REQUEST FOR PROPOSALS (RFP)

For

STANDING OFFER FOR
ASBESTOS / MOULD REMEDIATION AND
EMERGENCY RESPONSE SERVICES

CENTRAL HEALTH

November 2015

TENDER # 2015-04

CLOSING DATE: DECEMBER 3, 2015
CLOSING TIME: 2:00 PM NL TIME
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REQUEST FOR PROPOSALS
STANDING OFFER
ASBESTOS/MOULD REMEDIATION AND EMERGENCY SERVICES

1.0 INTRODUCTION

Central Health has identified a need to request for proposals for a standing offer for a period of three (3) years the Asbestos abatement, mould remediation and emergency response services for the current facilities.

Central Health is the second largest health region in Newfoundland and Labrador providing a full continuum of health services to a population of approximately 94,000. Central Health extends from Charlottetown in the east, Fogo Island in the north, Harbour Breton in the south to the Baie Verte Peninsula in the west. The geographical area encompasses more than half of the total mass of Newfoundland. This RFP will include 43 facilities owned and operated by Central Health currently in excess of 800,000 square feet.

The Owner is requesting responses to the Request for Proposal (RFP) to select a contractor who will undertake the scope of work identified herein. Through the RFP process, the Owner expects to identify a Contractor with the appropriate skills, experience and capacity to successfully carry out the scope of services detailed herein.

1.1 Project Description / Scope of Work

Asbestos Abatement

The successive contractor will report directly to the Regional Asbestos Management Coordinator within Central Health and will strictly adhere to the Asbestos Management Program enclosed herein Appendix A.

All Asbestos Abatement must be completed by contractors who are registered with Service NL and Department of Labour as registered asbestos abatement contractors and provide verification of the appropriate training by all employees as required by provincial regulation. The Asbestos Abatement Regulations, 111/98 under the Occupational Health and Safety Act provide the legislative requirements for safe handling of asbestos products in workplaces in the Province of Newfoundland and Labrador, these regulations must be followed.

Central Health is requesting that respondents to this standing offer agreement submit an itemized costing table to provide this service.
Mould Remediation

The successive contractor will report directly to the Regional Asbestos Management Coordinator within Central Health and will strictly adhere to the Asbestos Management Program enclosed herein Appendix A, as per the service NL, mould remediation shall be treated with the same procedures as asbestos abatement.

All mould remediation must be completed by contractors who are registered with Service NL and Department of Labour as registered asbestos abatement contractors and provide verification of the appropriate training by all employees as required by provincial regulation. The Asbestos Abatement Regulations, 111/98 under the Occupational Health and Safety Act provide the legislative requirements for safe handling of asbestos products in workplaces in the Province of Newfoundland and Labrador, these regulations must be followed.

Central Health is requesting that respondents to this standing offer agreement submit an itemized costing table to provide this service; the format of table is outlined in section 4.5.

Emergency Response Services

Periodically Central Health requires the services of an Emergency Response Contractor during unforeseen circumstances such as flooding, fire, etc. During this time Central health requires that a contractor to be available within a one hours’ notice, plus traveling time to mobilize to site to remediate any harm to patients and staff and also prevent a future damage to the facility.

Central Health is requesting that respondents to this standing offer agreement submit an itemized costing table to provide this service; the format of table is outlined in section 4.5.

2.0 MANDATORY REQUIREMENTS

All respondents shall be registered with Service NL and Department of Labour as registered asbestos abatement contractors.

3.0 OBJECTIVES AND SCOPE

The successful Contractor will be required to provide a range of services relating to the delivery of Asbestos Abatement, Mould Remediation and Emergency Response Services as detailed above in project description / scope of work.
3.1 Project Completion and Project Record Drawings

The successive respondent shall be responsible to provide required information to Central Health’s asbestos survey as asbestos abatement is completed; asbestos surveys are currently completed for all Central Health’s properties.

3.2 Financial Consideration

The Contractor shall submit invoices along with progress reports for amounts payable to the owner based on the unit prices given in the attached tables,

All invoices associated with per diem rates shall be submitted for approval prior to submitting as invoice.

4.0 RESPONSE CONTENT

4.1 Table of Contents

Proposals should include a table of contents properly indicating the section and page of numbers of the information included.

4.2 Executive Summary

Responses shall include an abstract of no more than one (1) page on the information presented in the proposal and the contractor’s unique qualifications and services.

4.3 Methodology and Approach

4.3.1 Scope of Work Statement

The Contractor shall demonstrate clear understanding of the project scope, project objectives, and deliverables as well as identify any constraints or limitations that may impact the project delivery or its success.

4.3.2 Work Plan

The Contractor shall identify the process by which the company plans to approach the problem including how the project will be organized, executed and controlled together with its quality management process. A clear project management approach must be demonstrated in order to deliver a successful project that will meet or exceed the project objectives.
4.4 Background, Experience & Capabilities

4.4.1 Background Information

- Provide general information on the Contractor, including a brief history of the firm and the number of years in business. For key personnel involved in this proposal, the proposal should include resumes, relevant project experience including duration, availability.

- Project experience should include a list of relevant hospital projects undertaken in the past five years (list a minimum of 4 and no more then 6 projects), supported with information on initial cost estimates versus final costs for similar sized projects.

4.4.2 Organizational Chart

- The chart should indicate the names of the individuals to be involved in the major tasks of the project including the resident inspector and the lines of responsibility. The organizational chart should also include the specific responsibilities of the key personnel and their role on the project team.

- Relate the roles the key personnel played in the referenced projects provided in 4.4.1.

4.4.3 References

- The Contractor should include three (3) references related to relevant work experience examples provided in 4.4.1, and history with the client over the past five years.

- References within Central Health will not be considered.

4.5 Schedule of Rates, Fees and Expenses

The Contractor shall provide Central Health with a detailed table outlining how the cost of each service will be calculated, based on level of effort / hourly rate, for each task. This summary should include any services not itemized, but deemed necessary by the contractor.

This section of the proposal should also include:
- Hourly rate of personnel with breakdown this must include all necessary equipment and consumables necessary to complete the work outlined in this document.
- All staffing components must be mutually agreed to between the Contractor and Central Health prior to any commencement of work, taking into account all safe practice and legislative labour rules.
- Disbursements.
- Per Diem rate which are to be listed and applicable services
- Any special equipment shall be approved by Central Health
- Applicable storage/transport/disposal of waste.

4.6 Other Benefits

The contractor should describe any other services or benefits the Owner may realize through these services.
INSTRUCTIONS TO PROONENTS

5.0 SUBMISSION REQUIREMENTS

5.1 Proposals must be received at the address above no later than the time and date contained in the advertisement or as amended.

5.2 Proposals received and not conforming to Items 7.1.1 and 7.1.2 above will be returned to Proponents(s), without consideration.

5.3 Proposals received via facsimile machine or e-mail will not be accepted.

5.4 All prices quoted in the proposal are to be in Canadian funds and are to show all applicable taxes.

5.5 Proposals are to be submitted using a two-envelope procurement procedure whereby proponents must submit two sealed envelopes simultaneously, one for the Technical Proposal and one for the Cost of Services Proposal appropriately identified as to the contents of each with the name and address of the proponent. The following wording shall also be marked on the outside of the Cost of Service envelope: “To be opened by Technical Evaluation Committee Only”.

5.6 Proposals, rather than tenders, have been requested in order to afford consultants an opportunity to demonstrate their specific expertise and potential for an innovative approach in providing consulting services. The proposed approach should satisfy the Owner’s needs in a cost-effective and timely manner.

5.7 Proposals must be based on these Instructions and Terms of Reference.

5.8 Proposals must clearly show the complete company name, name and telephone number of primary contact person(s).

5.9 All hard copies of proposals should be on 8 ½ inch x 11-inch format paper printed on both sides. The main body of the proposal should be limited to maximum of twenty five (25) pages. The PDF file must be provided on CD that is readable by Adobe Acrobat.

5.10 Consultants are solely responsible for any costs or expenses related to the preparation and submission of proposals.

5.11 After the closing time and date, all proposals received by the Owner become the property of the Owner.
5.12 The Consultant’s proposal must remain valid for a period of 90 days after the date of closing noted.

5.13 The laws of the Province of Newfoundland and Labrador shall govern this proposal and any subsequent contract resulting from this proposal.

6.0 ACCESS TO INFORMATION

6.1 The Owners are subject to the provisions of the Access to Information and Protection of Privacy Act. Section 27 of the Act excludes the disclosure of information that would be harmful to the business interests of a third party and any disclosure by the Owner would be subject to that provision.

7.0 AGREEMENT TERMS

7.1 Central Health agrees to enter into a contract with a successive vendor for a period of two years with an option for an additional one year at Central Health’s discretion.

7.2 Central Health reserves rights to cancel this agreement with 30 days written notice should the contractor not meet the requirements outlined in this document and acceptable to Central Health.

8.0 REPORTING STRUCTURE

8.1 The successful Proponent will report directly to:

Senior Project Manager

8.2 Enquiries

8.2.1 All enquiries regarding this RFP must be directed to:

David Perry, P.Eng
Senior Project Manager
Central Health
21 Carmelite Road
Grand Falls-Windsor, NL A2A 1Y4
David.Perry@CentralHealth.nl.ca
Tel: (709) 292 - 2312
8.2.2 All questions should be submitted, in writing at least ten (10) days prior to the closing time and date. No amendments will be issued five (5) days prior to closing.

8.2.3 Any verbal representations, promises, statements or advice made by employees of the Owner other than written responses offered through the Central Health should not be relied upon.

8.2.4 Adequate numbers of people onsite

8.2.5 Adequate Monitoring Required

8.2.6 Detailed Invoicing
9.0 APPENDICES

9.1 Appendix A – Central Health’s Asbestos Management Program

9.2 Appendix B – Pre/Post Asbestos Abatement
ASBESTOS MANAGEMENT PROGRAM

Prepared for the following Property:

CENTRAL HEALTH REGIONAL OFFICE

Prepared By:
Pinchin LeBlanc Environmental Ltd.

Revised by:
Brian Kinden
Regional Asbestos Management Coordinator

&

Mark Blackwood
Regional OH&S Asbestos Representative

With excerpts from
All-tech Environmental Services Limited

June 13, 2008
November 12, 2015 (R)
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REVISED: June, 2008
ASBESTOS MANAGEMENT PROGRAM

Policy Statement

Central Regional Health Authority has contracted the services of a consulting firm to identify and quantify asbestos containing building materials located in their facilities. The survey was completed in 2007 and asbestos materials were identified on a hard copy summary report. It is Central Health’s policy that any disturbance to asbestos containing materials brought on by renovation, proactive abatement and general maintenance, no matter the quantity, size, condition, or friability, be conducted in compliance with the Newfoundland Asbestos Regulation 111/98. It is also our policy that our On-Site Asbestos Coordinators will fully implement this program to ensure to health and safety of all patrons of the Central Health. The Regional Coordinator of this plan is Mr. Brian Kinden and can be reached at 256-5734. The Regional Health and Safety Representative of the program is Mark Blackwood and he can be reached at 292-2487. The on site coordinator for the plan is below.

Endorsed by Regional Asbestos Program Coordinator: Brian Kinden

Reviewed by Regional Asbestos Health and Safety Representative: Mark Blackwood

Date: _____________

<table>
<thead>
<tr>
<th>On Site Asbestos Coordinator</th>
<th>NAME AND TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Support Coordinator</td>
<td>Don Barry – (709) 292-2304</td>
</tr>
<tr>
<td>Regional Asbestos Program Coordinator</td>
<td>Brian Kinden – (709) 256-5453</td>
</tr>
</tbody>
</table>

1. PURPOSE AND SCOPE OF THE ASBESTOS MANAGEMENT PROGRAM DOCUMENT

This document provides information, procedures, and work practices for the implantation and maintenance of the program. It is an active document intended for locations with confirmed or suspected friable and non-friable asbestos.

The program is a management system to control all building maintenance, alteration, repair or other activities that may disturb asbestos. The program includes on-going annual re-assessment of asbestos materials. If assessment indicates continuing disturbance or deterioration of friable asbestos, such materials will be scheduled for removal or repair.

Any renovations will be preceded by an evaluation to identify all asbestos (including material currently suspected of containing asbestos) in the project area and to assess the need to remove the asbestos materials. Any renovations that will or might disturb friable or non-friable asbestos will be preceded by removal of the asbestos.

This document includes procedures for emergency response to the discovery of suspected asbestos as well as work practices for minor (Type 2 work) disturbance of friable asbestos materials, and non-friable materials (Type 1 work). This document has been prepared to allow sections appropriate for specific work practices to be separated and provided to the contractor performing the work. The document also includes policies for inspection of work, air monitoring and worker training.

This document includes general procedures related to Type 3 asbestos removal brought about by deterioration or by renovation projects. Design and specification of major asbestos projects is
beyond the scope of this document, and will be prepared on a project-by-project basis through Central Health and its contractors.

2. REGULATORY REQUIREMENTS AND BACKGROUND INFORMATION

2.1 REGULATORY REQUIREMENTS

The Central Health Asbestos Management Program was implemented in response to the following legislation in effect as of September 2007

- Applicable provincial regulations respecting asbestos as currently in force. (See Appendix N).
- Current Regulations respecting Asbestos Waste Disposal (refer to Provincial Regulations and or Policy Directives with respect to disposal of Asbestos Waste).

2.2GLOSSARY OF TERMS AND ACRONYMS

ACM Asbestos-containing material

Aircell A corrugated paper manufactured from chrysotile asbestos used to insulate pipes and ducts.

Amosite A type of asbestos mineral.

Asbestos Six different fibrous minerals that occur naturally in the environment which have been mined for use in a wide range of products including building materials and heat-resistant products.

Cellulose A fibrous material obtained largely from wood. Manufactured into paper.

Chrysotile The type of asbestos mineral most commonly used in building construction.

Crocidolite The least common of the commercially utilized asbestos types.

Friable Material Material that (when dry) can be crumbled, pulverized or powdered by hand pressure and includes such material that is crumbled, pulverized or powdered.

Glove Bag Removal A method of removing friable insulation from a piping system using a prefabricated bag which isolates the section of insulation being removed. Work may be Type 1 or Type 2 depending on the quantity of ACM being removed.

Parging Cement A hand applied plaster-like material used to finish fittings or irregular sections of pipe insulation. May or may not contain asbestos.

Transite A hard manufactured product made of a mixture of cement and silica reinforced with asbestos.
Type 1 Asbestos Work  Also known as **Low Risk Work**. Includes the following operations:

- installation or removal of manufactured asbestos products such as vinyl tiles, gaskets, seals, packings, friction, friction products or asbestos – cement products;
- cutting, grinding or abrading an asbestos product with a power tool equipped with a dust collection device and HEPA filter;
- drilling a manufactured asbestos product;
- Scaled down work of this nature may be granted from the Occupational Health & Safety Inspections Branch

Type 2 Asbestos Work  Also known as **Medium Risk Work**. Includes the following operations:

- the removal of a false ceiling with a significant quantity of friable asbestos-containing material likely to be lying on its surface;
- minor removal or disturbance of friable asbestos-containing material (minor removal is defined by most provincial regulations – (limited to wet removal of less than 10 square feet or an equivalent amount of pipe insulation);
- cutting and shaping of asbestos products with hand tools;
- enclosure of friable material containing asbestos;
- application of tape, a sealant or other covering to pipe or boiler insulation containing asbestos;
- Scaled down work of this nature may be granted from the Occupational Health & Safety Inspections Branch
- Drywall removal where asbestos joint filling compounds were used less than 10 ft² and using glove bag with Hepa vac.
- work with asbestos not classified as Type 1 or Type 3.

Type 3 Asbestos Work  Also known as **High Risk Work**. Includes the following operations:

- removal of more than 10 square feet of friable asbestos-containing material;
- spray application of a sealant to friable asbestos-containing material;
- cleaning or removal of air-handling equipment in a building that has sprayed fireproofing containing asbestos;
- repair, alteration or demolition of a kiln or furnace made, in part, of asbestos-containing refractory materials;
- cutting, grinding or abrading an asbestos product with a power tool not equipped with a dust collection device and HEPA filter;
- repair, alteration or demolition of a building in which asbestos products were manufactured.
- drywall removal where asbestos joint filling compounds were used

**US EPA**  United States Environmental Protection Agency

3. **MAJOR ELEMENTS OF THE ASBESTOS MANAGEMENT PROGRAM**

1. Asbestos surveys have been performed to detect and evaluate materials. The assessment survey must be reviewed annually and all documents maintained. See Appendix I and L.
2. The Occupational Health and Safety Committee or representative will have to be appropriately involved in all industrial hygiene investigations.

3. Removal or repair of all deteriorated asbestos materials identified in the survey and subsequent re-assessments is to be performed.

4. Tenants and lessees at or adjacent to the location of all asbestos (if any) will be notified of its presence in writing.

5. Staff and contractors who might disturb asbestos materials will be notified of its presence prior to performing work in the vicinity of asbestos materials.

6. Emergency response and notification procedures have been established and are provided in this document. See Appendix Q and K.

7. Procedures are set for building maintenance or renovation which may require minor disturbance or minor removal of friable asbestos. Outside asbestos contractors will perform all scheduled asbestos work.

8. Maintenance or renovation work will be monitored to ensure compliance with established procedures.

9. Only trained staff (Coordinators and Supervisors will have the three day training in accordance with Schedule A of the legislation and staff will have one day awareness training in accordance with Schedule B of the legislation) will disturb and respond to disturbances of asbestos including in emergency situations. Staff who may disturb asbestos materials on an emergency basis will be provided with necessary equipment and supplies.

10. Prior to major renovations, asbestos materials (friable and non-friable) affected by the project will be removed.

11. Records of asbestos work will be maintained on site. (See Appendix I) Major Asbestos work or disturbances will be designed, coordinated and monitored by an Asbestos Abatement Consultant to ensure compliance with established procedures.

4. RESPONSIBILITIES

4.1 Trained Employee

1. Adhere to procedures as directed by manager in accordance with Asbestos Management Plan.
2. Report any concerns relating to asbestos abatement process to manager.
3. Ensure all personal protective equipment required is used during all disturbances and handling.

4.2 Manager

1. Communicate to staff that the work area is asbestos contaminated.
2. Ensure that staff and contractors follow protocol during asbestos abatement.

4.3 Regional Asbestos Coordinator (Director of Plan Maintenance)

1. Review all renovation and scheduled demolition plans to ensure that controls are in place where there may be asbestos containing materials in conjunction with the On-Site Asbestos Coordinator.
2. Select licensed contractors responsible for completing abatement work.
3. Prepare the scope of work being completed for contractors.
4. Coordinate with the Directors of Health Services to ensure that there is a designated on-site asbestos coordinator.

5. Ensure employees are appropriately and adequately trained and attend refresher sessions as required; this is a joint responsibility of the Director of Health Services. (Ref. OH&S policy 2-120, Education and Training).

6. Ensure the Asbestos Management Plan is implemented and maintained in accordance with legislation.

7. Maintain the following records:
   a. Asbestos Work Records (maintenance staff)
   b. Asbestos Waste Manifests (or other disposal document, legal requirement)
   c. Project notifications (contractor and coordinator issued)
   d. Updated assessments (annual reviews)
   e. Clearance reports and sample results (Air and Solids as required, consultants)

4.4 On-Site Asbestos Coordinator

1. Review all abatement activities to ensure that controls are in place where there may be asbestos containing materials in conjunction with the Regional Asbestos Coordinator.

2. Review assessment to ensure that all staff and contractors are notified when working in areas containing friable asbestos that may be disturbed.

3. Communicate to all staff occupying the building (and public) that asbestos contaminated materials are present and disclose the location of concern. See Appendix O.

4. Communicate to the site Occupational Health and Safety Committee or Worker Representative all renovation projects involving the disturbance of asbestos, related industrial hygiene investigations.

5. Ensure emergency equipment required to control asbestos hazards is available on site and maintained as required and immediately implement appropriate emergency controls when necessary.

6. Ensure that appropriate notification has been given to provincial authorities as required by the Newfoundland and Labrador Asbestos Abatement Regulations. Form is available in the Asbestos Management Plan.

7. Ensure training certificates are valid for staff and contractors prior to disturbing asbestos. Where training needs are identified coordinate with Regional Asbestos Coordinator regarding training. This includes asbestos awareness training, and training regarding use and maintenance of respiratory protection.

8. Review with Regional OH&S Asbestos Representative and Regional Asbestos Coordinator the scope of work being completed.

9. Prepare documents or obtain copies from the contractor confirming the proper disposal of all asbestos containing materials.

10. Respond to reports of potential disturbances of asbestos.

11. Monitor abatement activities to ensure proper procedures are followed and final clearance (air, and dust) are satisfactory prior to removal enclosures and controls.
12. File and maintain all documents to support the implementation and maintenance of the Asbestos Management Plan. This includes Pre Notification, clear air certificates, waste disposal documents, other forms as noted in the plan.

13. Using the supporting documents ensure that electronic tracking software is maintained up to date and reassessed annually.

4.5 Regional OH&S Asbestos Representative (Waste Management Coordinator)

1. Assist in obtaining and reviewing all documentation to ensure plan is implemented and maintained in accordance with legislation.

4.6 Asbestos Abatement Contractor

1. Obtain work permits for asbestos related work as required by the Asbestos Management Plan
2. Arrange for appropriate storage, transportation, and disposal of Asbestos Waste

5. EMERGENCY PROCEDURES

If an emergency access is required to a suspected contaminated area, trained personnel wear proper protective clothing and certified respirator to enter. In the event of asbestos emergency the On Site Asbestos Management Coordinator must be contacted. If on site coordinator isn’t available contact Regional Asbestos Coordinator (Brian Kinden) or OH&S Asbestos representative (Mark Blackwood).

Examples: An asbestos heating main breaks, floods the building.

Most asbestos emergencies are unique, but basic procedures apply in all cases:

& handle emergencies as quickly as possible
& follow standard procedures
& notify the appropriate personnel at once
& Evacuate EMPLOYEES and occupants from the affected areas.

The main goal is to limit contamination; decontaminate and/or enclose problem areas with polyethylene; shut off air-handling units to affected areas; and post warning signs.

In a minor emergency, decontamination may be handled by trained in-house personnel or by a reputable asbestos contractor. The project is under control when the asbestos creating the emergency is enclosed. Monitor the air as soon as possible and before removing the polyethylene enclosure. Provide the regulatory bodies with air monitoring results of these projects.

During inspections and routines management and maintenance staff may encounter fallen material that may be suspected of containing asbestos. This may occur in areas where asbestos has been documented or in areas not included in the survey (due to limited accessibility, above plaster ceilings, etc.). If the debris is present above a ceiling, is suspected or confirmed to contain asbestos, and has not been disturbed, immediately stop all work in ceiling space, until removal or clean up of the ACM in the ceiling space is performed or that confirmation can be given that materials do not contain asbestos. If debris is found in accessible areas or if debris above ceilings has been disturbed, it is important that the exposure of all occupants and workers to airborne asbestos be minimized by isolating the work area. Follow procedures for notification and area isolation provided in Appendix C.
Emergency work practices are presented in Appendix D.

6. **ASBESTOS INVENTORY SURVEY AND ASSESSMENT**

6.1 **ASBESTOS SURVEY**

Refer to the Asbestos Building Materials Survey for more detailed information on the original survey scope. This survey is maintained by the **On-Site Asbestos Coordinator**. The limitations of the survey must be carefully noted and some additional testing may be necessary prior to renovation or maintenance activity. Typical limitations include:

- Plaster, drywall joint compound and vinyl floor tiles were generally tested in limited numbers during the original survey. Additional testing of materials to be disturbed by work will be required or these materials must be considered as asbestos-containing.

- Survey did not include any destructive or intrusive testing. Materials enclosed by walls or solid finishes will require testing. The possible presence of undetected and inaccessible ACM in specific locations is indicated in the survey reports by indicating a list of suspect unidentified material.

Some of these untested (suspect) materials are described below.

6.2 **SUSPECT MATERIALS**

The following materials must be sampled prior to disturbance during renovation or demolition work or must be assumed to be asbestos-containing.

- Textile insulation on internal wiring
- Other materials which were identified or show inconsistency in construction use and as not sampled in the survey

These materials should be sampled only at locations where renovation work will cause disturbance and only on building finishes installed prior to 1981. The collection of samples at the specific areas scheduled for renovation will ensure that the samples accurately reflect the materials in that specific location.

It is important to note that these suspect materials (unless tested) have not been included in the Asbestos survey report.

6.3 **BULK SAMPLE COLLECTION PROCEDURES**

See Appendix B.

6.4 **BULK ANALYSIS**

Bulk samples will be analyzed by methods acceptable to the Provincial Environment & Conservation Department.

Testing and reporting of materials must be performed to comply with provincial standards as to the minimum percentage to be considered an asbestos-containing material.

6.5 **DOCUMENTATION OF SURVEY REPORT**

The On-Site Asbestos Coordinator will keep copies of the survey report and subsequent reassessments. Copies of the Asbestos Management Program and re-assessment reports will be submitted to the Occupational Health and Safety Committees or Representatives. The On-Site Asbestos Coordinator will maintain the updated hard copy report of each location and redistribute on an annual basis.
7. **NOTIFICATION**

All new employees will be advised during their Orientation that asbestos-containing materials are present at their worksite.

Contractors with ongoing work orders (telephone, fire alarm, etc.) who may enter the building on an on-going basis will be notified by the notification form given in Appendix K.

The Regional Asbestos Coordinator will include notice of asbestos materials in tender calls for individual projects which may cause asbestos disturbance.

8. **ASBESTOS WORK PRACTICES**

These procedures are provided as a standard for all asbestos work on Central Health properties. Only Type 1 asbestos related work will be undertaken by employees. All type 2 & 3 asbestos-related work will be undertaken by certified asbestos contractors with appropriate training as required by provincial regulations. Maintenance staff will not undertake Type 3 work in any situation. This work will be contracted out to contractors experienced in asbestos control. Site-specific procedures (specifications) will be prepared for each type 3 project.

The Asbestos Work Procedures Supplement (Appendix E) describes the standard operating procedures adopted for Type 1,2 and 3 abatement and more specific asbestos-related work.

9. **INSPECTION AND MONITORING OF ASBESTOS WORK**

9.1 **VISUAL INSPECTION**

The procedures provided in the Supplement are suitable for the performance of most work on non-friable and friable asbestos. The **On-Site Asbestos Coordinator** will be responsible for ensuring these procedures are followed. The primary method of ensuring compliance for Type 1, Type 2, Type 3 and Glove Bag use is visual inspection of the site and work practices. The procedures outlined in the Asbestos Work Procedures Supplement are to be enforced by those supervising the work.

9.2 **AIR MONITORING & CLEARANCE MONITORING**

As required by Regulation 111/98, Central Health will contract consultants for air monitoring to meet or exceed provincial regulations. Air monitoring is useful to provide proof of compliance with the specified work practices and proper engineering controls are in place.

Air monitoring and analysis during active asbestos removal may be performed by Phase Contrast Microscopy (PCM)

PCM air samples may or may not be analysed by the consultant performing the sample collection. PCM air samples must be submitted for analysis to a laboratory participating in a recognized quality control program such as the A.I.H.A – A.A.R. Program or the Quality Control Program of the I.R.S.S.T. (Institute de Recherché en Santé et en Sécurité du Travail du Quebec).

The clearance for all asbestos work where clearance monitoring is performed, and for samples collected outside the asbestos work area will be 0.05 f/ml or lower if required by provincial regulation. This level has been established as 50% of the current Occupational Exposure Limit (OEL) or Time Weighted Average Exposure Value (TWAEV) established by the American Conference of Governmental Industrial Hygienists (ACGIH). Accurate determination of a lower concentration may be affected by the presence of low levels of non-asbestos fibrous dust in office or building environments.
9.3 **TYPE 1 – GLOVE BAG – INSPECTION AND AIR MONITORING**

9.3.1 Inspection

Type 1 work is normally inspected by the project manager or on-site coordinator.

9.3.2 Air Monitoring

Air monitoring is not required during Type 1 work.

9.4 **TYPE 2 INSPECTION AND AIR MONITORING**

9.4.1 Inspection

An outside Asbestos Consultant will inspect Type 2 work. Upon completion of inspection and air monitoring by the Consultant, the Type 2 enclosure will be dismantled. Daily inspection and air monitoring are required during Type 2 work.

9.4.2 Air Monitoring

PCM air monitoring will be conducted daily during Type 2 work. Air monitoring will be conducted in occupied areas adjacent to the Type 2 enclosure area during contaminated work. Worker exposure air monitoring will also be conducted.

PCM air monitoring will be used for air clearance on Type 2 enclosures. Clearance level of 0.05 f/ml must be achieved prior to teardown of the enclosure.

9.5 **TYPE 3 – INSPECTION AND AIR MONITORING**

9.5.1 Inspection

An outside Asbestos Consultant will inspect Type 3 work. Upon completion of inspection and air monitoring by the consultant the Type 3 enclosure will remain in place. The on-site asbestos coordinator or the regional asbestos coordinator in conjunction with representatives from the Occupational Health and Safety Committee may inspect the Type 3 work area for final cleanliness prior to the enclosure being dismantled (full construction PPE will be required). The following Milestone Inspections will normally be undertaken on all Type 3 sites:

A. **Clean Site Preparation** – An inspection of preparation and set-up prior to contaminated work.

B. **Contaminated Perimeter Preparation** – Inspection of the perimeter (final seal) of the asbestos work area.

C. **Pre-Bulk Removal Inspection** – An inspection prior to major or bulk removal work in order to ensure all enclosures are in place and all preparations complete.

D. **Visual Clearance Inspection** – An inspection upon completion of abatement work in order to confirm cleanliness of site prior to application of lockdown agent.

E. **Clearance Air Monitoring** – Air monitoring conducted after application and drying of lockdown agent in order to confirm airborne fibre levels are within acceptable limits prior to removal of plastic.

F. **Teardown or Dismantling Inspection** – An inspection which may be conducted with the **Location or Project Manager** or an assigned representative in conjunction with representatives from the Joint Occupational Health and Safety Committee after removal of polyethylene prior to dismantling perimeter and decontamination facility.
In addition, Progress Inspections will be performed between Milestones C and D. These inspections will include both visual inspections and air monitoring.

9.5.2 Air Monitoring

PCM air monitoring will be conducted during the Bulk Removal inspection. The air monitoring will be conducted in occupied areas adjacent to the Type 3 Work Area to ensure no leakage from the enclosure. Worker exposure air monitoring will also be conducted.

PCM air monitoring will be used for clearance air monitoring on Type 3 Work Areas. The air sample will be relied upon to allow clean access to the site for the Teardown Inspection. Clearance levels of 0.05 f/ml or less if required by provincial regulations must be achieved prior to teardown of the enclosure.

10. WORKER TRAINING

Initial training for Central Health employees must be co-ordinated by the on-site asbestos coordinator and the department manager to whom that employee reports. Once trained, the On-Site Asbestos Coordinator will arrange for follow-up training as required in conjunction with the Regional OH&S Asbestos Representative. Annual fit testing of respirators must also be arranged for all persons requiring respirator use.

Awareness training must be given to staff and their supervisors who may be directly exposed to asbestos on an emergency basis. The Occupational Health and Safety Committee will be invited to attend the training sessions.

Awareness training will be provided to new staff as needed.

As part of the worker training workers must be assessed by the on-site asbestos coordinator to be at high risk for exposure to asbestos. Should an employee be considered at high risk a medical surveillance program will be necessary, and must be developed in

11. FACILITIES AND WASTE DISPOSAL

11.1 EQUIPMENT AND SUPPLIES

Central Health will provide minimal supplies and equipment related to emergency asbestos work only. All non-emergency work likely to disturb asbestos will be performed by an independent contractor. Specific equipment requirements for Type I, II, III, and Glove Bags procedures are outlined in Appendix E. Appendix M gives a general list of common asbestos equipment for reference.

11.2 WASTE DISPOSAL

Disposal of asbestos waste collected by work of an outside contractor or on an emergency basis by building staff will be the responsibility of that contractor and will be performed in accordance with applicable provincial regulation (for example Newfoundland Policy Directive for Asbestos Disposal). The following are guidelines to assist with meeting these requirements.

Place waste into a proper asbestos disposal bag and seal with tape. Clean the exterior of the bag with a clean cloth and place into a second clean bag. Use a barrel, fibre drum, cardboard or wooden box, instead of a second bag, when the waste material is likely to tear the inner bag. Seal the outer bag or container.
Provide a secure storage area, near the work site, for holding minor amounts of asbestos waste in sealed asbestos disposal bags. Periodically, transfer waste containers to a secure location until a sufficient quantity of waste accumulates for waste pick-up.

Retain copies of waste waybills from the disposal firm, as waste is removed from the site. These must be kept on file with the AMP and referenced in the electronic tracking program.

12. HAZARD INVESTIGATION

Under the Occupational Safety and Health Regulation, where an employee is or may be exposed to a hazardous substance (i.e., a building maintenance worker disturbing asbestos insulation in a building) the supervisor must notify the **On-Site Asbestos Coordinator** and the Occupational Health and Safety Committee within 24 hours. The Occupational Health and Safety Committee will appoint a qualified person to conduct a hazard assessment. The Occupational Health and Safety Committee or Representative must be notified of the results of this investigation. The investigation must consider the potential hazard, and must conclude as to whether the hazardous material could be present as an airborne hazard. If so, a control plan must be instituted. The control plan must include:

- record of where asbestos materials are located
- written procedures for control
- consideration of medical surveillance
- training of potentially exposed employees

The control plan must be renewed at least once per year, or if new information is received.

Regarding asbestos materials in buildings, it is well known that uncontrolled disturbance of asbestos materials can exceed the thresholds for developing a control plan. The development of the Asbestos Management Program does meet all the criteria required by the Newfoundland and Labrador Occupational Safety and Health Regulations. The Asbestos Management Program meets all the requirements for a survey, work practices, training and record keeping.

In future, a Hazard Investigation will be required in the event of possible exposure of Central Health employees to airborne asbestos as a result of direct disturbance of asbestos materials during maintenance, renovation or construction work not subject to the appropriate precautions required by this Asbestos Management Program, or by similar inadvertent direct contact not subject to the appropriate precautions.
APPENDIX A: EVALUATION AND RECOMMENDATIONS FOR CONTROL OF ASBESTOS CONTAINING MATERIALS (ACM)

EVALUATION CRITERIA AND BASIS OF RECOMMENDATIONS

The asbestos survey provides information regarding the location, condition and accessibility of the Asbestos-Containing Materials (ACM) used in the construction of the building. In order to make recommendations for compliance with current regulations, Pinchin LeBlanc developed the following ACM evaluation criteria based on the conclusions of published studies, particularly the "Royal Commission on Matters of Health and Safety Arising from the Use of Asbestos in Ontario" and our experience involving buildings that contain friable ACM.

A. Evaluation of Condition

1. Spray Applied Texture Finishes

To evaluate the condition of ACM spray applied as fireproofing, non-mechanical thermal insulation, or texture, decorative or acoustic finishes, the following criteria is applied:

GOOD Surface of material shows no significant signs of damage, deterioration or delamination. Up to 1 percent visible damage to surface is allowed within range of GOOD. Evaluation of sprayed materials requires the surveyor to be familiar with the typical irregular surface texture as installed. GOOD condition includes unencapsulated or unpainted fireproofing or texture finishes, where no delamination or damage is observed, and encapsulated fireproofing or texture finishes where the encapsulation has been applied after the damage or fallout occurred.

POOR Sprayed materials show signs of damage, delamination or deterioration. More than 1 percent damage to surface of ACM spray.

In observation areas where damage exists in isolated locations, both GOOD and POOR condition may be applicable. The extent or percentage of each condition will be recorded on the survey or re-assessment form. FAIR condition is not utilized in the evaluation of the fireproofing, non-mechanical insulation, or texture coat finishes.

The evaluation of ACM spray applied as fireproofing, non-mechanical thermal insulation, or texture, decorative or acoustic finishes which are present above ceilings, may be limited by the number of observations made, and by building components such as ducts or full height walls that obstruct the above ceiling observations. Persons entering the ceiling are advised to be watchful for ACM DEBRIS prior to accessing or working above ceilings in areas of buildings with ACM regardless of the reported condition.
2. Mechanical Insulation

The evaluation of the condition of mechanical insulation (on boilers, breeching, ductwork, piping, tanks, equipment etc.) utilises the following criteria:

GOOD
Insulation is completely covered in jacketing and exhibits no evidence of damage or deterioration. No insulation is exposed. Includes conditions where the jacketing has minor damage (i.e. scuffs or stains), but the jacketing is not penetrated.

FAIR
Minor penetrating damage to jacketed insulation (cuts, tears, nicks, deterioration or delamination) or undamaged insulation that had never been jacketed. Insulation is exposed but not showing surface disintegration. The extent of missing insulation ranges from minor to none. Damage can be repaired.

POOR
Original insulation jacket is missing, damaged, deteriorated or delaminated. Insulation is exposed and significant areas have been dislodged. Damage cannot be readily repaired.

The evaluation of mechanical insulation may be limited by the number of observations made and building components such as ducts or full height walls that obstruct observations. It is not possible to observe each foot of mechanical insulation from all angles. Persons working in proximity to mechanical insulation or entering ceilings with mechanical insulation are advised to be watchful of ACM DEBRIS regardless of the reported condition.

3. Non-friable and Potentially Friable Materials

The condition of non-friable or potentially friable ACM, such as plaster finishes containing asbestos and manufactured products such as asbestos cement products (transite), which have the potential to become friable when handled is evaluated as follows:

GOOD
No significant damage. Material may be cracked or broken but is stable and not likely to become friable upon casual contact. If there is no friable DEBRIS present, the condition is rated as GOOD.

POOR
Material is severely damaged. Loose DEBRIS is present or binder has disintegrated to the point where the material has become friable.

The evaluation of the condition of non-friable and potentially friable materials does not utilise a FAIR condition rating.

B. Evaluation of ACM DEBRIS

1. DEBRIS From Friable ACM

The presence of fallen friable ACM is noted separately from the presumed friable ACM source and is referred to as DEBRIS.

2. DEBRIS From Damaged Non-Friable ACM

The presence of fallen ACM from damaged non-friable ACM is also reported separately from the non-friable ACM source. Only fallen non-friable ACM that has become friable is reported as DEBRIS.

The identification of the exact location or presence of DEBRIS on the top of ceiling tiles is limited by the number of observations made and the presence of building components such as ducts or full height walls that obstruct observations. Workers are advised to be watchful for the
presence of DEBRIS prior to accessing or working in proximity to mechanical insulation or above ceilings in areas of buildings with ACM regardless of the reported presence or absence of DEBRIS.

C. Evaluation of SUSPECT MATERIALS

The evaluation of SUSPECT MATERIALS (SM), which are building materials and products that may randomly contain asbestos but were not tested, is based on the assumption that these unsampled SUSPECT MATERIALS are asbestos containing.

In the event SUSPECT MATERIALS are sampled the findings are included in the text of the report, and these materials are then evaluated accordingly.

D. Evaluation of Accessibility

The accessibility of building materials known or suspected of being ACM is rated according to the following criteria:

ACCESS (A) Areas of the building within reach (from floor level) of all building users. Includes areas such as gymnasiums, workshops, and storage areas where activities of the building users may result in disturbance of ACM not normally within reach from floor level.

ACCESS (B) Frequently entered maintenance areas of the building within reach of maintenance staff, without the need for a ladder. Includes:
- Areas within reach from a fixed ladder or catwalk, i.e., tops of equipment, mezzanines.
- Frequently entered pipe chases, tunnels and service areas.

ACCESS (C) EXPOSED Areas of the building above 8'-0" where use of a ladder is required to reach the ACM. Only includes ACM materials that are exposed to view without the removal or opening of other building components such as ceiling tiles, or service access door or hatch. Does not include infrequently accessed service areas of the building.

ACCESS (C) CONCEALED Areas of the building which require the removal of a building component, including lay-in ceilings and access panels into solid ceiling systems. Includes rarely entered crawl spaces, attic spaces, etc. Observations will be limited to the extent visible from the access points.

ACCESS (D) Areas of the building behind inaccessible solid ceiling systems, walls or mechanical equipment etc. where demolition of the ceiling, wall or equipment etc. is required to reach the ACM. Evaluation of condition and extent of ACM is limited or impossible, depending on the surveyor's ability to visually examine materials in ACCESS D.

E. Action Matrix and Definitions

The Consultant’s evaluation of the viability of a specific asbestos control option is based on the consideration of the condition and accessibility. The logic used is that damaged ACM located in an area frequently accessed by all building occupants is of a higher priority than damaged ACM located in an infrequently accessed service area.
In any building with friable asbestos, current regulations require an Asbestos Management Program be implemented. Depending on the condition and the accessibility, more active measures such as repair or removal may be required. In the event of a building alteration, it will be necessary to remove friable ACM regardless of condition, which is likely to be disturbed by planned renovation, demolition or maintenance work.

The following factors are also considered in making site-specific recommendations for compliance with the regulation and the practical implementation of the Asbestos Management Program:

i) ACM in **POOR** condition is not routinely repairable.
   - If an abatement action is necessary, removal is the recommended action (enclosure is a viable option in unusual circumstances).

ii) Mechanical insulation in **FAIR** condition can be repaired or removed based on the following general recommendations applied on a case by case basis (Note: Either repair or removal are legally acceptable options for the treatment of ACM found in **FAIR** condition):
   - Repair ACM mechanical insulation found in **FAIR** condition in **ACCESS (B)** or **ACCESS (C EXPOSED)** areas.
   - Remove ACM mechanical insulation found in **FAIR** condition in **ACCESS (B)** and **ACCESS (C EXPOSED)** areas, where future damage to the ACM is likely to occur.
   - Remove ACM mechanical insulation found in **FAIR** condition with **ACCESS A** to eliminate the potential for re-damaging ACM by all building users.

iii) ACM in **GOOD** condition present in **ACCESS (A)** at a minimum is subject to surveillance, as long as it is not disturbed by future renovation, maintenance or demolition. Pinchin LeBlanc Environmental recommends pro-active removal of the ACM in **ACCESS (A)** where damage is possible by ongoing occupant activity (accidental or intentional). This recommendation exceeds current regulatory requirements.

iv) For non-friable or manufactured products reported in **GOOD** condition, Action 2 & 1 is recommended regardless of Accessibility

v) Removal of all ACM from a particular area where small quantities of asbestos are present may be advisable since this will negate the need for an Asbestos Management Program in that area.

With these principles in mind the following Action Matrix Tables establish the recommended asbestos control action. Note that factors not included in the above discussion, such as an upcoming renovation, an owner's policy to remove material, knowledge of upcoming maintenance, etc., may result in a recommendation that differs from this table.

### 1. Action Matrix Table

The following table outlines the ACTION decisions based on the relationship of ACCESS and CONDITION:

<table>
<thead>
<tr>
<th>Accessibility</th>
<th>Condition</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACCESS</strong></td>
<td><strong>GOOD</strong></td>
<td><strong>FAIR</strong></td>
</tr>
<tr>
<td>A</td>
<td>Action 2</td>
<td>Action 5/4</td>
</tr>
<tr>
<td>B</td>
<td>Action 2</td>
<td>Action 3</td>
</tr>
<tr>
<td>C</td>
<td>Action 2</td>
<td>Action 3</td>
</tr>
<tr>
<td>D</td>
<td>Action 2</td>
<td>Action 2</td>
</tr>
</tbody>
</table>
If friable ACM in **ACCESS (A)/GOOD** condition is not removed **ACTION 2** is required.

If friable ACM in **ACCESS (A)/FAIR** condition is not removed **ACTION 6** is required.

If friable ACM in **ACCESS (B)/FAIR** condition is likely to be disturbed **ACTION 5** is required.

Non-friable and potentially friable ACM found in **POOR** condition, and friable **DEBRIS** (from a non-friable ACM source), shall be treated as per **POOR** in the above table.

2. **Action Definitions**

The following definitions relate to the Action Matrix Table presented above:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACTION 1</strong></td>
<td>None required maintain in excellent condition</td>
</tr>
<tr>
<td><strong>ACTION 2</strong></td>
<td>No isolation, removal, or repair is required immediately. Maintain surveillance of ACM. Remove or repair material if future renovation or maintenance will cause contact or disturbance. Workers are advised to be watchful for asbestos debris and damaged insulation prior to all work above ceilings in buildings with asbestos mechanical insulation, regardless of the reported condition.</td>
</tr>
<tr>
<td><strong>ACTION 3</strong></td>
<td>Immediately stop uncontrolled contact with ACM. Use Type 2 procedures to repair ACM, or if minor contact is required. Repair is recommended where damage is minor. (Note: removal remains an option).</td>
</tr>
</tbody>
</table>
| **ACTION 4** | Use Type 2, or Glove Bag procedures when removal of ACM is undertaken. Removal is recommended:  
A) where the damaged/fallen ACM cannot be isolated for extended time periods, or  
B) where the ACM is damaged to the point where repair is not feasible, or  
C) where damage is likely to recur. |
| **ACTION 5** | Use Type 3 procedures when removal of ACM is undertaken. Removal is recommended:  
A) where the damaged/fallen ACM cannot be isolated for extended time periods, or  
B) where the ACM is damaged to the point where repair is not feasible, or  
C) where damage is likely to recur. |
| **ACTION 6** | Immediately isolate ceiling area where access will result in disturbance of ACM. Use Type 2 procedures for access until ACM is removed.  
**OR**  
Immediately remove ACM from areas where isolation is not possible. Follow Type 2 or Type 3 procedures depending on the scope of the work. |
APPENDIX B:  BULK SAMPLE COLLECTION PROCEDURES

BULK SAMPLE COLLECTION PROCEDURES

1. Sample the material when the area is not in use. Only those persons needed for sampling should be present in the immediate area.

2. Spray the material with a light mist of water to prevent fibre release during sampling. Do not disturb the material any more than necessary.

3. Materials of different appearance should be sampled separately. Mechanical insulation must be sampled separately on all systems, tanks, vessels, etc. Sample both the straight sections of pre-formed insulation and the insulating cement typically present at elbows, fittings, etc. (unless visually identified as fibreglass).

4. Collect the sample by penetrating the entire depth of the material (since it may have been applied in more than one layer or covered with paint or other protective coating).

5. Depending on the condition of the material, airborne fibres can be generated during sampling. The use of a respirator is required for all sampling.

6. If pieces of material break off during sampling, the contaminated area must be cleaned up with a HEPA vacuum cleaner or by wet cleaning. Any debris generated must be placed in plastic bags, labelled, sealed and disposed of as asbestos waste.

7. Place samples in labelled plastic bags with a zip-lock closure or in sealed plastic vials. Sample amount should be approximately 5-10 grams of the suspect material. For shipment of sample place sample in a second seal container with excessive air removed. Samples shall be identified with the following information:
   - Sample Number
   - Building
   - Room Number
   - Date of Sampling
   - Name of Sampler
   - Source of sample e.g. Cold Water Pipe, Cold Water Fitting, etc.

8. Temporarily seal any openings created to collect the sample, for example, with metal foil tape or duct tape wrapped completely around the pipe.
APPENDIX C:  **EMERGENCY REACTION IN THE EVENT OF SUSPECTED ASBESTOS SPILL OR A DISCOVERY OF SUSPECT ASBESTOS MATERIAL**

And

Procedures for asbestos review prior to maintenance or contracted work

Emergency Responses And Notification In The Event Of Asbestos-Suspect Material Discovered During Maintenance Or Contracted Work Or Reported By Occupant/Tenant

Contractor or maintenance worker discovers unexpected asbestos-suspect material or suspect material is reported by occupant/tenant

Secure the area, to prevent further disturbance. Follow procedures on next page.

Contact at Night

Contact during the Day

Boiler Room

Forward Report to Health and Safety Committee

On Site Asbestos Coordinator

On-site asbestos coordinator or Regional Asbestos Coordinator reviews asbestos inventory report

Asbestos content confirmed

On-site asbestos coordinator engages consultant to test material

Asbestos content not determined

Visual Inspection by On-Site Asbestos Coordinator

Confirmed to be non-asbestos. Resume scheduled work.

Asbestos content not determined

Assume material is ACM
-Collect sample for later confirmation

Asbestos content confirmed

On-site Asbestos Coordinator ensures area remains isolated and arranges for asbestos contractor to perform Encapsulation Repair or Removal

Visual Inspection by On-Site Asbestos Coordinator

Page 21
Procedures For Asbestos Review
Prior to Maintenance Or Contracted Work

Regional Asbestos Coordinator reviews proposed work area or site with On-site Asbestos Coordinator prior to commencement of work.

On-site Asbestos Coordinator
ensures work area remains un-active and arranges for asbestos contractor to perform Encapsulation, Repair or Removal.

Asbestos Coordinator engages consultant to test material.

Asbestos Coordinator’s review asbestos inventory report

Asbestos content confirmed
- Assume material is ACM
- Collect sample for later confirmation

Asbestos content not determined

Visual Inspection by Asbestos Coordinator

Asbestos content not determined

Confirmed to be non-asbestos. Schedule work.
APPENDIX D: WORK PRACTICES – EMERGENCY WORK

WORK PRACTICES-EMERGENCY WORK

Emergency asbestos procedures shall be implemented when required in order to protect those undertaking the work, as well as to protect all others from, or limit exposure to, airborne asbestos. Procedures indicated shall be followed as closely as possible, in the event of an emergency situation.

Procedures for asbestos work, required as an immediate response to floods, pipe breaks, ceiling collapses, or other emergencies that affect asbestos materials, are as follows:

1. Clear area of all occupants.
2. Construct enclosure around area if time permits.
3. Shut down ventilation system serving area.
4. Worker performing repair shall wear protective respirator and disposable suit. If normal work clothes are worn they must be disposed of if visibly contaminated.
5. Use drop sheet under work, if possible, to minimize clean-up.
6. Perform emergency repair with minimum disturbance of asbestos.
7. Obtain asbestos equipment and perform clean-up of visible material. Use HEPA filtered vacuum or wet cleaning. Dispose of all cleaning supplies as contaminated waste.
8. The worker should wipe off or vacuum disposable clothing and footwear. Proceed to washroom to wash face and hands.
9. Notify the On-Site Asbestos Coordinator regarding the asbestos disturbance, before allowing unprotected persons to enter the area. The On-site Asbestos Coordinator will contact an Asbestos Consultant if deemed necessary to obtain inspection and air monitoring.

10. The On-Site Asbestos Coordinator shall investigate the extent of asbestos disturbance, to determine additional actions to be undertaken and notify the Occupational Health and Safety Committee of the results of this investigation.
PROCEDURE NO. 1

Procedures for Working With / Around Tar Mastics
Asbestos Work Procedures for work with Non-Friable Tar Mastics

Procedure: Interim procedure for all workers entering ceiling spaces where non-friable tar mastics on mechanical insulation is present.

Purpose:

To provide a suitable work procedure applicable to all workers entering ceiling spaces where non-friable asbestos has been identified in tap mastics of mechanical insulation. This is to ensure the appropriate personal protective equipment (PPE) is provided and utilized as well as to ensure that asbestos contamination is isolated and not distributed from the work site.

Background

All areas of the tar mastics on mechanical insulations are present in ceiling spaces will be determined as an asbestos work area. The work area will be within the ceiling spaces of all areas identified by the hazard assessment forms.

General Requirements

Mechanical system routing is to be assessed to determine if contact or disturbance of these materials is required. Hazards associated with the use of the equipment, during their scope of work, also must be identified.

At no time is any person permitted to disturb these materials. If routing requires disturbance, do not proceed until these materials have been abated. Contact the OSAMC for this phase of work.

If any suspect additional materials are identified (not on Hazard Assessment Forms), stop work and contact On-Site Asbestos Management Coordinator (OSAMC) immediately.

If contact occurs with these materials, stop work and contact OSAMC for direction.

All workers, when working in the immediate area of these materials, an approved respirator is optional. The respirator shall be a minimum 2 face c/w HEPA filter.

Personal protective equipment is to washed at the end of each shift.

PROCEDURE NO. 2

Procedures for Drilling Plaster Walls
Asbestos Work Procedure for Drilling Plaster Walls

Purpose for this Procedure:

The purpose of this procedure is to describe a method for the drilling in plaster walls that may contain of skin coat of plaster containing ACM. The drill holes would be for the purpose of mounting equipment, pictures, fractures and other apparatus.

Background:
Some areas of the buildings may contain hard plaster walls that may contain ACMs in the base coat. The Asbestos Management Plan will outline the locations where samples have been taken.

Procedure:

- Place petroleum jelly (Vaseline) over and around the area to be drilled.
- Coat the drill with petroleum jelly also.
- Drill the hole and place the plug and screw in the hole.
- Wipe the affected areas with a wet cloth.
- Dispose of cloth as asbestos waste.

PROCEDURE NO. 3
Procedures for Ceiling Tile Access
Ceiling tile Access Procedure

Purpose of this Procedure

The purpose of this procedure is to describe a method for classification of ceiling tile work and to set out work methods and measures that must be followed in order to protect workers for inadvertent exposure to airborne asbestos fibres as well as to minimize the potential of workplace contamination.

1. Application and Classification of Work

1.1 These procedures apply wherever work involves the removal or movement of ceiling tiles that are part of a false ceiling. This includes lifting, relocating, moving and/or replacing ceiling tiles located in the T-bar tracking at ceiling level.

1.2 These procedures apply to the handling of Asbestos containing ceiling tiles.

1.3 Prior to the start of ACM ceiling tiles movement, an inspection shall be conducted to classify work.

1.4 Polyethylene drop sheeting shall be placed on the floor and surfaces immediately below the ceiling tiles to be handled to control the spread of dust and possible asbestos dust.

1.5 One ceiling tile shall be raised and a visual inspection conducted for friable material laying on the surface of the false ceiling and the location of any asbestos-containing materials.

1.6 If the visual inspection finds friable material on the surface of the false ceiling in the presence of asbestos-containing materials, then a polyethylene enclosure and use of personal protective equipment decontamination precautions are required for the work to be performed safely.

1.7 If the visual inspection does not find friable materials on the surface of the false ceiling and asbestos-containing materials are not likely to be disturbed during the course of work, the work can proceed as non-asbestos related work. However, a work permit is required as usual.

2.0 Performance of Work

Handling of ceiling tiles shall be performed in accordance with the procedures outlined below if the ceiling space contained friable ACM.
2.1 When a ceiling tile has been slid into the dust laying on the surface of the false ceiling, the tile shall be left in place and the opening sealed with polyethylene sheeting and duct tape.

2.2 Prior to handling ceiling tiles, if any dust is present on the floor and surfaces below the ceiling tile work, the area shall be surface cleaned using a HEPA vacuum.

2.3 Before commencing work, personal protective equipment as outlined in Section 3.0 will be donned by all workers remaining within the enclosure work area.

2.4 If the work area is enclosed by walls, then the room becomes the enclosure and following shall be done:

   2.4.1 Before commencing work, a clearly visible sign warning of asbestos dust hazard and restricting entry to those persons wearing personal protective equipment shall be posted on all entrances into the room.

   2.4.2 The supply and exhaust vents to and from the work area shall be sealed using polyethylene sheeting and duct tape.  

2.5 If the area in which the ceiling tiles to be handled is not enclosed by walls, the spread of asbestos dust from the work area shall be controlled by an enclosure constructed using polyethylene sheeting or other suitable material and following shall be done:

   2.5.1 The polyethylene enclosure shall have an airtight seal at the floor and ceiling and an airlock in the entryway formed by a double flap of polyethylene.

   2.5.2 Before commencing work, a clearly visible sign warning of asbestos dust hazard and restricting entry to those persons wearing personal protective equipment shall be posted on the exterior of the enclosure.

   2.5.3 If any supply and exhaust vents are located within the work area, they shall be sealed using polyethylene sheeting and duct tape.

2.6 Ceiling tiles are to be handled as follows:

   2.6.1 Following the movement of the first ceiling tile, the unfinished surface of the ceiling shall be vacuumed using a vacuum equipped with a HEPA filter. This will minimize the potential for disturbance of friable material throughout the enclosed area.

   2.6.2 Throughout the opening into the false ceiling HEPA vacuum the tops of all accessible ceiling tiles. Ensure that the entire unfinished surface of the ceiling tile is vacuumed, regardless of whether visible dust or debris is present.

   2.6.3 Removed tiles that have been vacuumed shall be stacked inside the work area. Cover the cleaned tiles with polyethylene sheeting until contaminated work is complete.

   2.6.4 Repeat until all required ceiling tiles have been removed.

2.7 Frequently throughout the duration and upon completion of the work, the area shall be cleaned of dust or waste containing asbestos either by using a HEPA vacuum or by damp mopping or wet sweeping.

2.8 All waste generated during this ceiling tile work will be disposed of as asbestos-containing waste in accordance with section 5.0 of this procedure.

2.9 A final decontamination of the work area is to be carried out as follows:
2.9.1  HEPA vacuum or damp wipe all surfaces within the work enclosure. Starting at the ceiling level, and include all surfaces (ceiling grid, piping, walls, floors, etc.).

2.9.2  Polyethylene sheeting for re-use shall be cleaned using a HEPA vacuum or by damp wiping, inwardly folded and bagged for re-use in another location.

2.9.3  Polyethylene sheeting for disposal shall be wetted, inwardly folded and disposed of as asbestos-containing waste in accordance with section 5.0 of this procedure.

2.9.4  All equipment, material, tools and waste containers must be HEPA vacuumed or damp wiped prior to removal from the enclosed area.

3.0  Personal Protective Equipment

3.1  Workers performing ceiling tile work within an enclosure (walled or polyethylene) will wear protective clothing that is both impermeable to asbestos fibres and made of a fabric that is not likely to retain asbestos fibres. This full-body protective suit will be equipped with head covering and elasticized at the neck, wrists and ankles.

3.2  Workers will wear a NIOSH®-approved, half-face negative air-purifying respirator equipped with HEPA filters. A respirator affording a greater level of protection can also be worn. Workers issued respirators will be qualitatively fit-tested and shall perform a fit-check each time they don their respirator.

4.0  Decontamination Procedures

Decontamination shall occur in the following sequence:

4.1  Before exiting the enclosure, a worker shall decontaminate his or her protective suit and footwear by damp wiping or by vacuuming with a HEPA vacuum.

4.2  The worker will than roll off their protective suit and place it within a plastic bag, seal the bag and do either of the following:

4.2.1  Transport the protective suit for re-use in another area; or

4.2.2  Dispose of the protective suit as asbestos waste in accordance with section 5.0 described below.

4.3  The worker will damp wipe their respirator face piece and cartridges and then remove their respirator.

4.4  The worker will further damp wipe their respirator face piece, place duct tape over the exterior of the HEPA cartridges on their respirator and place it within its respirator storage container.

4.5  Upon leaving the enclosure area, the worker shall wash their hands and face using washroom facilities nearby.

4.6  Using washroom facilities, workers can further rinse their respirator face piece, dry and replace within storage container.

5.0  Disposal of Asbestos Wastes

5.1  All asbestos contaminated waste shall be placed into yellow 6 mil polyethylene bags labelled as containing asbestos waste and sealed for airtight closure using duct tape. Asbestos contaminated waste with sharp edges shall be taped in a manner as to prevent ripping of the polyethylene bag.
5.2 Polyethylene waste bags shall be HEPA vacuumed or damp wiped before being removed from the work area.

5.3 All waste water used within the enclosure shall be filtered or disposed of as asbestos waste. Filters and residues are to be disposed of as asbestos waste.

6.0 Prohibitions

6.1 Workers shall not eat, drink or chew during any asbestos-related work.

6.2 Compressed air shall not be used for cleaning or dust removal.

7.0 Re-Use or Disposal of Ceiling Tiles

7.1 All removed, non-asbestos containing ceiling tiles, which are chipped or broken are to be HEPA vacuumed, the unfinished surface locked down and disposed of as normal waste. A large X mark will be written on the back of these ceiling tiles.

7.2 Non-asbestos containing ceiling tiles that are in good condition can be re-used if they have been HEPA vacuumed and the unfinished surface locked down. If being removed from the original area of use, these tiles will be identified by a large X mark on the upper, unfinished surface.

7.3 All removed, asbestos containing ceiling tiles that are chipped or broken are to be disposed of as asbestos waste.

PROCEDURE NO. 4

Procedures for Suspected Asbestos Spill

Emergency Procedures in the Event of Suspected Asbestos Spill

1. Do not clean up, cover, move or contact asbestos-suspect material. Cease work in the area and do not resume work at risk of disturbing material. Leave the area and notify AMC & OH & S.

2. Isolate the area by locking doors if this can be done without blocking emergency or fire routes.

3. If it is not possible to safely isolate the area, notify appropriate persons not to enter the area.

4. Arrange for the shut down of ventilation systems to the affected area.

5. Determine if asbestos is likely contained in the debris.

6. In cases of emergency abatement work Procedures for Emergency Work must be followed.

PROCEDURE NO. 5

Procedures for Emergency Work

If Type 2 (Moderate Risk) procedures cannot be strictly observed due to the urgency, some judgement will be required of the Asbestos Co-ordinator responsible for the work, and other staff or contractor responding to the emergency. The general principal of emergency response work is to protect the workers performing the repair and to minimize the exposure of others to the airborne asbestos. The procedures given below should be followed to the extent possible in the circumstances of the emergency.

a) Construct enclosure around area if time permits. If enclosure is not possible, clear local area of all occupants.

b) Shut down ventilation system serving area.

c) Worker performing repair shall wear protective respirator and disposable suit. If normal work clothes are worn they must be disposed, if visibly contaminated.
d) Use drop sheet under work to minimize clean-up if possible.

e) Perform emergency repair with minimum disturbance of asbestos.

f) Obtain asbestos equipment and perform clean-up of visible material before allowing unprotected personnel to enter area. Use HEPA filtered vacuum or wet cleaning. Dispose of all cleaning supplies as contaminated waste.

g) The worker should wipe off or vacuum disposable clothing and footwear. Proceed to washroom to wash face and hands.

The emergency procedure would also be appropriate in the event of a breach or failure of a Type 2 (Moderate Risk), Glove Bag or Type 3 (Major Work) enclosures.

PROCEDURE NO. 6
Procedure for Glove Bag Use

These procedures are to be followed by maintenance staff and contract persons performing the following work:

1. Using gloved bags to remove asbestos pipe insulation from pipe runs, pipe elbows, valves or fittings.

1.0 Equipment

All equipment must be on site before proceeding with the work.

1.1 Glove Bag

Prefabricated, 0.25mm (20 mil) minimum thickness polyvinyl-chloride bag with integral 0.25mm (10ml) thick polyvinyl-chloride gloves and elasticized port. Bag shall be equipped with reversible double-pull double throw zipper on top. Bag must incorporate internal closure strip if it is to be removed from pipe for re-use elsewhere. Provide size and configuration appropriate for insulation to be removed. Once filled bag must be disposed of. Bag shall not be emptied and reused.

1.2 Securing Straps

Reusable nylon straps, at least 1” wide, with metal buckle for sealing ends of bags around pipe and / or insulation.

1.3 Water Sprayer

Garden reservoir type, low velocity, capable of producing mist or fine spray with water containing wetting agent. Wetting agent shall be diluted 2 oz. per gallon of water.

1.4 Respirators

Workers using glove bag must wear approved respiratory protection. Respirators and filters will be provided by the employer, and individually assigned to workers. Respiratory protection must be equal to or exceed protection of half-face respirator with high efficiency filters. Respirators must be kept in position from the time the worker is attaching bag to pipe, until final cleaning of the pipe and bagging of waste is completed. Filters shall be changed after 24 hours of wear or sooner if breathing resistance increases. No person using respirator shall wear facial hair, which affects the seal between respirator and face.
1.5 **Protective Clothing**

Workers shall wear disposable suit with attached head cover. Suit and head cover shall remain in place until worker completes cleaning of pipe. Suit may be cleaned for re-use or disposed of as asbestos waste.

1.6 **Other Equipment**

1.6.1 Labelled asbestos waste bags (6 mil) - for all asbestos waste in glove bag, disposable suit, cleaning materials, etc.

1.6.2 Asbestos warning signs.

1.6.3 Wire saw (saw with flexible serrated wire blade and handles) to allow use inside glove bag.

1.6.4 Knife with fully retractable blade for use inside glove bag.

1.6.5 Plastic sheet (2 mil polyethylene) to cover exposed or damaged section of pipe prior to attaching glove bag.

1.6.6 Tape - to fasten plastic to pipe if required.

1.6.7 Cleaning supplies e.g. scouring pads, sponges, brushes, buckets, etc.

1.6.8 High temperature sealer.

1.6.9 Wire cutters, snips.

2.0 **Other Protective Measures**

2.1 Do not eat, drink or smoke in the work area.

2.2 On completing clean up of work area, use HEPA vacuum or wet cloth to clean hands, face, respirator and boots. Remove protective equipment and proceed to nearest washroom to wash all exposed skin on hands and face.

3.0 **Scheduling of Work**

3.1 Schedule work when occupants are absent. If persons are present, do not start work.

4.0 **Preparation**

4.1 Where practical, clear area below pipe of moveable furnishings or equipment. Provide scaffold (and fall arrest equipment) as required to safely reach pipe.

4.2 Post an asbestos warning sign at all entrances to room in which the procedure is being used. If necessary use rope or tape barriers to separate work area.

4.3 Pre-clean, with HEPA vacuum or wet methods, any loose material on surface of pipe or any material on the floor. If significant amount of material is on floor, Type 2 (Moderate Risk) procedures may be required for clean-up (See Type 2 Procedures).

4.4 Check condition of pipe insulation where removal will be performed. If the insulation has minor isolated damage, mist surface and patch with tape. If damage is more extensive, wrap pipe with plastic and Acandy stripe@ it with duct tape first. If pipe insulation is severely damaged and cannot be simply repaired, glove bag is not appropriate (See Type 2 Procedures).

4.5 Place necessary tools in bottom of glove bag.
5.0 Execution

5.1 Zip the bag onto the pipe and seal each end to the pipe with the securing straps. Do not pull the bag tightly to the ends - a small amount of slack allows better room to work within the bag. If a vertical bag is in use, ensure lower strap passes through plastic grommet and cloth tab on zipper.

5.2 Place hands into gloves and use necessary tools (wire saw, utility knife, wire cutters) or remove insulation from pipe. Arrange insulation in bottom of bag to obtain full capacity of bag.

5.3 Insert nozzle of spray pump into bag through valve and wash pipe and interior of upper section of bag thoroughly. Use one hand to aid washing process. Wet surface of insulation in lower section of bag and any exposed ends of asbestos insulation remaining on pipe.

5.4 Moving of bag from one site to another is not permitted.

5.5 If during use the glove bag is ripped, cut or opened in any way, cease work and repair opening before continuing work. All spilled material must be cleaned up and removed with a HEPA vacuum or wet cleaning.

5.6 To remove bag after completion of insulation removal, thoroughly wash top section of bag and tools. Place tools in one glove; pull hand out inverted, twist to create a separate pouch, tape inside-out glove in two separate locations 1” apart to seal pouch. Remove inside-out glove and tools by cutting between the tape seals.

5.7 Pull a 6 mil polyethylene bag over glove bag before removing from pipe. Remove securing straps. Unfasten zipper. Seal glove bag and seal 6 mil polyethylene bag to create an asbestos waste container.

5.8 Place glove pouch and tools into the next clean glove bag to be used. Alternately, place the tool pouch into water bucket, open pouch underwater and clean tools, than allow to dry.

5.9 After removal of bag, ensure pipe is clean of all residues. If necessary, after removal of each section of asbestos, vacuum all surfaces of pipe, using HEPA filtered vacuum equipment or wipe with wet cloth.

5.10 Seal all surfaces of freshly-exposed pipe with encapsulating sealer to tack-down any residual dust. Cover exposed ends of any remaining asbestos insulation with lagging cloth or tape.

5.11 Before leaving work area, a worker shall decontaminate his shoes and protective clothing by using HEPA vacuum or damp wiping. When protective clothing is to be disposed of, it shall be decontaminated as above and placed in labeled disposal bags. Workers shall vacuum all exposed skin, suit, respirator and hair (after removing hood) and proceed to nearest washroom to wash hands and face.

6.0 Waste Transport and Disposal

6.1 Provide storage area for holding minor amounts of asbestos waste in sealed containers. Containers shall be labelled and assigned exclusively for asbestos waste.

6.2 When waste is removed from site, collect the completed waste waybills from the disposal firm. Waste will be held in a secured location pending disposal.
PROCEDURE NO. 7
Procedures for (Low Risk) Type 1 Work

These procedures are to be followed by all maintenance personnel and outside contractors performing the following work:

1. Installation or removal of manufactured products containing asbestos. Asbestos manufactured products include vinyl floor tile, acoustic ceiling tiles, gaskets, seals, packing, asbestos cement sheet or transit panels, and cement pipe products.

2. Collection of bulk samples for laboratory analysis.

For locations of asbestos materials, reference should be made to results of testing of bulk samples or Asbestos Management Plan.

NOTE: This Type 1 (Low Risk) procedures assume the non-friable material can be removed with relatively little loose, dry dust released. Generation of debris is permissible as long as the debris can be well wetted before being removed. If the work will release more than a trivial amount of dry loose dust, do not proceed.

1.0 Equipment

All equipment must be on site before proceeding.

1.1 Vacuum

Use of a vacuum is optional. Wet cleaning methods may be used in place of a vacuum. If a vacuum is used it must be equipped with a high efficiency particulate (HEPA) filter and all brushes, fittings, etc. The vacuum must only be opened in an enclosure with a negative pressure system, or in a laboratory exhaust hood. The vacuum exterior should be carefully wet cleaned after emptying.

1.2 Respirators

Use of a respirator is required where the work is likely to cause or has the potential to cause fibre release. Workers should be supplied with minimum half face respirator with HEPA filters, and receive training on use and qualitative fit testing. Respirator must be used according to written use procedures provided to worker as per training procedures. Filters must be changed after 24 hours of wear or sooner if breathing resistance increases. No person using respirator shall wear facial hair, which affects the seal between respirator and face.

1.3 Protective Clothing

Disposable clothing should be used. Disposable clothing and respirator filters to be disposed of as asbestos waste.

1.4 Other Equipment

S plastic sheet (6 mil polyethylene) - to serve as a drop sheet.
S pump sprayer with mister nozzle or alternative method to wet material.
S labeled yellow asbestos waste bags (6 mil) - for all asbestos waste, disposable equipment, plastic, etc.
S small tools and cleaning supplies - e.g. scouring pads, sponges, brushes, buckets, etc.
2.0 Other Protective Measures

2.1 Do not eat, drink or smoke in the work area.

2.2 On leaving work area, proceed to washroom and wash all exposed skin on hands and face.

3.0 Preparation

3.1 Before disturbing non-friable asbestos materials, wherever practical cover floor and surfaces below work with polyethylene sheeting to catch debris.

3.2 Wherever dust on a surface is likely to be disturbed remove with HEPA vacuum or damp cloth.

4.0 Execution

4.1 Removal of Vinyl Asbestos Floor Tile

4.1.1 Do not use electric powered scrapers.

4.1.2 Start removal by wedging a heavy-duty scraper in seam of two adjoining tiles and gradually force edge of one tile up and away from floor. Do not break off pieces of tile, but continue to force balance of tile up.

4.1.3 Continue removal of tiles using hand tools, removing tiles intact wherever possible. When adhesive is spread heavily or is quite hard, it may prove easier to force scraper through tightly adhered areas by striking scraper handle with a hammer, using blows of moderate force, while maintaining scraper at 25° to 30° angle of floor. When even this technique cannot loosen tile, removal can be simplified by heating tile thoroughly with a hot air gun until heat penetrates through tile and softens the adhesive.

4.1.4 When tiles are removed, place into asbestos waste receptor. Do no break into smaller pieces.

4.1.5 After removal of small area scrape up adhesive remaining on floor with a hand scraper until only a thin smooth film remains. Where deposits are heavy or difficult to scrape, a hot air gun may be used. Deposit scrapings in the asbestos waste disposal bag. Do not dry scrape surface of adhering pieces of tile. Do not use powered electric scrapers.

4.1.6 On completion of area, vacuum clean floor with HEPA vacuum or wet mop. Dispose of the mop head as contaminate waste.

4.2 Cutting or Drilling Non-Friable Asbestos Materials/Plaster/Drywall Compounds

4.2.1 Work using power tools not fitted with a HEPA filter dust collector, must not be performed as Type 1 (Low Risk) work.

4.2.2 Where possible wet all materials to be disturbed.

4.2.3 Immediately place waste in asbestos waste receptor. Clean area frequently during work with HEPA vacuum or by wet methods.

4.2.4 At completion of work, clean drop sheets to be reused with HEPA vacuum or by wet methods.

4.2.5 Drop sheets not cleaned or reused shall be disposed of as asbestos waste.
4.3 Removal of Other Non-Friable Asbestos Materials/Plaster/Drywall Compounds

4.3.1 The Type 1 (Low Risk) procedures apply only to materials, which can be removed intact, or in sections, without producing a pulverized or powdered waste. This method is most applicable to asbestos-cement board products, acoustic ceiling tiles, gaskets, etc.

4.3.2 Where possible wet all material to be disturbed.

4.3.3 Undo fasteners necessary to remove material. Wherever possible remove asbestos cement panels intact. Break only if unavoidable. If broken, wet freshly exposed edges.

4.3.4 Where sections are adhered to the substrate, wet material and use hand scraping to remove adhering material.

4.3.5 Place removed material into asbestos waste receptor. Clean surrounding surfaces and asbestos work area frequently with HEPA vacuum or with wet methods (i.e. damp cloth disposed of as asbestos waste after cleaning).

4.3.6 Drop sheets shall be disposed of as asbestos waste.

5.0 Waste Transport and Disposal

5.1 Place waste into asbestos labeled disposal bag, seal with tape, clean the exterior of the bag with a clean cloth, and place into a second clean bag, also to be sealed with tape. Use a barrel, fibre drum, or cardboard or wooden box in place of the second bag when the asbestos waste material is likely to tear the inner bag. Seal the outer container.

5.2 Provide storage area of holding minor amounts of asbestos waste in sealed containers. Garbage containers shall be labeled and assigned exclusively for asbestos waste.

5.3 When waste is removed from site, collect the completed waste waybills from the disposal firm.

PROCEDURE NO. 8

Procedures For Type 2 & 3 (Moderate & Major) Work

These Procedures are to be followed by contractors who perform asbestos removal for Central Health. Relates to conditions where asbestos material has been identified to be present and in a poor condition or in a friable condition and likely to present a major hazard.

The affected materials require to be removed and the surrounding areas environmentally cleansed. Encapsulation or containment is not viable.

Controlled removal is considered as major work. It requires the application of fully controlled asbestos removal techniques including the creation of an asbestos proof enclosure, negative air machine, full face respirators, decontamination center c/w shower, air monitoring and analysis, vacuum c/w HEPA filter, disposable coverall.

Asbestos co-ordinator shall determine the method of removal for friable asbestos in accordance with the Asbestos Act 1999, the condition of the asbestos and the potential for fiber release into the environment.

For location of asbestos material, contact the Asbestos Co-ordinator or Site Manager or refer to bulk sample analysis Survey Reports within each facility.
**Equipment**

All required equipment should be on site and in proper working order before any work will be allowed to commence.

**Respirators**

All workers and visitors who enter the work area shall be required to wear a full-face powered air-purifying respirator (PAPR) complete with HEPA filter and have 3 day Asbestos course in Building & Industry course. The employer shall provide all PPE required by the worker. Respirators shall be kept on at all times while in the work area. Faces shall be clean-shaven as not to interfere with the application of the respirator. Filters shall be changed as often as required to allow the free movement of air into the respirator. Respirators are to be cleaned at the end of the shift as to remove any contaminates that they may have accumulated during the workday.

**Vacuum**

An approved vacuum c/w HEPA filter shall be used in the work area. The vacuum shall only be opened when workers are completely protected. The vacuum is to be cleaned before it leaves the work area.

**Negative Air Machines**

Negative air machines shall come c/w HEPA filter. The machine shall be large enough to allow four air changes per hour within the work area. The negative air machine shall be vented to the outside to allow the filtered air to be released into the environment. All hoses shall be maintained to allow the air to escape to the outside. All hoses shall be tight and shall have no holes, and be secured to the negative air machine.

**Decontamination Centre**

The Decon-Centre shall consist of a clean room, shower facilities c/w hot and cold water, and dirty room. The Decon-Centre shall be large enough to accommodate all workers and visitors to the work area. Adequate seating shall be provided in the clean room to allow all employees and visitors to sit and don their PPE. Towel and cleaning supplies shall be provided in the center for all employees and visitors. The Decon-Centre shall be kept clean at all times.

**Protective Clothing**

All employees and visitors to the work area shall wear disposable coverall c/w hood. Disposable coveralls shall be disposed of in a proper manner before entering the shower facilities when leaving the work area. Coveralls shall be removed at all times before exiting the work area; there are no exceptions to this rule.

**Enclosure**

An enclosure constructed of 6-mil polyethylene shall encompass the perimeter including floors and ceilings of the work area. This enclosure shall have no holes or openings other than those used for entering and exiting the work area. All joins shall be taped and fastened to ensure no fibers can escape into the surrounding environment. All exists and egress shall be covered with a flap weighted on the end to ensure the flap closes when worker enters or leaves the work area. The enclosure shall be inspected on a regular basis to ensure the integrity of the plastic has not been violated. This enclosure shall be considered asbestos containing material when the job is complete and disposed of accordingly. The Decon-Centre shall not be part of the enclosure.

**Safety Measures**

Signage shall be posted in appropriated area to warn people in the area that asbestos removal is being carried out in the area.
All asbestos is to be doubled bagged in labelled 6 mil waste bags before leaving the work area. The first bag is to be washed and then placed into the second bag for transportation to a secured landfill.

All equipment, tools and other apparatus brought into the work area shall be cleaned before leaving the work area.

Amended water shall be used to wet the asbestos before removal can start. The asbestos shall be wet to limit the release of fibres into the work area. There shall be at least 2 oz of surfactant per gallon of water. All material that falls on the floor shall be scooped up and bagged.

All water used in the work area including the shower shall be filtered before being disposed. No untreated water shall be placed in any drain, toilet, or sink without having the water filtered to remove any asbestos fibres that might be present in the water.

Do not drink, eat or smoke in the work area.

All people in the area of work shall be notified that asbestos work is being performed in the area.

All electrical and mechanical systems shall be locked/tagged out; this includes the ventilation system that shall have all its openings covered with plastic.

Before work starts for the day the following steps shall be taken to ensure all people and property is protected from becoming contaminated with asbestos fibers by properly entering and exiting the work area.

1. **Entering the Work Area**
   
Enter the clean room; remove your entire street clothes.

   Slip into a pair of disposable coveralls. Inspect your respirator. Place the respirator over your face, and pull the straps tight to ensure a seal has developed between your face and the mask. Do not forget to turn the respirator on.

   When respirator has been placed, pull the hood of the coveralls on to your head. Walk through the showers and into the dirty room. Place your boots on your feet and enter the work area.

2. **Exiting the Work Area**
   
Enter the dirty room; remove your boots, disposable coveralls and all other articles of clothing.

   DO NOT remove your respirator.

   Proceed to the shower. Turn the water on in the shower. Enter the shower, wash your respirator; remove your respirator and continue to wash your body, giving it a thorough washing.

   Exit the shower, drying yourself and get redressed, exiting the clean room and the Decon-Centre.

3. **Scheduling of Work**
   
All work is to take place when the least amount of people are present, usually after normal working hours or on weekends. The Asbestos Co-ordinator will determine the appropriate time for work to be carried out.
APPENDIX F: DONNING RESPIRATORY PROTECTION

Respirator Inspection, Donning, Fit-Check, Doffing, Cleaning and Disinfecting

Note for Air Purifying Half Face-Piece Respirators

WARNING: This respirator does not supply oxygen. It must not be used in oxygen deficient atmospheres (less than 19.5%); in poorly ventilated areas or enclosed spaces such as tanks or small rooms; for abrasive blasting or fire fighting; or for protection against contaminants excluded or not covered by the applicable Approval Label.

Persons required wearing respirators must first pass a qualitative fit-test (irritant smoke or saccharin) administered according to the current version of CSA standard Z-180.1. The fit-test should be repeated yearly.

The respirator wearer must be clean-shaven along all seal points for proper protection. Even stubble growth may be sufficient to reduce the seal of the face piece, and therefore the protection. The respirator approval is voided for wearers with facial hair, which interferes with the seal.

Respirators must be approved for protection against asbestos. Check for NIOSH certification.

Respirator Inspection

Prior to Each Use:

1. Examine face piece for:
   < dirt (clean if necessary);
   < cracks, tears or holes (obtain new face piece);
   < distortion and flexibility (stretch and knead to restore shape and flexibility or obtain new face piece);
   < cracks or breaks in filter holders, worn threads and missing gaskets (replace or obtain new face piece).

2. Examine head straps for:
   < breaks or tears (replace);
   < loss of elasticity (replace);
   < broken or malfunctioning buckles and attachments (replace).

3. Examine valves for:
   < detergent residue, dust or other material on valves or valve seats (clean before use);
   < cracks, tears or distortion in the valve material (replace);
   < missing or defective valves covers (replace).

4. Examine filter(s) for:
   < proper filter for protection against asbestos (High Efficiency Particulate)
   < incorrect installation, loose connections, missing or worn gaskets or cross threading (remove and re-install);
   < cracks or dents in filter housing (replace).
**Respirator Donning (3M 6000 Series)**

Note: should you have a respirator other than the 3M 6000 Series please refer to donning instructions specific to that respirator.

- Place the respirator over your mouth and nose with cone shaped piece of the respirator at the top
- Pull the harness over the crown of your head
- Take bottom straps in both hands, place them in back of your neck, and hook them together
- Position face piece low on the bridge of your nose for optimal visibility and best fit
- Adjust top straps first, and then lower neck straps by pulling on ends. DO NOT pull too tight! (Strap tension may be decreased by pushing on the back side of buckles).

**Respirator Fit-Check (3M 6000 Series)**

Perform the following tests on each donning:

< Positive Pressure Fit-Check cover inlets to filters, breathe in; respirator should be drawn to face for minimum of 10 seconds (if not, check exhalation valve and fit)

< Negative Pressure Fit-Check cover exhalation valve cover and puff out slightly; respirator should slightly pressurize (bulge) and still hold seal (if not, check inhalation valves and fit).

< If face seal air leakage is detected, reposition respirator on face and/or readjust tension of straps.

< Repeat the above steps until a proper face seal is obtained.

< If you cannot obtain proper seal DO NOT enter contaminated area. Contact your Manager/Supervisor

**Respirator Doffing**

Perform the following on each doffing:

- Using both hands un hook the neck strap
- Grasp the harness strap using both hands
- Remove respirator carefully away from the face
- Follow cleaning and disinfection instructions

**Respirator Cleaning and Disinfecting**

1. Remove filters and disassemble face pieces. Discard or repair defective parts.
2. Wash components in warm water (50°C - 60°C) with mild detergent, using a brush. Respirator suppliers can provide ready-made cleaning and disinfectant solutions and instructions for use.
3. Thoroughly rinse components in clean, warm water.
4. Air dry or hand dry components with a clean, lint-free cloth.
5. Reassemble respirator and test to ensure that all components are working properly (see above). Be careful to check that valves are not lost in the cleaning.
APPENDIX I: ASBESTOS WORK RECORD AND WORK PERMIT FORM

ASBESTOS WORK RECORD

AREA: ________________________________________________________________

DESCRIPTION OF WORK: _____________________________________________

DATE WORK REQUESTED: ______________________________________________

SUPERVISOR RESPONSIBLE FOR WORK: ________________________________

CLASSIFICATION OF WORK:

( ) TYPE 1
( ) TYPE 2 GLOVE BAG
( ) TYPE 2 INSULATION REMOVAL
( ) TYPE 2 INSULATION REPAIR
( ) TYPE 2 ASBESTOS CLEAN-UP
( ) TYPE 3 REMOVAL (as performed by outside contractors)

DATE PERFORMED: ____________________________________________________

START/STOP TIMES: _________________________________________________

DEPARTMENT OR CONTRACTOR: _______________________________________

ON-SITE SUPERVISOR: _______________________________________________

ASBESTOS WORKERS: ________________________________________________

_____________________________________________________________________

Asbestos work record to be initiated by **AC or THEIR DESIGNATE**. Original work record to be kept on file with the Asbestos Management Program document with copies to be sent to contractor responsible for work. Prepare separate Asbestos record for all work orders or projects.
### Classification of Work:

- **Type 1 Minor Removal** of Non-Friable (poly drop sheets, site isolation, asbestos warning signs, wet removal & wetting agent, HEPA vacs if required, PPE and decontamination areas).
- **Type 2 Glove Bag Removal** (poly drop sheets, site isolation, asbestos warning signs, wet removal and wetting agent, HEPA vacs if required, PPE and decontamination area).
- **Type 2 Mini Enclosures** (sealed enclosure under negative pressure using 6 mil poly, asbestos warning signs, wet removal and wetting agent, HEPA vacs as required to obtain negative pressure, PPE and decontamination area).
- **Type 2 Enclosure or Repair of ACM** (poly drop sheets, site isolation, asbestos warning signs, wet removal and wetting agent, HEPA vacs and Negative Airs, PPE and decontamination area).
- **Type 3 Major Removal** (sealed enclosure under negative pressure (-0.02 inches of water) using double 6 mil poly, asbestos warning signs, wet removal and wetting agent, HEPA vacs and Negative Airs, PPE and three room decontamination facility c/w showers).
CERTIFICATE OF WORKER'S TRAINING

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBRES CAN CAUSE VARIOUS TYPES OF LUNG DISEASE INCLUDING CANCER. SMOKING INCREASES THE RISK OF LUNG CANCER FROM ASBESTOS EXPOSURE.

RESPIRATOR PROTECTION: I have been supplied with a respirator and received training for its proper use including qualitative fit testing (irritant smoke). I understand that I must be free of any facial hair which may interfere with the seal of the respirator to my face. I understand that retesting or respirator fir-testing is required annually.

MEDICAL EXAMINATION: Medical examinations may be required for workers performing asbestos work. I acknowledge that I may have to undergo the necessary tests as prescribed by the Ministry of Labour of this province.

TRAINING COURSE: I have been trained in the dangers inherent in handling asbestos and breathing asbestos dust and in proper work procedures and personal and area protective measures. The topics covered in the course included the following:

- Physical characteristics of asbestos
- Health hazards associated with asbestos
- Respiratory protection
- Use of protective equipment
- Work practices including hands-on or on-job training for (tick as appropriate)
  - Type 1 procedures
  - Type 2 procedures
  - Glovebag procedures
  - Personal decontamination procedures

By signing this certificate, I acknowledge that I have received the above training and agree to follow these procedures for all work assigned to me.

EMPLOYEE NAME: ____________________________________________________________

EMPLOYEE LOCATION: _______________________________________________________

RESPIRATOR MANUFACTURER: ___________________________ SIZE: __________________

SIGNATURE: ___________________________ DATE: ___________________________

TRAINER: ___________________________ DATE: ___________________________
APPENDIX K: CONTRACTOR NOTIFICATION

CONTRACTOR NOTIFICATION AND ACKNOWLEDGEMENT FORM

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBRES CAN CAUSE VARIOUS TYPES OF LUNG DISEASE INCLUDING CANCER. SMOKING INCREASES THE RISK OF LUNG CANCER FROM ASBESTOS EXPOSURE.

Central Health has identified the presence of various friable and non-friable asbestos materials in the Building. An asbestos inventory report showing the locations and amounts of these materials is available for viewing from the On-Site Asbestos Coordinator.

The Newfoundland Asbestos Regulation 111/98 applies to all maintenance and renovation work that may disturb asbestos materials. The disturbance of asbestos building materials shall only be undertaken by contractors who have received training in asbestos-related precautions. The following activities may disturb friable asbestos materials (all classifications of work). The On-Site Asbestos Coordinator or Regional Asbestos Coordinator must be notified prior to performing the following:

- Removal or repair of asbestos mechanical insulation (various locations);
- Ceiling entry which may disturb asbestos;
- Removal of sprayed texture spray;
- Any other operation which may generate airborne asbestos.

There are also non-friable asbestos materials in the buildings, including vinyl composition floor tiles, transite sheeting, gaskets and packings, etc.

As a condition of our contract to provide services and materials to this company will not disturb asbestos-containing materials without prior notification to the On-Site Asbestos Coordinator this firm and its workers, will follow all procedures specified by Central Health and/or the applicable provincial regulation. All asbestos waste will be packaged and disposed of in accordance with Ministry of the Environment requirements.

COMPANY NAME: _______________________________________

SIGNATURE: ____________________ DATE: ________________

NAME AND TITLE: _______________________________________

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APPENDIX L: REASSESSMENT FORM

ANNUAL REASSESSMENT SURVEY INFORMATION

Upon completion of Annual Reassessment Survey, fill out the following form in its entirety and file in this facility’s Asbestos Management Plan and/or survey. Provide a copy to the Occupational Health and Safety Committee.

Dates of Asbestos Reassessment Survey: ___________________________________________________________________

Organization completing Asbestos Reassessment Survey: ________________________________________________

Names of all in attendance: Representing:

Surveyor # 1: ____________________________________________
Surveyor # 2: ____________________________________________
Other: _________________________________________________
Other: _________________________________________________
Other: _________________________________________________
Other: _________________________________________________

Location of Survey
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Summary of survey findings:
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Signature of Surveyor # 1: ____________________________________________
Signature of Surveyor # 2: ____________________________________________
APPENDIX M:  EQUIPMENT FOR ASBESTOS MANAGEMENT PROGRAM

1. PROTECTIVE EQUIPMENT AND APPAREL

Respirators, half face-piece air purifying, with P100 cartridge filters. Respirators should be individually assigned. Acceptable product: i.e. North 7700 series respirator with N7500-8 cartridge filter / 3M 6000 series with P100 filters.

Disposable coveralls, full body, with integral hood and elastic at cuffs and wrists. Extra-large size (Kleen-guard) suits are recommended.

Rubber boots or heavy duty boot covers, to ease cleaning of footwear after use. As an alternate, disposable boot covers.

Respirator wiping/sanitizing pads.

2. EQUIPMENT

Vacuum cleaner, High Efficiency Particulate Air (HEPA) filtered, with various fittings (brush, floor, wand, crevice), (i.e. Nilfisk GS81). Extension hose is necessary for ceiling entry work.

Water sprayer, manual garden-type, with nozzle capable of fine mist spray.

Signs, warning of asbestos work area.

Small tools, i.e., buckets, sponges, scrapers, retractable blade utility knives, wire brushes, tin snips, cleaning/scouring pads (Scotchbrite pads).

3. SUPPLIES

Disposal bags, 6 mil minimum thickness, labelled as asbestos waste.

Polyethylene sheeting, 6 mil thickness, 10' or 12' width, width dependent on ceiling height.

Duct tape, fibre-reinforced, 2” wide.

Double-sided tape, i.e. as used for carpet installation, in 3/4” width, for affixing polyethylene sheeting to ceiling T-bar grid.

Insulation patching cloth, 6-oz. canvas for repair of pipe insulation surface, and glass cloth tape for higher surface temperatures.

Low Temperature insulation sealant, bridging type lagging compound suitable for surface temperatures up to 80 °C (180 °F). Acceptable products: Bakelite 120-19 or Childers Products CP-211.

High Temperature insulation sealant, penetrating type encapsulant suitable for penetrating and hardening sprayed asbestos and acoustic plaster, and for sealing surfaces with temperatures to 1000 °C (1800 °F). Acceptable products: Serpiflex Shield (available in spray cans) and Childers Products CP-210.

Wetting agent, Asbesto-Wet or other surface active agent to enhance water penetration.

4. GLOVE BAG REMOVAL SUPPLIES

Glove-bag, Asbeguard glove-bag, in sizes to suit the work, (minimum of 6” horizontal bag).

Straps, re-useable web straps with metal buckles. Two required, are re-useable.

Flexisaw, with handles, for cutting insulation within glove-bag.
**APPENDIX N: PROVINCIAL REGULATIONS AND CODES RELATED TO ASBESTOS (LABOUR AND WORKPLACE REGULATIONS)**

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>REGULATIONS, CODES AND GUIDANCE DOCUMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newfoundland and Labrador</td>
<td>Asbestos Abatement Regulations, 1998 (Nfld. Reg. 111-98), under the Occupational Health and Safety Act</td>
</tr>
</tbody>
</table>
APPENDIX O: LETTER OF NOTIFICATION TO TENANT REGARDING FRIABLE ASBESTOS

The following wording should be utilized in communicating the presence of friable asbestos to a tenant or lessee.

Dear [Tenant]

This letter is being provided as notification of the presence of friable asbestos within Central Health Regional Office. The Central Regional Health Authority have had asbestos surveys performed of the entire building and have established a program to manage all asbestos in a safe and prudent fashion.

A consultant inspected all areas of the building and made recommendations, where necessary, for removal or repair of asbestos. All such work has been completed with appropriate inspection and supervision. All asbestos remaining is subject to the Central Health Asbestos Management Program as required by Federal and Provincial Regulations and our own due diligence. A copy of the survey and Asbestos Management Program are available for review at the Maintenance Office and from your Occupational Health and Safety Committee.

The continuing presence of the remaining asbestos does not pose a risk of exposure to your employees as long as it remains under this management program. All Central Health staff that may disturb the materials has been given appropriate training and is aware of its presence. If you are planning maintenance or renovation work please notify the Maintenance Department who will determine if the planned work will affect the asbestos in any way. If required the Central Health will ensure that the asbestos is removed in advance of the work or properly isolated from any potential disturbance.

If I can be of further assistance please contact the undersigned.

On-Site Asbestos Coordinator

Note: Notification of the above should be included in the Orientation Program provided by their supervisor.
APPENDIX P: CURRENT ASSESSMENT
APPENDIX Q: PRE NOTIFICATION FORM (GOVERNMENT SERVICES)
APPENDIX R: PREVIOUS ASSESSMENTS AND DATA
Pre-Work Asbestos Abatement Hazard Assessment

Time:

Project:

Location:

Date:

☐ Contractor Safety Policy reviewed.

☐ Pre-work plan of area concerned, to identify possible hazards and minimize the risk

☐ Ensure lock-out / tag-out procedures are in place

☐ Review fire evacuation procedures for the facility, and identify the mustard site.

☐ Review of all pertinent internal codes and procedure to follow when announced

  Code Red    –    Fire
  Code Blue   -    Cardiac Arrest
  Code Orange -    Disaster
  Code Black  -    Bomb Threat

☐ Identify the contractor OH&S.

☐ Confirm all personnel performing abatement has successfully complete the three day required abatement course.

☐ Confirm a CSA first aid kit is on site, fully stocked and readily available.

☐ Central Health contractor safety policy
- Verification of filters, working properly
- Has the nature of the ACM been determined?
- Determine if area adjacent to area scheduled for demo will be occupied.
- Determine room volume and required air changes.
- GFI receptacle available.
- HVAC system shut-down.
- Furniture removed.
- All stationary items sealed with poly.
- All windows and doors sealed with poly.
- Floor sealed with poly.
- Walls sealed with poly.
- Work area secured.
- Clean change room/shower room/equipment and dirty change room established.
- Air flow checked and confirmed satisfactory.
- Appropriate signage posted.
Post Asbestos Abatement

Time:

Project:

Location:

Date:

☐ Work area cleaned
☐ Visual inspection with ½ face
☐ Final wipe down.
☐ Apply sealant to substructure.
☐ Using ….. and clearance samples.
☐ Removal of poly.
☐ Removal of ACM from site.