



OFFICE OF FACILITIES DEVELOPMENT 3750 DESOTO AVENUE MEMPHIS, TENNESSEE 38502

ASBESTOS ABATEMENT PERMIT

An ASBESTOS ABATEMENT PERMIT is required to be approved by UofM OFD prior to removal of any asbestos containing materials on campus. *This form is to be filled out in its entirety by the responsible party, supervising the ASBESTOS ABATEMENT, and provided to the UofM Office of Facilities Development for approval, a minimum of 1 week prior to beginning the work.*

Location/Floor/ Room # _____

Accredited Asbestos Firm: _____ Pho No: _____

Firms Accreditation Expiration Date: _____

Accredited Asbestos Supervisor: _____ Supervisor Pho No: _____

Start Date and Time: _____ Finish Date and Time: _____

Responsible Party to Circle "yes" or "no" for each item below:

- | | | |
|---|-----|----|
| • Has Asbestos work area been inspected by all signatories? | Yes | No |
| • Has HVAC shutdown been approved and scheduled? | Yes | No |
| • Have the number of HEPA filter type and blowers been approved? | Yes | No |
| • Are all on-site employees and the company accredited to perform asbestos abatement by the State of Tennessee? | Yes | No |
| • Are workers provided with OSHA approved protective equipment and respirators? | Yes | No |
| • Do abatement personnel have OSHA approved training? | Yes | No |
| • Is "in-process" air monitoring included? | Yes | No |
| • Has OFD approved in process test on negative air? | Yes | No |
| • Will a final air monitoring report be submitted to OFD after completion? | Yes | No |
| • Will contractor post warning and caution signs appropriately? | Yes | No |
| • Has contractor hazardous waste disposal plan been included? | Yes | No |
| • Will all hazardous waste be contained? | Yes | No |
| • Will contractor hazardous waste disposal documents be provided to OFD? | Yes | No |
| • Will contractor superintendent be always on -site during abatement? | Yes | No |
| • Will all hazardous waste be containerized? | Yes | No |
| • Will asbestos contaminated clothing be containerized? | Yes | No |
| • Have solvent Material Safety Data Sheets (MSDS) been provided? | Yes | No |
| • Is the work confined the area described in this permit? | Yes | No |
| • Has the Asbestos Removal Work Plan been submitted and Approved by OFD? | Yes | No |

I attest that the above precautions have and will be taken _____

Asbestos Supervisor Signature

Approved _____

Director of OFD

Permit Approval Date: _____

Date Closed: _____ Comments: _____

Note: THIS PERMIT MUST BE POSTED AT THE SITE OF THE ABATEMENT DURING THE WORK.

Upon approval, this permit to be cc'd by group email to Asbestos Abatement Group Email