# CHPRC ASBESTOS WORK PERMIT

This permit is to be completed by the responsible asbestos competent person whenever Class I and/or Class II asbestos construction work is performed (ref.: PRC-RD-SH-15097).

NOTE: When changes occur in the field that could impact the validity of this form and/or the job/task AJHA, both the AJHA and this form shall be reviewed and updated, as necessary, to reflect the field changes.

| Area | Building | Room | Start Date | Shift | Work Request No. |
|---|---|---|---|---|---|
| | | | | | |

Job Description

**ASBESTOS WORK CHECKLIST (Refer to PRC-RD-SH-15097, as applicable)**

Yes No

- ☐ ☐ Glovebag?
- ☐ ☐ Negative - pressure enclosure?
  - ☐ Smoke Tested
  - ☐ Objects removed or covered
  - ☐ Waste - Loadout compartment
  - ☐ Equipment room
  - ☐ Shower
  - ☐ Clean room
  - ☐ Negative Air Machines

  DOP Test Dates _____
- ☐ ☐ Respirator equipment?
  - ☐ 1/2-Mask APR ☐ Full-Face APR
  - ☐ PAPR ☐ Supplied air with escape provisions
- ☐ ☐ Protective clothing?
  - ☐ Disposable
  - ☐ Gortex
- ☐ ☐ Post-removal lockdown?

  Product _____

Yes No

- ☐ ☐ Competent person? Date Trained _____

  Name _____
- ☐ ☐ Warning signs posted?
- ☐ ☐ HEPA vacuum cleaner? DOP Test Date _____
- ☐ ☐ Personal monitoring? If NO, attach Negative Exposure Assessment
- ☐ ☐ Wet methods?
  - ☐ Amended water
  - ☐ Chemical encapsulant
- ☐ ☐ Clearance sample?

NOTE: List personnel assigned to job in section below.

Approval _____

*Facility Occupational Safety & Health*

| Name | Certification Number | Expiration Date |
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Remarks or Special Instructions

This permit is valid until (time) _____ on (Date) _____

**Approvals** _____ _____

*Job Supervisor* *Facility Supervisor*