

**College of St. Benedict/St. John's University
Notification for Asbestos Related Work**

Residential Nonresidential

<p>Asbestos Abatement Contractor: Lic. # _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact Person: _____</p> <p>Phone Number(s): _____</p>	<p>Building Information:</p> <p>Building Name: _____</p> <p>Size of Bldg. (sq. ft.): _____ Age of Bldg. (years): _____</p> <p>Number of Floors Including Basement Level(s): _____</p> <p>Present Use of Bldg.: _____</p> <p>Prior Use of Bldg.: _____</p>
<p>Air Monitoring Consultant/Laboratory: Lic. # _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Contact person: _____</p> <p>Phone Number(s): _____</p> <p><input type="checkbox"/> air sample analysis only</p>	

1. Type of Project: (check all that apply):

- Renovation Demolition Encapsulation Permanent Enclosure
- Emergency (#7 must be completed to validate an Emergency)
- Using MDH Demolition Abatement Rules (Minn. R. 4620.3585)

2. Amount(s) of RACM (Regulated Asbestos Containing Material) to be abated:

Friable | Non-friable

- ____ | ____ Linear feet on pipes
- ____ | ____ Square feet on facility components (e.g. tanks, boilers, ceilings, air ducts) flooring)
- ____ | ____ Cubic feet off facility components if linear footage or square footage is undetermined

3. Asbestos Abatement Activity Dates:

- a. Pre-cleaning Work Area to Final Visual Inspection Start: _____ End: _____
- b. Dates When RACM will be Disturbed: Start: _____ End: _____
- c. Work shifts, time and days (e.g. 7 AM to 3 PM Mon.-Fri.) _____

4. Building Inspection: * *Prior to a renovation or demolition, all buildings must be inspected by an MDH accredited inspector.*

a. Company and/or individual that conducted the building inspection: _____

b. Procedure, including analytic method, used to determine the presence of RACM: _____

5. Description & Location of RACM to be abated (including floor # and room #):

6. Describe in detail the following procedures SPECIFIC TO THIS SITE: (use a separate sheet if necessary)

a. Asbestos abatement emissions control procedures:

b. Waste handling emission control procedures:

c. Description of procedures to be followed in the event that unexpected RACM is found or Cat. II non-friable ACM becomes crumbled, pulverized, or reduced to a powder:

d. Description of work practice, including specific abatement procedures and techniques to be used:

7. For Emergency Renovation/Demolition Abatement Projects: (MDH and MPCA may need to be informed for additional guidance).

a. Date and hour of emergency:

b. Description of the sudden and unexpected event:

c. Explanation of how the event caused unsafe conditions or would cause equipment damage:

8. Waste Transporter(s) Information:

Transporter Name: _____

Transporter Contact: _____

Transporter Address: _____

City, _____ State, _____ Zip: _____

Phone Number: _____

9. Waste Disposal Information:

Landfill Name: _____

Owner/Operator: _____

Address/Location: _____

City, _____ State, _____ Zip: _____

Phone Number: _____

I certify that an individual trained in the provisions of Federal Regulations 40 CFR Part 61, Subpart M (a Minnesota Site Supervisor) will be on-site during the asbestos abatement project.

I certify that the above information is correct and I am a bonafide representative of the abatement contractor or building owner and have authority to enter into agreements for my employer.

Signature of Contractor/Owner _____ Date _____

Send a copy of the completed form to CSB/SJU Environmental health and Safety office