox"/> Icy | <input type="checkbox"/> Bright / Glare | <input type="checkbox"/> Condensation | <input type="checkbox"/> Rain |
| <input type="checkbox"/> Frost | <input type="checkbox"/> Foggy | <input type="checkbox"/> Dry, Clear, with Good Visibility | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Wet | | | <input type="checkbox"/> Other (specify in comments) |

54. Comments:

I Incident Diagram

Provide a sketch of the incident scene if applicable

Is this a revision of a previous report? Yes No
Preceding Report Date _____ Incident ID: _____ Page _____ of _____

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
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55. Comments:

J | Corrective Actions

Is this a revision of a previous report? <input type="checkbox"/> Yes <input type="checkbox"/> No Preceding Report Date	Incident ID:	Page ____ of ____
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56. List Corrective Actions that could reduce the likelihood of this occurrence or reduce severity of outcome.

57. Comments:

K | Report Reviewed By

Is this a revision of a previous report? <input type="checkbox"/> Yes <input type="checkbox"/> No Preceding Report Date	Incident ID:	Page ____ of ____
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58. Report Status: <input type="checkbox"/> Draft <input type="checkbox"/> Final <input type="checkbox"/> Other:	59. Status Date:
60. Report Prepared by:	61. Preparation Date:
62. Investigator's Name and Signature	63. Investigator Notified: Date
65. Jurisdiction Safety Specialist's Name and Signature	66. Jurisdiction Safety Specialist Notified: Date
67. Jurisdiction Superintendent Name and Signature	68. Jurisdiction Superintendent Notified: Date

L | Jurisdiction Management Review

<input type="checkbox"/> Report Accepted	<input type="checkbox"/> Report Accepted with Comments (see below) Supplemental Investigation	<input type="checkbox"/> Report Returned for
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Review Comments of Jurisdiction Management:

Manager's Name _____ Manager's Signature _____ Date _____

**The Following Two Sections Are Only Required For
Critical Or Serious Incidents**

M Safety, Fire, and Environmental Programs Review
<input type="checkbox"/> Report Accepted <input type="checkbox"/> Report Accepted with Comments (see below) <input type="checkbox"/> Report Returned for Supplemental Investigation
Review Comments of Director, SFEP:
Director's Name _____ Director's Signature _____ Date _____
N Chief Operating Officer Review
<input type="checkbox"/> Report Accepted <input type="checkbox"/> Report Accepted with Comments (see below) <input type="checkbox"/> Report Returned for Supplemental Investigation
Review Comments of Chief Operating Officer:
Chief Operating Officer's Name _____ Chief Operating Officer's Signature _____ Date _____