

DAILY ABATEMENT CHECK LIST

Dosh Number: _____ CSLB: _____

Company Name: _____

Company Address: _____

Building _____ Date _____

Location _____

Supervisor on Job _____ Title _____

II. Work-site

1. Area non-accessible to general public
2. Air Monitoring results from previous day available at site
3. Signage
 - A. Proper caution signs at entrances and exits
 - B. Bags Labeled
 - C. Dumpster Labeled
4. Airlock-Decontamination Area
 - A. Clean room-1st Stage
 1. Lockers/clothing storage provided
 2. "Z" doors at entrance and exit, intact
 - B. Shower Area-2nd Stage
 1. Showers operating
 2. Shower waste water properly filtered
 3. "Z" doors at entrance and exit, intact
 4. Clean towels
 5. Finger-nail brush
 6. Soap
 7. Used by all personnel
 - C. Equipment Room-3rd stage
 1. "Z" doors at entrance and exit, intact
 2. Labeled bag for disposal of used suits
5. Work Site Perimeter Barrier Preparation
 - A. Floor covered with plastic (2 layers), intact
 - B. Walls covered with plastic, intact & in place
 - C. Proper sealing of:
 1. Doors
 2. Windows
 3. Ventilation Systems
 - (1) Vents
 - (2) Ducts
 - (3) Grilles
 - (4) System turned off
 4. Pipes and conduit
 5. Light fixtures
 6. Sprinkler heads
 7. All other openings into work area
 - D. Penetration through ceiling properly sealed
6. Negative Air Pressure
 - A. HEPA filtration systems in order, filters changed on schedule
 - B. Constant operation log in order
 - C. Negative pressure maintained, manometer strip charts, log entries

7. Work Practices
 - A. Removed material promptly bagged
 - B. Material worked wet
 - C. HEPA vacuum used
 - D. No Smoking
 - E. No eating, drinking
 - F. Work area cleaned after completion
 - G. Personnel decontaminated each departure
8. Protective Equipment
 - A. Disposable clothing used one time
 - B. Proper NIOSH approved respirators
9. Site condition at shift end
 - A. Floor clear of any asbestos debris
 - B. Negative Pressure System on
 - C. Respirators properly sanitized
 - D. Respirators properly stored
 - E. Air Monitoring Cassettes sent to Laboratory

Please List any discrepancies, refer to the outline number for reference. State how the discrepancies were corrected and when, all corrective measures must be documented.