

City of Milwaukee Department of Neighborhood Services
Environmental Section
Asbestos Project Work Sheet

Abatement Firm _____
(Legal entity: corporation including registered agent, partnership or individual)

Project location _____

Project dates and times/ shifts _____

Weekend Work Yes No

Amount of asbestos involved (including type and %) _____

Name On site contact & phone number _____

This work sheet must be completed by the abatement firm and attached to the project plans when submitted with the asbestos project permit application at least 5 working days before the start of abatement. If assistance is required or for emergency permits, contact the City of Milwaukee Department of Neighborhood Services, Environmental Section, 841 N. Broadway, Room 105 – Milwaukee, WI 53202. (414) 286-3280, FAX (414) 286-0437.

Please complete the following:

1. Name, title and phone number of facility representative to be contacted to gain entry for inspection.
(If vacant and no owner representative is available list project supervisor and on site phone number.)

Name _____

Title _____ Phone # _____

2. **A copy of the pre-demolition/renovation asbestos inspection report, which includes the name and certification number of the inspector, must be available at all times during demolition/renovation activities.**

3. **Provide plans for each separate floor or work area with the required information for questions 4-11.**

4. All ACM to be thoroughly wetted before being disturbed?
 Yes No (attach written EPA permission for dry abatement)

5. Abatement method: Full containment (**NPE System**); Critical barrier glovebag;
 Negative pressure glovebag; Mini enclosure; Critical barrier containment;
 Class II exterior; Regulated area (no negative pressure; must provide negative exposure assessment with project plans) other (attach explanation)

If more than one method to be used clearly indicate on the plans.

(Definition guide available from the Department of Neighborhood Services))

6. Decontamination chamber provided?
 Yes (show number of stages and location(s) on plans) No (Attach explanation)

7. HEPA ventilators to be provided?
 Yes (Show number and locations on plans)
(manometer may be required to verify -0.02 pressure differential on NPE systems)
 No (If other than negative pressure glove bag or Class II exterior work attach explanation)

8. Viewing windows to be provided?
 Yes (Show locations on the plans) No (Attach explanation)

9. Respirator to be used: ½ face; Full face; PAPR; Air line - pressure demand; Other

10. Employees state certified Yes No

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11. Have you been convicted of violating any environmental or public health protection laws, including those related to Federal, State or local asbestos regulations, in the past 24 months? Yes No If YES, please explain

Explanation and comments for questions 4 – 11 _____

12. Name and phone number of company/persons conducting the air clearance test for the project.

Check the appropriate method to be used: PCM TEM

13. Will there be an on-site independent consultant for the asbestos project? Yes No

If yes, please provide the following:

Company name and address _____

Name of on site representative _____

Cell phone/pager number _____

Responsibilities of representative _____

The undersigned agrees to inform the City of Milwaukee, Department of Neighborhood Services immediately of any changes in information supplied on this form. I have knowledge of the City Ordinances currently regulating the permit applied for herein and hereby state that all statements made in the foregoing form are true and correct. I have also read and am familiar with the standards related to asbestos abatement projects adopted by the Commissioner of Neighborhood Services.

NOTE: This permit may be revoked or suspended for failure to comply with any city requirements relating to Asbestos Hazard Control.

Signature _____

Date _____

