

ASBESTOS REMOVAL



Doc. Type:	Program	Effective Date:	5/1/2017
Section:	49	Revision Number:	01
Status:	Issued	Last Revised:	2/28/2018

TRAINING

D To ensure that everybody understands fully the hazards of asbestos and the procedures of working with asbestos-containing materials, the following is an outline of the training that shall be provided:

L Recognizing asbestos, health effects, smoking and asbestos, nature of operations that could result in exposure, respirators, work practices, medical surveillance, review of this standard, and competent person's requirements.

L An explanation of engineering, work practice, hygiene, administrative and personal protective equipment controls used in each of the above operations to eliminate or reduce asbestos exposures.

L The purpose and description of the medical surveillance program and the medical protection program, including information concerning:

The purpose of diagnostic exam elements such as work histories, chest x-rays, lung function tests and tuberculosis screening.

The adverse health effects associated with excessive exposures to asbestos.

The purpose, proper selection, fitting, use and limitations of respirators if they are used to supplement engineering, administrative and work practice controls to reduce asbestos exposures.

Availability of medical records and air monitoring results.

E Frequency of Training

L The training should be provided once a year, prior to the initial job assignment and whenever an employee is assigned to a new or unfamiliar task or operation involving asbestos exposure.

F Certification of Training

L + shall verify that training has been completed by preparing a written certification record. The written certification record should contain:

The name or other identity of the employee trained,

The date(s) of the training, and

The signature of the trainer and trainee(s).

G A qualified asbestos removal contractor must have qualified personnel including a Competent Person trained in the requirements of OSHA asbestos standard 1926.1101 and ON-SITE individual training in the requirements of EPA asbestos regulations 61.145 if RACM is removed and that person shall post certificate of such training ON-SITE.

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15. EXPOSURE MONITORING

- a. Exposure monitoring shall be performed to measure employee exposure to airborne asbestos fibers and to provide a basis for engineering controls.
 - i. General monitoring:
 1. Where exposure monitoring is required, determinations of exposure will be made from breathing zone air samples that are representative of the 8-hour TWA and 30-minute short-term exposures of each employee.
 2. Representative 8-hour TWA exposures will be determined on the basis of one or more samples representing full-shift exposure for employees in each work area. Representative 30-minute short-term exposures will be determined on the basis of one or more samples representing 30-minute exposures associated with operations that are most likely to produce exposures above the excursion limit for employees in each work area.
 - ii. Negative exposure assessment:
 1. **H2** has performed a negative exposure assessment to determine what the levels of our employees are subjected to during removal of this type of ACM and it is well below the PEL. The data confirms that:
 - a. Objective data demonstrating that the material cannot release airborne fibers in concentrations exceeding the PELs under work conditions having the greatest potential for releasing asbestos.
 - b. Exposure monitoring will be performed every 6 months in compliance with the asbestos standard; and the data will be obtained under conditions that "closely resemble" those used in the current operations, the operations will be conducted by employees whose training and experience are similar to that of current employees, and these data show that under the current conditions it is unlikely that the PEL will be exceeded.
 - iii. Employee notification of monitoring results:
 1. Affected employees will be notified of monitoring results as soon as possible following receipt of laboratory results, and always within 14 days of receipt, as required.
 2. Affected employees will be notified of the results of monitoring in writing either individually or by posting at a centrally located place.
- b. Observation of monitoring:
 - i. Affected employees and their designated representatives will be provided with an opportunity to observe any monitoring of employee exposure to asbestos.

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- ii. When observation of the monitoring of employee exposure to asbestos requires entry into an area where the use of protective clothing or equipment is required, the observer shall use such clothing and equipment.

16. MEDICAL MONITORING

- a. A medical surveillance program will be instituted for all employees who are engaged in Class I, II or III work for a combined total of 30 or more days per year, or are exposed above a PEL. A day will not be counted if work is done on intact material for less than one hour and a worker adheres fully to the required work practices.
- b. All medical examinations and procedures will be performed by or under the supervision of a licensed physician. Examinations will be provided at no cost to employees and at a reasonable time and place.
- c. Persons other than licensed physicians who administer a pulmonary function test shall complete a training course in Spirometry sponsored by an appropriate academic or professional institution.
- d. Medical examinations and consultations will be made available employees on the following schedules:
 - i. Prior to assignment in an area where negative-pressure respirators are worn.
 - ii. When the employee is assigned to an area where exposure to asbestos may be above the PEL for 30 or more days per year, or engage in Class II, or III work for a combined total of 30 or more days per year, a medical examination must be given within 10 working days following the thirtieth day of exposure and at least annually thereafter.
 - iii. If a physician determines that any examination should be provided more frequently than specified, the examination will be provided at the frequencies specified by the physician.
 - iv. No medical examination is required if adequate records show that the employee has been examined within the past 1-year period.
- e. Medical examinations shall include at least the following:
 - i. A medical and occupational history to collect data on asbestos exposure, smoking history and signs and symptoms of respiratory disease.
 - ii. A complete physical examination, if Physician required, of all systems with special emphasis on the pulmonary, cardiovascular, and gastrointestinal systems.
 - iii. Completion of respiratory disease standardized questionnaire.
 - iv. A chest Roentgenogram, if required.

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- v. Pulmonary function testing (also known as spirometry test), if required.
- vi. Additional tests deemed appropriate by the examining physician.
- f. The following information shall be provided to the physician:
 - i. A copy of the regulatory standard and appendices (40 CFR 1926.1101 and WAC 296-62 and 296-65)
 - ii. A description of the affected employee's duties as they relate to the employee's exposure.
 - iii. The employee's representative exposure level or anticipated exposure level to asbestos.
 - iv. A description of any personal protective and respiratory protective equipment to be used by the employee.
 - v. Information from previous medical examinations of the affected employee that is not otherwise available to the physician.
- g. **H2** will obtain a written signed opinion from the physician. This written opinion should contain the results of the medical examination and include:
 - i. The physician's opinion as to whether the employee has any medical conditions that would place the employee at an increased risk of health impairment from exposure to asbestos.
 - ii. Any recommended limitations on the use of personal protective equipment such as respirators.
 - iii. A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions that may result from asbestos exposure.
 - iv. A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.
- h. The physician will be instructed not to reveal specific findings or diagnoses unrelated to occupational exposure to asbestos.
- i. A copy of the physician's written opinion will be placed in the employee's file within 30 days from its receipt.

17. RECORDKEEPING

- a. **H2** shall establish and maintain an accurate record of all medical and exposure monitoring required by this procedure. These records will include:
 - i. Medical Surveillance

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1. The name and Social Security number of the employee;
 2. Physician's written opinions;
 3. Any employee medical complaints related to exposure to asbestos;
 4. A copy of the information provided to the physician as required by the regulation;
 5. A copy of the employee's medical examination results, including the medical history, questionnaire responses, results of any tests and physician's recommendations.
- ii. Exposure Measurements
1. Name of employer;
 2. Name of person conducting monitoring;
 3. The date of measurement;
 4. Address of operation or activity;
 5. Description of the operation or activity involving exposure to asbestos that is being monitored;
 6. Personal or area sample;
 7. Name, Social Security number, and exposure level of the employees whose exposures are represented;
 8. Type of protective devices worn, if any;
 9. Pump calibration date and flow rate;
 10. Total volume of air sampled;
 11. Name and address of analytical laboratory;
 12. Number, duration, and results (f/cc) of samples taken;
 13. Date of analysis; and
 14. Sampling and analytical methods used and evidence of their accuracy.
- iii. Training. **H2** shall maintain all employee training records for one year beyond the last date of employment of that employee.
- iv. Availability of Records and Notification
1. **H2**, upon written request, shall make all records required to be maintained available to the director for examination and copying.
 2. **H2**, upon request, shall make any exposure records required available for examination and copying to affected employees, former employees,

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designated representatives, and the regulator in accordance with the regulation.

- v. Employees will be informed as to the results of medical and sampling results within 30 days of receipt of this data.