Document Transfer & Job Checklist

Dosh Number:	CSLB Number:		
Company Name:			
Company Address:			
Site Location:			
Contract:	Contract Number	:	
This document must be provided to	Field Supervision along	with the following items	
Specifications Scope of Work Abatement Plans		All the following are required (please be sure to have checked off each requirement) Attach copy of Notifications	
Job Drawings Initial Sample Results		Attach Copy of Permits Asbestos Survey	
Discussion of what type of work will	l be accomplished:		
Proposed Work Practices: Special Conditions:			
Special Conditions:			
The Exposure Potential is <less t<="" td=""><td>than 0.1 f/cc more</td><td>than 0.1but less than 1 f/cc</td><td>more than 1 f/cc</td></less>	than 0.1 f/cc more	than 0.1but less than 1 f/cc	more than 1 f/cc
All of the above items and pertinent	issues were discussed an	d the Job practices are clear.	
I have provided all the above inform	ation to the Job Site supe	ervisor.	
Project Manager	Date		
I have received the above information	on and I understand the jo	ob requirements.	
Job Site Supervisor	Date		

Important Notes for completing this form:

The first section is self explanatory but be certain to include the street address and the job contact.

The items on the first column may or may not be present, attach as much information as is available.

All of the items in the second column must be present, and copies attached.

<u>Discussion of What type of work will be accomplished</u> must be completed. The following items must be on the form: The amount of asbestos, Types of Asbestos I II IV; The condition of the asbestos, the percentage and square or linear feet. The types of ACBM (roofing, floor tile, insulation, fire retardant etc.)

Proposed work practices must be completed. This should say the class of work, describe all of the following: Critical barriers; Negative Pressure Enclosure (NPE); Glove Bag; mini enclosure; types of decontamination facility; protective clothing; Respiratory protection; air monitoring; drop cloths; and any other relevant issues. The following items could be used here-- Construct NPE for the Ceiling removal in room I254. Place critical barriers on the system HVAC. Place electrical lock out on Panel # 45I in room J45. Water is in the janitor closet as is the sanitary drain. Workers will use ½ Face P100 respirators, with full body protection. The showers will be located in the hall in... etc. See the Policy and Procedure manual (P&P) for more specific requirements.

<u>Special Conditions</u> This is an optional section for conditions such as fall protection requirements, or special requirements for high rolling scaffolding. The presence of special electrical services, holes in the floor. The presence of alarm systems or fire suppression systems. Lock out tagout procedures for the electrical services.

Exposure potential must be completed. We better not have an exposure potential of more than 1 (<1 f/cc) if we are proposing ½ face respirators. Support for the PPE and the experience that we are relying on should be attached with this form if we expect to use a low level of PPE. See the Policy and Procedure manual (P&P) for the respirator requirements. Very Important. The Class of work determines the type of respirator and other work practices. Refer to the Policy and Procedure manual.