

APPENDIX A



10/24/20

10/24/20

FIGURE A – 2023 AERIAL PHOTOGRAPH

**Desert Wind Middle School
45725 West Honeycutt Road
Maricopa, Arizona**



DIAGRAM NOT TO SCALE

<p>N</p> 	Reviewed: D. Regonini	Date: 10-04-2024
	Client: Maricopa USD #20	Prepared By: K. Karjala
	Western Technologies Inc.	
	Job No. 21-823635-0	Figure No. A

FIGURE1 – FUNCTIONAL SPACE LOCATION DIAGRAM

**Desert Wind Middle School – Building B (Band Room)
35565 West Honeycutt Road
Maricopa, Arizona**

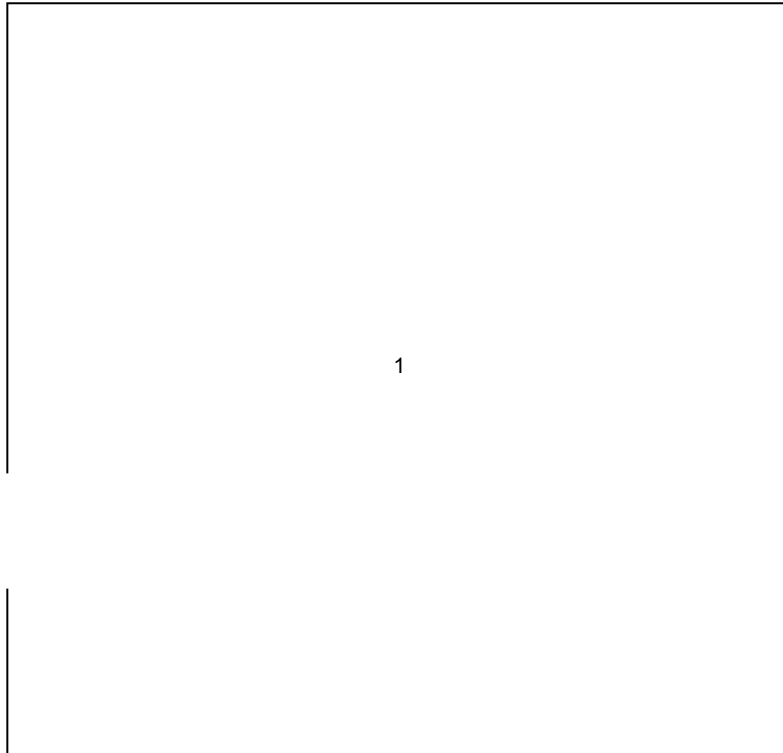
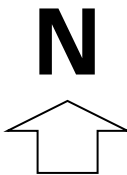


DIAGRAM NOT TO SCALE

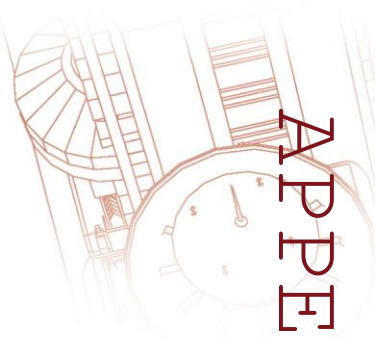
LEGEND

See Table 1 for asbestos containing building materials and location by functional space.



Reviewed: D. Regonini	Date: 10-04-2024
Client: Maricopa USD #20	Prepared By: K. Karjala
Western Technologies Inc.	
Job No. 21-823635-0	Figure No. 1

APPENDIX B



THE ASBESTOS INSTITUTE

Certifies that

David Regonini

has attended and received instruction in the EPA approved course

AHERA Management Planner Refresher

on

February 29, 2024

and successfully completed and passed the competency exam.

Certificate:
ON-4651-16626-022924

Date of Examination:
29-Feb-2024

Date of Expiration:
01-Mar-2025



William T. Cavness
Director



Approved Instructor

THE ASBESTOS INSTITUTE

20033 N. 19th Ave, Building 6, Phoenix, AZ 85027

602-864-6564 – www.theasbestosinstitute.com

The person receiving this certificate has completed the requisite training for asbestos accreditation under TSCA Title II.

APPENDIX C



10/24/20

10/24/20

TABLE 1
HOMOGENEOUS MATERIALS BY FUNCTIONAL SPACE
MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
October 30, 2024

PROJECT: AHERA Inspection Desert Wind Middle School 35565 West Honeycutt Road Maricopa, Arizona		BUILDING: B (Band Room)	FRIABLE/ NON FRIABLE	PROJECT NO: 21-823635-0		
HOMOGENEOUS MAT'L NUMBER	MATERIAL DESCRIPTION	FUNCTIONAL SPACE	F/NF	MATERIAL TYPE	QTY SQ FT	ACBM
B-M-1A	Mastic (under carpet)	1 (floors)	NF	Misc	1,600	ASSUMED
B-M-1B	Mastic (for Covebase)	1 (walls)	NF	Misc	80	ASSUMED
B-M-4A	Drywall System (core, texture, joint compound)	1 (walls)	NF	Surfacing	1,920	ASSUMED
B-M-5A	Acoustical Ceiling Tile	1 (ceilings)	F	Misc	1,600	NO - (Samples ACT1-1-1, ACT1-2-2, ACT1-3-3)

APPENDIX D



10/24/20

10/24/20

MANAGEMENT BUDGET

The estimated asbestos abatement budget, excluding consulting oversight costs is:

BUILDING	ESTIMATED ABATEMENT BUDGET
Building B	\$8,500

The estimated cost for sampling and analysis to measure the asbestos content of three homogeneous areas is \$1,000.

The estimated cost for preventive measures to address the assumed ACBMs, if positive, is \$3,000.

The estimated budget for six-month surveillance is \$250 per event, for a total of \$1,500 for six events, to be implemented by District staff.

The estimated budget for awareness training annually is \$1,000, to be conducted during a single session at a campus facility, for a total of \$3,000 for three events.

Note: This management budget does not address response actions, since no friable ACBM was identified.

RECOMMENDED RESPONSE ACTIONS

Response actions are required for identified friable ACMs. Since no Friable ACM was identified on the campus, response actions are not recommended at this time.



PREVENTATIVE MEASURES

Preventive measures are intended to minimize the potential for fiber releases associated with non-friable materials. For this management plan, three assumed non-friable materials were identified: Mastic (under carpet); Mastic (for covebase), and Drywall System. The following preventive measures are recommended:

Custodial and maintenance staff will attend minimum 2-hours asbestos awareness training annually in accordance with OSHA 29 CFR Part 1926.1101.

Employees will review the Management Plans and be familiar with the locations and current conditions of identified ACBMs.

Employees will limit their contact with known and assumed ACBMs and notify LEA's designated person if damage or the potential for damage to ACBMs is observed or anticipated.

Employees are responsible for review of the OSHA 29 CFR Part 1926.1101 and are familiar with approved cleaning methods when working in areas where identified ACBMs are located.



APPENDIX E



10/24/2014

10/24/2014

SIX MONTH SURVEILLANCE

SCHEDULE

April 2025

October 2025

April 2026

October 2026

April 2027

3-Year Re-inspection due October 2027

Following are tables that the person conducting the 6-month surveillance can use to document changes in the condition of identified ACBMs. Please make copies of these forms for each surveillance task. Please sign and date the bottom of the form in areas provided.

TABLE 1
6-MONTH SURVEILLANCE OF ACBMS BY FUNCTIONAL SPACE
DESERT WIND MIDDLE SCHOOL

DATE: _____

6-Month Surveillance Desert Wind Middle School 35565 West Honeycutt Road Maricopa, Arizona		BUILDING: B (Band Room)	FRIABLE / NON FRIABLE	PROJECT NO: 21-823635-0		
HOMOGENEOUS MAT'L NUMBER	MATERIAL DESCRIPTION	FUNCTIONAL SPACE	F/NF	MATERIAL TYPE	QTY SQ FT	CHANGES ACBM
B-M-1A	Mastic (under carpet)	1 (floors)	NF	Misc	1,600	
B-M-1B	Mastic (for Covebase)	1 (walls)	NF	Misc	80	
B-M-4A	Drywall System (core, texture, joint compound)	1 (walls)	NF	Surfacing	1,920	

APPENDIX F



10/24/20

10/24/20

**LEA DESIGNATED PERSON
TRUE AND CORRECT STATEMENT
DESIGNATED PERSON ACKNOWLEDGEMENT**

The general local education agency, responsibilities as stipulated by 40 CFR §763.84 have been met or will be met in accordance with AHERA.

Acknowledgement of designated person: The person identified below accepts the position of the Designated Person as stipulated in AHERA and the responsibilities that this position requires.

NAME: Gordon Pnticello, Maintenance Coordinator

TITLE: AHERA Designated Person

ADDRESS: 19595 North Taft Avenue, Maricopa, Arizona 85139

TELEPHONE NUMBER: 520-568-5100 ext. 1183

SIGNATURE: _____

DATE: _____



ANNUAL NOTIFICATION

DATE: _____

TO: Workers, Building Occupants, Tradesmen, and Outside Service Providers

FROM: **Maricopa Unified School District No. 20**

REFERENCE: **Desert Wind Middle School:** Asbestos Hazard Emergency Response Act (AHERA) 40 CFR Part 763 – Asbestos-Containing Materials in Schools; Final Rule and Notice, October 30, 1987, 763.84 General locate education agency responsibilities.

The above-referenced regulation mandated by the Environmental Protection Agency (EPA) pertains to the management of asbestos-containing building materials in schools for grades Kindergarten through High School Grade 12. Under this program, notification is required to inform at least once each year to notify building occupants about inspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities that are planned or in progress.

Three Assumed Asbestos-Containing Building Materials were identified at this campus.

Statement: The AHERA Inspection and Management Plan (MP) for Desert Wind Middle School, 35565 West Honeycutt Road, Maricopa, Arizona, was completed in November 2012 and updated in August 2015, March 2018, August 2021, and December 2024. The Management Plan is available for review at the District Office and at the main office of Desert Wind Middle School.

If you have any questions, please contact the person responsible for this program (Designated Person).

Name: Gordon Ponticello

Telephone Number: 520-568-5100 ext. 1183

APPENDIX G



10/24/20

10/24/20

Submit Four (4) Original Copies

AFFIDAVIT: NON-USE OF
ASBESTOS CONTAINING BUILDING MATERIALS

State of Arizona)
) ss:
Count of Maricopa)

I, Frank Hagan , having
(Name)

been duly sworn, depose as follows:

1. I am authorized to make this affidavit on behalf of

Glassco Incorporated DBA Milam Glass Company
(Name of Contractor)

who/which is the General Contractor of the Maricopa Middle School - Tatorsa
(Project Name)

2. In performing the Contract for the construction of

Maricopa Middle School - Tatorsa #3784
(Project Name)

I certify that no building materials containing asbestos were used or incorporated in any way in the completed project.

Dated this 4 day of August 2008.

McCarthy Building Companies, Inc.
(Name of General Contractor)

By: [Signature]
(Signature of Contractor Representative)

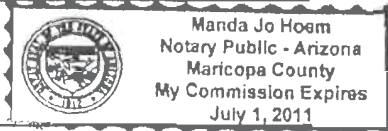
Title: Frank Hagan, President
(Title of Contractor Representative)

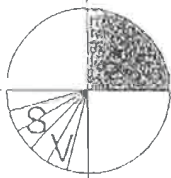
Subscribed and sworn to before me this

Dated this 4 day of August 2008.

Manda Jo Hoem
Notary Public

My Commission expires July 1, 2011





SUN VALLEY MASONRY, INC.

Arizona · New Mexico · California · Utah

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ENGINEERED
STONE
CONCRETE

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Industrial
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Fax: 602-997-6857
10828 N. Cave Creek Rd.
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Tucson Office
520-887-0455
Fax: 520-887-0699
2007 W. McMillan Street
Tucson, AZ 85705

Albuquerque Office
505-266-3531
www.svmasonry.com

Licenses

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#ROC185989
#ROC072617
#ROC052542
New Mexico
#57416
California
#835171
Utah
#349978-5501



AFFIDAVIT: NON-USE OF ASBESTOS CONTAINING BUILDING MATERIALS

State of Arizona)
) ss.
County of Maricopa)

I, Nancy Westfall, having been duly sworn, depose as follows:

1. I am authorized to make this affidavit on behalf of Sun Valley Masonry, Inc.
which is a Subcontractor for the Tortosa Maricopa Middle School project.

2. In performing the Contract for the construction of Tortosa Maricopa Middle
School.

I certify that to the best of my knowledge no building materials containing
asbestos were used or incorporated in any way in the completed project.

Dated this 1st day of October, 2009.

SUN VALLEY MASONRY, INC.

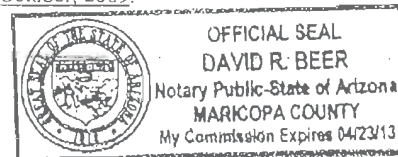
By: Nancy Westfall

Its: Accounts Receivable

Subscribed and sworn to before me this 1st day of October, 2009.

[Signature]

Notary Public



My commission expires: _____

HARDROCK
CONCRETE PLACEMENT CO., INC.

4839 West Brill St. Phoenix, AZ 85043
Office (602) 233-3334 • Fax: (602) 233-2777

AFFIDAVIT: NON-USE OF ASBESTOS CONTAINING BUILDING MATERIALS

State of Arizona)
) as:
County of Maricopa)

I, Cindy Kennemer, have been duly sworn as follows:

1. I am authorized to make this affidavit on behalf of Hardrock Concrete Placement Co., Inc. who/which is the Subcontractor Contractor of the Tortosa School

In performing the Contract for the construction of Tortosa School, I certify that no building materials containing asbestos were used or incorporated in any way in the completed project.

Dated this 5th day of October 2009.

Hardrock Concrete Placement Co., Inc.

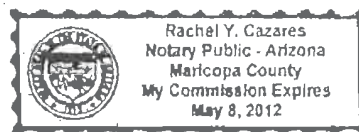
By: Cindy Kennemer

Title Vice President

Subscribed and sworn to before me this 5th day of October 2009.

Rachel Y. Cazares

My Commission expires May 8, 2012





CERTIFICATE OF HAZARDOUS MATERIAL FREE
CONSTRUCTION

Ace Asphalt of Arizona, Inc. certifies that:

**Ace Asphalt
of Arizona, Inc.**TM

3030 South 7th Street
Phoenix, Arizona 85040-1163

(602) 243-4100
Fax (602) 243-3768

Contractor's Licenses:

ROC090990-A
ROC166913-C13

PAVING
GRADING
SEAL COATING
SLURRY SEAL
PATCHING
STRIPING

PHOENIX
TUCSON
FLAGSTAFF

1. We have completed all work contracted to be performed on the project known as *Desert Wind Middle School - Tortosa*.
2. No asbestos, in any form, has been used in either temporary or permanent materials proved and/or installed by Ace Asphalt of Arizona, Inc.
3. No other restricted hazardous (toxic) materials have been used in or stored on the project site during the course of construction by Ace Asphalt of Arizona, Inc.
4. We are and continue to hold ourselves responsible for our respective subcontractors and material suppliers.
5. We have complied with all Local, State and Federal regulations concerning toxic substances.

Sincerely,
Ace Asphalt of Arizona, Inc.



Michael G. Moertl
VP / COO

AFFIDAVIT: NON-USE OF ASBESTOS CONTAINING BUILDING MATERIALS

State of Arizona }
 }
County of Maricopa } SS.

I, Gary Suppes having been duly sworn, depose as follows:
(name)

1. I am authorized to make this affidavit on behalf of Northwest

Floor and Wall Co., who / which is the subcontractor for McCarthy Building Company for Maricopa Middle School.

In performing the subcontract for the construction of Maricopa Middle School.

I certify that no building materials containing asbestos were used or incorporated in any way in the completed project.

Date this 1st day of October 2008.
Northwest Floor and Wall Co.

By: _____

Its: General Manager

Suscribed and sworn before me this 24th day of October

Notary Public Nancy M. Pavey

My commission expires: 12/26/2011

Desert Winds



RESIDENTIAL & COMMERCIAL TECHNOLOGY INTEGRATION

8454 North 90th Street
Scottsdale, Arizona 85258
480-609-6200
TOLLFREE 800-426-6060
FAX 800-609-6222

PROFESSIONAL ENGINEER

AZ CONTRACTORS LICENSE
ROC 095864 ROC 095865

NM LICENSE
#87397

AFFIDAVIT: NON-USE OF ASBESTOS CONTAINING BUILDING MATERIALS

State of Arizona)

)ss.

County of Maricopa)

I, Dominic Palazzo, having been duly sworn, depose as follows:

1. I am authorized to make this affidavit on behalf of Safeguard, who/which is a contractor on the Maricopa Middle School -- Desert Wind project.

In performing the Contract for the construction of Intercom System, Security System, Access Control, MATV System, Sound System, I certify that no building material containing asbestos were used or incorporated in any way in the completed project.

Dated this 11th day of August 2008

Contractor: Safeguard

By: Dominic Palazzo

Its: Project Manager



Subscribed and sworn to before me this 3rd day of March 2009.

Notary Public: Jeanette Smith

My commission expires: 3.26.2010

Tri-City Mechanical

**AFFIDAVIT: NON-USE OF
ASBESTOS CONTAINING BUILDING MATERIALS**

State of Arizona)
) ss.
County of Maricopa)

I, Bill Fourn having been duly sworn, depose as follows:

1. I am authorized to make this affidavit on behalf of Tri-City Mechanical, Inc., which is a subcontractor for the project of Tortosa Middle School location.
2. In performing the Contract for the construction of Tortosa Middle School location, I certify that to the best of my knowledge no building materials containing asbestos were used or incorporated in any way in the completed project.

Dated this 4th day of August, 2008.

Tri-City Mechanical, Inc.

By *Bill Fourn*

Bill Fourn

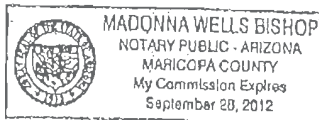
It's Senior Vice President

Subscribed and sworn to before me this 4th day of August, 2008.

Madonna Wells Bishop
Notary Public

My commission expires:

September 26, 2012



AFFIDAVIT: NON-USE OF ASBESTOS CONTAINING BUILDING MATERIALS

State of Arizona)
)
Count of Maricopa)

ss:

I, Ryan Carr, having
(Name)

been duly sworn, depose as follows:

1. I am authorized to make this affidavit on behalf of

Arizona Restaurant Supply, Inc.

(Name of Contractor)

who/which is a Subcontractor of the Contractor on Desert Wind Middle School - Tortosa
(Project Name)

2. In performing the Contract for the construction of

Desert Wind Middle School - Tortosa

(Project Name)

I certify that no building materials containing asbestos were used or incorporated in any way in the completed project.

Dated this 8th day of December 2009

Arizona Restaurant Supply, Inc.

(Name of Subcontractor)

By:

[Signature]

(Signature of Subcontractor Representative)

Title:

Ryan Carr - Contracts Manager

(Title of Contractor Representative)

Subscribed and sworn to before me this

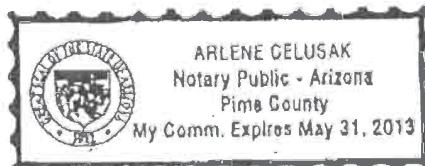
Dated this 8th day of December 2009

[Signature]

Notary Public

My Commission expires:

May 31, 2013



Affidavit of Asbestos Non-Use

State of Arizona

County of Pinal

I, FARHAD BAKHAI am authorized to make this affidavit on behalf of

SKF TILE DESIGN LLC
Company

who is a Subcontractor of the Contractor on Desert Wind Middle School.

In performing the Contract for the construction of **Desert Wind Middle School**,

I certify that no building materials containing asbestos were used or incorporated in any way in the completed project.

Project Substantial Completion : Oct 1st. 2008

Company Name SKF TILE DESIGN LLC

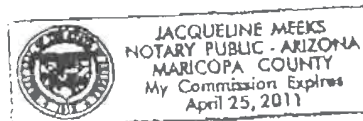
Company Title : ESTIMATOR


Signature 

Notary Public Information :

Jacqueline Pilon

Date : 10/5/2009





APPENDIX H



10/24/20

10/24/20

MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

OPERATIONS & MAINTENANCE PLAN

MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
ASBESTOS OPERATIONS AND MAINTENANCE PLAN

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MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

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MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

Maricopa Unified School District No. 20
 Asbestos Plan Checklist

Following is a checklist that summarizes the Asbestos plan requirements and is also a means of keeping track of dates when requirements of the Asbestos plan have been met or completed.

Use this checklist every time a new employee is hired, and also use once per year in or around the month of **August** to insure that all requirements are being met.

PLAN SET UP	Completed by	Date	File In
- Obtain and read a professionally prepared operations and maintenance plan provided by the Maricopa Unified School District. 68 (MUSD)	_____	_____	<u>N/A</u>
- Obtain and read the Summary of the Operations and Maintenance Plan.	_____	_____	<u>N/A</u>
- Obtain a 3-ring binder, set up Asbestos information requirements including the following:	_____	_____	<u>N/A</u>
1. Resident Notification	_____	_____	<u>Tab C</u>
2. Workers Acknowledgements	_____	_____	<u>Tab D</u>
3. Sub-Contractor Acknowledgements	_____	_____	<u>Tab E</u>
4. Training Certificates			
A) Plan Manager	_____	_____	<u>Tab A</u>
B) Employee	_____	_____	<u>Tab A</u>
C) Respirator	_____	_____	<u>Tab A</u>
5. Physician Reports	_____	_____	<u>Tab B</u>
6. Respirator Fit Tests	_____	_____	<u>Tab A</u>
7. Respirator Repair Reports	_____	_____	<u>Tab F</u>
8. Respirator Plan Evaluation	_____	_____	<u>Tab G</u>
9. Asbestos Related Type III Work Order	_____	_____	<u>Tab H</u>
10. Move Out Evaluations	_____	_____	<u>Tab I</u>
TRAINING			
- Appoint a Plan Manager	_____	_____	<u>N/A</u>
- Complete Plan Manager 16 Hour training as described on Page 4.	_____	_____	<u>Tab A</u>
- Complete employee 2 Hour training (Class III work requires 16 hours of training). New employees to be trained within 60 days of hiring as described on Page 3.	_____	_____	<u>Tab A</u>
- Complete respirator training including a fit test for employees who will be wearing them as described on Page 7.	_____	_____	<u>Tab A</u>
- File copies of all certificates in employee files and the MUSD Asbestos 3-ring binder, B Tab A section.	_____	_____	<u>Tab B</u>

MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

MEDICAL

	Completed By	Date	File In
- Prepare job description stating duties, level of exposure and type of respirator to be used. (See Form 7)	_____	_____	<u>N/A</u>
- Complete medical exam clearing employee for respirator use as described on Page 5. (See Forms 5 & 6)	_____	_____	<u>N/A</u>
- File Physician's report in employee file and the MUSD Asbestos 3-ring binder, Tab B section.	_____	_____	<u>Tab B</u>

ANNUAL

- Complete Plan Manager Refresher Course as described on Page 2.	_____	_____	<u>Tab A</u>
- All Respirator users complete medical re-examination as described on Page 5.	_____	_____	<u>Tab B</u>
- All Respirator users complete Fit Retest as described on Page 8.	_____	_____	<u>Tab A</u>
- Plan Manager completed Respirator program evaluation as described on Page 8. (See Form 10)	_____	_____	<u>Tab E</u>

NOTIFICATIONS

- Obtain a signed Occupants Notice and file a copy in the MUSD Asbestos binder and resident file as described on Page 4. (See Form 2)	_____	_____	<u>Tab C</u>
- Obtain a signed copy of the Worker Notification. File one in employee file and in the MUSD Asbestos Summary as described on Page 4. (See Form 3)	_____	_____	<u>Tab D</u>
- Obtain a signed copy of the Sub-Contractor Acknowledgement and file in the MUSD Asbestos binder as described on Page 4. (See Form 4)	_____	_____	<u>Tab E</u>

MARICOPA UNIFIED SCHOOL DISTRICT NO. 20

OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

WORK PRACTICES

- If Class III work, fill out job request form and file in the MUSD Asbestos 3-ring binder Tab H section.
- Perform work and disposal according to directions in the MUSD Asbestos Summary, Pages 4 & 10.
- Fill out and file Waste Manifest and special waste acceptance application with each ACM disposal as described on Page 10. File copies in the Asbestos 3-ring binder, Tab J section.

MARICOPA UNIFIED SCHOOL DISTRICT NO. 20
OPERATIONS & MAINTENANCE ASBESTOS PROGRAM

Maricopa Unified School District No. 20
Summary of Asbestos Operations and Maintenance Plan
October 2024

OVERVIEW

The following summarizes the operation and maintenance plan that was prepared by an EPA Accredited Management Planner with Western Technologies Inc. This summary includes provisions for Certificates of Training, Worker’s and Sub-Contractor’s Acknowledgements, Respiratory Program Evaluations, Medical Release forms for Respirator Use and Asbestos related Job Request Forms. Along with the forms and certificates listed above are Occupant Notifications. Along with this summary is a binder with tabs for insertion of all forms and certificates mentioned in the summary.

The binder should be kept in the main corporate office for the Maricopa Unified School District No. 20 and a copy also at the main office of each campus. All forms and Certificates must be kept a minimum of 30 years or the life of the structure and/or the final removal of identified ACMs.

Asbestos related projects are divided into four classes as follows:

- Class I Class I work means activities involving the removal of thermal system insulation (TSI) and surfacing asbestos-containing material (ACM) and presumed asbestos-containing material (PACM).

- Class II Class II work means activities involving the removal of ACM which is not thermal system insulation or surfacing material. This includes, but is not limited to, the removal of asbestos-containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastics.

- Class III Class III work means repair and maintenance operations, where ACM, including TSI and surfacing ACM and PACM may be disturbed.

- Class IV Class IV work means maintenance and custodial activities during which employees contact, but do not disturb, ACM or PACM and activities to clean up dust, waste and debris resulting from Class I, II, and III activities.

The MUSD’s O & M Plan is divided into two types of projects. The first type of work would be considered Class IV projects that involve direct contact with ACM, but no disturbance. These would be projects that include working around the identified and/or presumed ACMs but not disturbing the ACMs. Class IV work also includes the clean-up of any dust created from Class I, II, or III activities and must be done using a High Efficiency Particulate Air (HEPA) vacuum.

The second type of work would be Class III projects that involve activities that may disturb ACMs. This could involve using mechanical means to buff the vinyl asbestos flooring or repair to the drywall system, which does not exceed one standard glove bag or waste bag measuring 60 inches in length and width.

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To ensure proper implementation of the plan, a Plan Manager has been appointed. The Plan Manager for the MUSD is Gordon Ponticello. The Plan Manager is responsible for the following:

- A. Maintaining all records required
- B. Coordination of Training New Employees
- C. Overseeing work whether done by Employees or Contractors

The Plan Manager should receive minimum 2-hours of training related to these duties under the program, which meets the OSHA requirements and consists of basic knowledge of:

- A. Health affects associated with Asbestos
- B. Detection, Identification and Assessment of ACM
- C. Options for Controlling ACM
- D. Asbestos Management Programs
- E. Applicable Federal, State, County and City Regulations Concerning Asbestos.
- F. Work Practices and Engineering Controls for Class III asbestos work.

Upon completion of the Plan Manager's training, a certificate will be issued. This certificate must be placed in this Asbestos 3-ring binder, Tab A section, and kept for 30 years. A 2-hour refresher course should be taken once per year. Certificates for refresher courses must also be filed in the Asbestos 3-ring binder, Tab A section for 30 years from the date of the training. The Plan Manager training can be received from **Western Technologies, 1805 West Drake Drive, Tempe, Arizona 85283** or other qualified instructor/training facility.

AWARENESS TRAINING

All employees should receive a minimum of 2-hours of awareness training. Individuals that will perform Class III work are required to have at least 16-hours of hands-on training. This training should be done prior to or at the time of initial assignment and at least annually thereafter. The training shall include at a minimum the following elements:

- Information regarding asbestos and its various uses and forms.
- Information on health effects associated with asbestos exposure.
- Locations of ACM/PACM identified throughout each facility building in which they work.

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- How individuals can avoid disturbing ACM.
- Recognition of damage, deterioration, and delamination of ACM, and how to report damage.
- How custodial and maintenance personnel should deal with these materials to prevent fiber release.
- What will be completed periodically and over the long term to protect the health and safety of employees.
- How to deal with fiber release episodes.
- The name and telephone number of the Asbestos Program Manager designated by property owner.
- The availability and location of the O&M plan.
- Methods of recognizing ACM/PACM, including the communication of hazards.
- The appropriate work practices for performing the asbestos job (respirator usage, protective clothing, hygiene facilities, and decontamination procedures).
- The purpose, proper use, fitting instructions, and limitation of respirators.
- Medical surveillance program requirements to protect the health and safety of employees.

Upon completion of the 2-hour awareness training, all employees should be issued a certificate (See Form 1) which is signed by the Plan Manager and the employee that shows the areas covered and dates of the training. **All employee-training records must be kept for 30 years. File one copy in the Employee's Personnel File, and another in the Asbestos 3-ring binder, Tab A Section. The Plan Manager should monitor employee work practices and continue spot training as needed on an ongoing basis.**

Employees who may perform Class III work activities should complete the 16-hour hands on asbestos training class. The topics discussed during this training shall include the topics contained in the 2-hour awareness training class, plus the following:

- The nature of operations that could result in exposure to asbestos, the importance of protective controls to minimize exposure, and waste disposal procedures, and any necessary instruction in the use of these controls and procedures
- The content of the OSHA standard.

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- Specific work practices and engineering controls, including wet methods, HEPA vacuuming, and waste disposal, which will be used to minimize asbestos fiber releases.
- The relationship between smoking and asbestos in producing lung cancer.
- Information from public health organizations regarding the cessation of smoking.

Upon completion of the 16-hour awareness training, all employees should be issued a certificate (See Form 1b) which is signed by the Plan Manager and the employee that shows the areas covered and dates of the training. **All employee-training records must be kept for 30 years. File one copy in the Employee's Personnel File, and another in the Asbestos 3-ring binder, Tab A Section. The Plan Manager should monitor employee work practices and continue spot training as needed on an ongoing basis.**

NOTIFICATION REQUIREMENTS

An essential part of the O/M Plan is proper notification to all affected parties. This would include:

- A. Employees/occupants - All existing and future Employees/occupants must be notified of the Asbestos containing materials and the importance of not disturbing them. This will be done in the form of a letter, a copy of which is included in this summary. (See Form 2) A copy of this letter should be signed by the Employees and kept in their Resident Notification binder. The signed copy of the resident's letter should be kept permanently in the Asbestos 3-ring binder, Tab C-section.
- B. Employees- All employees must read and sign the Certificate of Worker's Acknowledgement (See Form 3). This signed form should be kept from date of signing for 30 years in the Asbestos 3-ring binder, Tab D section.
- C. Sub-Contractors - All Sub-Contractors performing work that involves ACM must read and sign the Certificate of Sub-Contractors Acknowledgement (See Form 4). The owner of the company and any of his employees that work on asbestos-related projects must sign this form. This signed form should be kept for 30 years from the date of signing in the Asbestos 3-ring binder, Tab E section.

RESPIRATORS/MEDICAL SURVEILLANCE PROGRAM

The employer is required to implement a respiratory protection program that addresses worksite-specific uses and procedures and elements for required respirator use. The written program shall be updated as necessary to reflect those changes in workplace conditions that affect respirator use. The employer shall include in the program the following provisions of this section, as applicable:

- Procedures for selecting respirators for use in the workplace;
- Medical evaluations of employees required to use respirators;

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- Fit testing procedures for tight-fitting respirators;
- Procedures for proper use of respirators in routine and reasonably foreseeable emergency situations;
- Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding, and otherwise maintaining respirators;
- Procedures to ensure adequate air quality, quantity, and flow of breathing air for atmosphere-supplying respirators;
- Annual training of employees in the proper use of respirators, including putting on and removing them, any limitations on their use, and their maintenance; and
- Procedures for regularly evaluating the effectiveness of the program;
- The employer shall designate a program administrator who is qualified by appropriate training or experience to oversee the respiratory protection program.
- The employer shall provide respirators, training, and medical evaluations at no cost to the employee.

Only those individuals who are medically capable of wearing respiratory protective equipment shall be issued a respirator. Before being issued one, an employee should receive pertinent tests for medical and physical conditions. Medical tests conducted by a physician should include pulmonary function tests, a chest X-ray (if a physician deems it necessary), electrocardiogram, and any other tests deemed appropriate by the examining physician. A medical history in the form of a questionnaire is collected for each individual. Other factors to be considered by a physician may include: emphysema, asthma, chronic bronchitis, heart disease, anemia, poor eyesight, poor hearing, hernia, and lack of use of fingers or hands, epileptic seizures, and other factors that might inhibit the ability of an employee to wear respiratory equipment.

The main requirements of the medical surveillance program are initial and periodic examinations. Periodic examinations are required at least annually. A copy of the Physician's written report, and repeat examinations, must be kept in the Asbestos 3-ring binder, Tab B section for 30 years from the date of the examination. Details of the examination should include the following details:

Each examination should include, at a minimum:

- Completion of the mandatory medical questionnaires, completed by the Plan Manager with the employee. There are separate questionnaires for the initial and periodic examinations. These questionnaires also include sections on work history. (See forms 5 & 6). A copy of the questionnaire is given to the physician, placed in the Employee Personnel File and kept in the Asbestos 3-ring binder, Tab B section. The initial questionnaire (Form 5) is used for the first exam. The periodic questionnaire is used for annual re-examinations.
- A physical examination, with emphasis on the cardiovascular and gastrointestinal systems.
- A pulmonary function test, which includes the forced vital capacity (FVC) and the forced expiratory volume (FEV) in one second.

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- The examining physician may also require other tests as part of the medical examination. The chest X-ray is administered at the discretion of the physician. However, it is recommended that an initial chest X-ray be taken to establish baseline conditions for the employee.
- Following the examination, the physician must provide the employer with the following:
 - A written opinion as to whether the employee has any detected medical conditions that would place the employee at risk of health impairment from exposure to asbestos.
 - Any recommended limitations on the employee, or on the use of personal protective equipment, such as respirators.
 - 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. A copy of this statement should be kept in the Asbestos Summary binder for 30 years from the date of signing.

The physician is not to reveal in the written opinion given to the employer any specific findings unrelated to asbestos exposure. Also, the employer must provide a copy of the physician's written statement to the employee within 30 days of receipt.

The employer must provide the examining physician with the following: (See form 7)

- A description of the employee's duties as they relate to asbestos.
- The employee's actual or anticipated level of exposure.
- A description of any personal protective and respiratory equipment used or to be used.
- Information from previous medical examinations of the employee that is not otherwise available to the examining physician.

Finally, the employer must maintain medical records for at least 30 years following termination of employment. These records are kept in the Asbestos 3-ring binder, Tab B section. If the employer goes out of business without a successor, OSHA must be notified at least 90 days prior to termination of business and provide for transfer to records to the secretary of OSHA.

When an employee is cleared medically to use a respirator, a Respirator Fit Test needs to be performed. A copy of verification of the Respirator Fit Test must be placed in the Employee Personnel File, and then in the Asbestos 3-ring binder, Tab A section. Verifications must be kept for 30 years from the test date. Contact the following to assist in selecting the proper respirator and to perform the fit test or another qualified supplier and fit testing facility:

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Western Technologies
1805 West Drake Drive
Tempe, Arizona 85283

Employees should be retested at least annually with written verification from Western Technologies or another fit testing firm. If there is any physical change, which could result in face shape change such as significant weight gain or loss, retesting should be done prior to the annual testing. A copy of the retest must be placed in the Employee's Personnel File, another in the Asbestos 3-ring binder, Tab A section. These verifications should be kept for 30 years from the date of retesting.

RESPIRATOR TRAINING

A respirator will be required for Class III work and some Class IV work. The Plan Manager is responsible for administering proper respirator use fit testing and training for all employees. Respirator training, along with a Respirator Fit Test can be received through:

Western Technologies
1805 West Drake Drive
Tempe, Arizona 85283
(602) 437-3737

The training should consist of the following:

- A. Explanation of the ramifications of misuse**
- B. Why the particular respirator was selected**
- C. Limitations of the selected respirator**
- D. Putting on the respirator**
- E. Wearing of the respirator**
- F. Maintenance of the respirator**
- G. Recognizing and handling emergency situations**
- H. Inspection of the respirator**
- I. Use of air-purifying respirator**
- J. Use of air-supplied respiratory equipment**
- K. Purpose of medical evaluation**
- L. Proper fit-testing techniques**

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Upon completion of the training the employee **MUST** sign the **Respirator Training Program Form**. (See Form 8) The signed form must be kept for 30 years from the date of signing in the Asbestos 3-ring binder, Tab A section. A copy must also be placed in the Employee's Personnel File.

ROUTINE INSPECTION OF RESPIRATORS

In addition, cleaning and inspection of the respirator must be performed with each use. Use the following guidelines to perform the cleaning and inspection.

Inspection of the respirator is an important routine task. It should be completed before and after each use. The following defects should be checked:

- Rubber face piece should be checked for:
 - Cleanliness
 - Cracks, tears, or holes
 - Distortion from improper storage
 - Cracked, scratched or loose fitting lens
 - Broken or missing mounting clasp

- Headstraps should be checked for:
 - Breaks or tears
 - Loss of elasticity
 - Broken or malfunctioning buckles or attachments
 - Excessively worn serration of the head harness that might allow the face piece to slip.

- Inhalation valve, exhalation valve, should be checked for:
 - Detergent residue, dust particles or dirt on valve seat
 - Cracks, tears, or distortion in the valve material or valve seat
 - Missing or defective valve cover

- Filter elements should be checked for:
 - Proper filter for the hazard
 - Approval designation
 - Missing or worn gaskets
 - Cracks or dents in filter housing

The Plan Manager must fill out the Respirator Repair Form anytime he or the Manufacturer makes a repair. If the manufacturer makes the repair, then the Plan Manager must attach a copy of the repair invoice to the form. This form must be placed in the Asbestos 3-ring binder, Tab F section and kept for 30 years from the repair date. (See Form 9)

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CLEANING AND DISINFECTING RESPIRATORS

Whenever possible, a respirator should be reserved for the exclusive use of a single individual. Following each use, the respirator should be cleaned and disinfected. The following procedures can be used to clean a respirator:

- Discard respirator cartridges as asbestos containing waste. See Page 10 for ACM disposal directions.
- Wash with a detergent or a combination detergent and disinfectant in warm water using a soft brush.
- Rinse in clean water, or rinse once with a disinfectant and once with clean water. The clean water rinse is particularly important because traces of detergent or disinfectant left on the mask can cause skin irritation and or damage to respirator components.
- Air-dry on a rack or hang; position the respirator so that the face piece rubber will not become distorted. Do not use heat to speed drying time as it can cause deterioration of the respirator.
- After the respirator is dry, store each respirator in its own individual package or container in a cabinet in the shop that will protect them from dust, sunlight, heat, excessive cold, moisture or damaging chemicals.

Finally, the Plan Manager needs to perform an evaluation of the respirator program at least annually. Use Form 10 to perform the evaluation and place a copy of the evaluation in the Asbestos 3-ring binder, Tab G section. Keep all copies for 30 years from evaluation date.

PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT

A variety of the safety and personal protective equipment may be required as part of the O&M Program. This equipment would be used for work that will involve handling and disposing of pieces of ACM. This equipment includes:

- Impervious gloves, such as PVC, nitrile, or polyethylene
- HEPA-filtered vacuum
- Asbestos 6 mil waste disposal bags with appropriate labels
- 6 mil polyethylene sheeting (used as drop cloths and barriers)

NEGATIVE INITIAL EXPOSURE ASSESSMENT

A **Negative Initial Exposure Assessment** can be performed by Western Technologies or another qualified firm to define the work that can be performed without a respirator.

The **Negative Initial Exposure Assessment** demonstrates which routine maintenance and housekeeping activities are not affected by ACM by monitoring employee breathing while

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performing these tasks. A copy of an Exposure Assessment form is included in this Asbestos binder after page 11.

All work that falls outside the assessment will require a respirator and the guidelines in this summary must be adhered to.

ACBM DISPOSAL

Following are steps for disposal of non-friable and friable ACBM:

1. Material must be misted with water prior to being removed and wrapped.
2. Material must be wrapped in 2 layers of 6-mil plastic. The first layer of poly needs to be sealed prior to wrapping with the second layer of poly.
3. A Waste Shipment Record/Manifest application must be filled out. (See examples in form section.) These forms may be obtained from local waste transport firms or other selected EPA accredited landfill.

Copies of the Waste Manifests must be kept in the Asbestos 3-ring binder, Tab J section permanently.

APPLICABLE WORK PRACTICES FOR MUSD

As outlined in the beginning of the summary, only Class IV and some Class III work will be performed by the MUSD staff once regulatory training and medical surveillance requirements are met. When Class III work is performed, it should be performed within the guidelines of the ACM repair directions defined below.

PHYSICAL DAMAGE TO CEILINGS AND DRYWALL TEXTURES

The most important consideration is that dust is not created during the repair process, or at the very least kept to a minimum with any dust being captured in plastic. Following are some examples and the measures that should be taken during the repair process:

A. Small Holes - Filling Procedure

Spread 6-mil plastic on the floor under the work area of the ceiling and/or wall. Lightly mist the area around the hole with water to eliminate any dust. Fill the hole with caulking and with a small paint brush stipple the surface level with the ceiling to simulate the texture. Clean the area with a wet mop or HEPA vacuum.

B. Large Holes – Debris quantities less than one glove bag or waste bag measuring 60 inches in length and width.

Spread 6-mil plastic on the floor under the work area. Secure plastic to the top of the wall just below the ceiling and around the work area that stretches to the floor to enclose the work area. Mist the area of ceiling to be replaced to eliminate creation of dust. Remove damaged material and place it in a plastic bag that is 6-mil thick. Fasten the new piece and finish the new piece into

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the existing ceiling in such a fashion as not to disturb surrounding surfaces. Dispose of plastic and plastic bags by placing them in a second bag of 6-mil thickness according to disposal directions. Clean the area with a wet mop or HEPA vacuum.

WATER DAMAGE TO CEILINGS AND DRYWALLS

- A. Loose Texture - Debris quantities less than one glove bag or waste bag measuring 60 inches in length and width.

Spread plastic on floor under work area. Secure plastic to the ceiling around the work area that stretches to the floor to enclose the work area. Spray a light mist on loose texture to eliminate dust, lightly remove loose texture with a 6" drywall knife and place into double plastic bags of 6-mil thickness. Lightly stipple the area of voided texture with a brush using a texture coating material. Clean the area with a wet mop or HEPA vacuum.

- B. Water Stains

Water stains can be repaired without disturbing the ceiling and/or drywalls with the use of a paint sprayer. Cover the floor with plastic as well as any wall areas that could receive overspray. With the use of a sprayer, seal the stains with an oil-based sealer such as Kilz. After that has dried, spray the entire ceiling with a latex paint such as ICI Cottage White VI99.

PHYSICAL DAMAGE TO VINYL FLOORING MATERIALS

Vinyl flooring shall not be scraped off or removed. Any voids or cracks shall be filled with a floor prep compound such as Dap Web Patch 90 Floor Patch. The floor should be damp mopped prior to patch work to eliminate any dust.

New sheet vinyl, floor tiles, and/or cove base should then be installed over the existing material.

PHYSICAL DAMAGE TO CARPET BACKING AND MASTIC

Carpet backing and mastic encountered in the event of carpet replacement should be tested prior to removal. An asbestos abatement contractor utilizing wet removal methods must conduct removal of ACM carpet backing and mastic. ACM carpet backing and mastic shall be double wrapped in 6-mil thick poly and disposed of at an asbestos certified landfill. Clean the area with a steam cleaning method or HEPA vacuum.

PHYSICAL DAMAGE TO DUCT WRAP/THERMAL SYSTEMS INSULATION (TSI)

Damaged duct wrap and TSI material should be removed using wet methods to minimize the creation of dust and debris. Removed duct wrap/TSI should be placed in two 6-mil thick poly bags and disposed of at an asbestos certified landfill. Replace duct wrap/TSI with non-ACM materials.

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PHYSICAL DAMAGE TO FIREPROOFING

Damaged fireproofing material should be removed using wet methods to minimize the creation of dust and debris. Removed fireproofing should be placed in two 6-mil thick poly bags and disposed of at an asbestos certified landfill. Replace fireproofing to meet current building codes.

PHYSICAL DAMAGE TO ROOFING MATERIAL (non-AHERA)

Asbestos containing roofing material is deregulated under OSHA but remains a NESHAP waste. NESHAP requires no visible emissions, proper packaging of waste and disposal. Damaged roofing should not be scrapped off or removed. Any voids or cracks should be filled in using a non-ACM roof patch or caulking. Precautions should be taken to prevent the creation of dusts and/or debris from the existing material.

Note: Any dust created needs to be vacuumed with a High Efficiency Particulate Air (HEPA) vacuum, capable of trapping and retaining at least 99.97% of all particles 0.3 micrometers in diameter. A HEPA vacuum can be purchased for approximately \$500.00 at:

ABATIX
2133 South 7th Street, Suite 200
Phoenix, Arizona 85034
(602) 323-1941, or other industrial supplier.

The vacuum bags should be disposed of according to the guidelines for disposal listed on the manufacturer recommendations and in accordance with the OSHA and EPA regulation.

If a building occupant phones in a work order for work related to ACM that would fall under Class III, an Asbestos Related Job Request Form must be filled out by the Plan Manager. (See Form 11) This form must be kept in the Asbestos 3-ring binder, Tab H section, permanently. Upon each move out, the Plan Manager must fill out an Asbestos Move-Out Evaluation Form (See Form 12). The Move-Out Evaluations should be kept in the Asbestos 3-ring binder, Tab I section, permanently.

IMPORTANT

All suspect asbestos-containing materials located at the MUSD should be treated as Presumed Asbestos Containing Material (PACM). The material is considered PACM until adequately tested and the results indicate either an ACM or a non-ACM content. All building materials that are not wood, metal or glass and regardless of the year of manufacturing and installation are considered and should be treated as PACM.

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Asbestos Forms & Certificates

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FILE COMPLETED FORMS AS DESCRIBED BELOW

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MUSD

Employee 2-Hour Asbestos Awareness Training Certificate

I have received 2-hours of Asbestos related training from the Asbestos Plan Manager or other qualified training source.

The training included the following:

Information regarding asbestos and its various uses and forms.

Information on health effects associated with asbestos exposure.

Locations of ACM identified throughout each facility building in which they work.

How individuals can avoid disturbing ACM.

Recognition of damage, deterioration, and delamination of ACM and how to report damage.

How custodial and maintenance personnel should deal with these materials to prevent fiber release.

What will be completed periodically and over the long term to protect the health and safety of employees.

How to deal with fiber release episodes.

The name and telephone number of the Asbestos Program Manager designated by property owner.

The availability and location of the O&M plan.

Signature of Employee: _____

Employee ID: _____

Name Printed: _____ Date: _____

Plan Manager Signature: _____

Name Printed: _____

Form 1A

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MUSD

Employee 16-Hour Asbestos Awareness Training Certificate

I have received 16-hours of Asbestos related training from the Asbestos Plan Manager or other qualified training provider, in order to perform Class III asbestos work.

The training included the following:

Information regarding asbestos and its various uses and forms.

Information on health effects associated with asbestos exposure.

Locations of ACM identified throughout each facility building in which they work.

How individuals can avoid disturbing ACM.

Recognition of damage, deterioration, and delamination of ACM and how to report damage.

How custodial and maintenance personnel should deal with these materials to prevent fiber release.

What will be completed periodically and over the long term to protect the health and safety of employees.

How to deal with fiber release episodes.

The name and telephone number of the Asbestos Program Manager designated by property owner.

The availability and location of the O&M plan.

Signature of Employee: _____

Employee ID: _____

Name Printed: _____ Date: _____

Plan Manager Signature: _____

Name Printed: _____

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MUSD

Respirator Training Program (Form 8)

Before signing, be sure you understand each of the following:

1. Explanation of the ramification of misuse
2. Why the particular respirator was selected
3. Limitation of the selected respirator
4. Putting on the respirator
5. Wearing of the respirator
6. Maintenance of the respirator
7. Inspecting the respirator
8. Use of air-purifying respirator
9. Purpose of medical evaluation
10. Proper fit-testing techniques

I understand the use, care, and inspection of the respirator (s) I may use at this building.
I have had the opportunity to wear and fit-test the respirator (s) I may use at this building.

Signature of Employee: _____

Employee ID: _____

Name Printed: _____ Date: _____

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- | | | Yes | No |
|-----|---|-----|----|
| 17. | PAST MEDICAL HISTORY | | |
| | A. Do you consider yourself to be in good health?.....(
If "No" state reason | (| (|
| | B. Have you any defect of vision.....(
If "Yes" state nature of defect | (| (|
| | C. Have you any hearing defect?.....(
If "Yes" state nature of defect | (| (|
| | D. Are you suffering from or have you ever suffered from: | | |
| | a. Epilepsy (or fits, seizures, convulsions)? | (| (|
| | b. Rheumatic fever? | (| (|
| | c. Kidney disease? | (| (|
| | d. Bladder disease? | (| (|
| | e. Diabetes? | (| (|
| | f. Jaundice? | (| (|

18. **CHEST COLDS AND CHEST ILLNESSES**

18A. If you get a cold, does it usually go to your chest?
 (Usually means more than 1/2 the time)

1. Yes 2. No 3. Don't Get Colds

19A. During the past 3 years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed?

1. Yes 2. No 3. Does Not Apply

B. Did you produce phlegm with any of these chest illnesses?

1. Yes 2. No 3. Does Not Apply

C. In the last 3 years, how many such illnesses with (increased) phlegm did you have?
 Which lasted a week or more?

Number of illnesses

No such illnesses

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20. Did you have any lung trouble before the age of 16? Yes No
21. Have you ever had any of the following?
- 1A. Attacks of bronchitis? Yes No
 If Yes To 1A
- B. Was it confirmed by a doctor? Yes No
- C. At what age was your first attack? Age in Years
 Does Not Apply
- 2A. Pneumonia? Yes No
 If Yes Go To 2A
- B. Was it confirmed by a doctor? Yes No
 Does Not Apply
- C. At what age did you first have it? Age in Years
 Does Not Apply
- 3A. Hay Fever? Yes No
- B. Was it confirmed by a doctor? Yes No
 Does Not Apply
- C. At what age did it start? Age in Years
 Does Not Apply
- 22A. Have you ever had chronic bronchitis? Yes No
 If Yes To 22A
- B. Do you still have it? Yes No
 Does Not Apply
- C. Was it confirmed by a doctor? Yes No
 Does Not Apply
- D. At what age did you first have it? Age in Years
 Does Not Apply
- 23A. Have you ever had emphysema? Yes No
- B. Do you still have it? Yes No
 Does Not Apply

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C. Was it confirmed by a doctor? Yes No
Does Not Apply

D. At what age did it start? Age in Years
Does Not Apply

24A. Have you ever had asthma? Yes No
If Yes Go To 24A Does Not Apply

B. Do you still have it? Yes No
Does Not Apply

C. Was it confirmed by a doctor? Yes No
Does Not Apply

D. At what age did it start? Age in Years
Does Not Apply

E. If you no longer have it, at what age did it stop? Age Stopped
Does Not Apply

25. Have you ever had? Yes No

A. Any other chest illness? Yes No
If yes, please specify

B. Any chest operations? Yes No
If yes, please specify

C. Any chest injuries? Yes No
If yes, please specify

26A. Has a doctor ever told you that you had heart trouble? Yes No
If Yes Go To 26A

B. Have you ever had treatment for heart trouble in the past 10 years? Yes No
Does Not Apply

27A. Has a doctor ever told you that you had high blood pressure? Yes No
If Yes Go To 27A:

27B. Have you ever had any treatment for high blood pressure (hypertension in the past 10 years?) Yes No
Does Not Apply

28. When did you last have your chest X-rayed?

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- F. For how many years have you had the cough? Number of Years
Does Not Apply
- 32A. Do you usually bring up phlegm from your chest?
(Count phlegm with the first smoke or on first going out of doors. Exclude phlegm from the nose.
Count swallowed phlegm.) (If no, skip to 32C)
- Yes No
- B. Do you usually bring up phlegm like this as much as twice a day 4 or more days out of the week?
- Yes No
- C. Do you usually bring up phlegm at all on getting up or first thing in the morning?
- Yes No
- D. Do you usually bring up phlegm at all during the rest of the day or at night?
- Yes No

IF YES TO ANY OF THE ABOVE (32A, B, C, OR D), ANSWER THE FOLLOWING:
IF NO TO ALL, CHECK DOES NOT APPLY AND SKIP TO 33A.

- E. Do you bring up phlegm like this on most days for 3 consecutive months of more during the year?
- Yes No
Does Not Apply
- F. For how many years have you had trouble with phlegm?
- Number of Years
Does Not Apply

EPISODES OF COUGH AND PHLEGM

- 33A. Have you had periods of episodes of (increased) cough and phlegm lasting for 3 weeks or more each year? (For persons who usually have cough and/or phlegm)
- Yes No
- If Yes To 33A
For how long have you had at least 1 such episode per year?
- Number of Years
Does Not Apply

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WHEEZING

- 34A Does your chest ever sound wheezy or whistling
- | | | |
|----------------------------------|-----|----|
| 1. When you have a cold? | Yes | No |
| 2. Occasionally apart from colds | Yes | No |
| 3. Most days or nights? | Yes | No |
- If Yes To 1, 2 or 3 in 34A
- B. For how many years has this been present? Number of Years
Does Not Apply
- 35A. Have you ever had an attack of wheezing that has made you feel short of breath?
- Yes No
- If Yes Go To 35A
- B. How old were you when you had your first such attack? Age in Years
Does Not Apply
- C. Have you had 2 or more such episodes? Yes No
Does Not Apply
- D. Have you ever required medicine or medicine for the (se) attack (s)?
Yes No
Does Not Apply

BREATHLESSNESS

36. If disabled from walking by any condition other than heart or lung diseases, please describe and proceed to question 37A.
- Nature of condition (s)
- 37A. Are you troubled by shortness of breath when hurrying on the level or walking up a slight hill?
Yes No
- If Yes To 37A
- B. Do you have to walk slower than people of your age on the level because of breathlessness?
Yes No
Does Not Apply
- C. Do you ever have to stop for breath when walking at your own pace on the level?
Yes No
Does Not Apply
- D. Do you ever have to stop for breath when walking about 100 yards (or after a few minutes) on the level?
Yes No
Does Not Apply

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- E. Are you too breathless to leave the house or breathless on dressing or climbing one flight of stairs?
Yes No
Does Not Apply

TOBACCO SMOKING

- 38A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.)

Yes No

If Yes To 38A

- B. Do you now smoke cigarettes (as of one month ago)?

Yes No

Does Not Apply

- C. How old were you when you first started regular cigarette smoking?

Age in Years

Does Not Apply

- D. If you have stopped smoking cigarettes completely, how old were you when you stopped?

Age Stopped

Check if Still Smoking

Does Not Apply

- E. How many cigarettes do you smoke per day now?

Cigarettes Per Day

Does Not Apply

- F. On the average of this entire time you smoked, how many cigarettes did you smoke per day?

Cigarettes Per Day

Does Not Apply

- G. Do or did you inhale the cigarette smoke?

1. Does Not Apply

2. Not At All

3. Slightly

4. Moderately

5. Deeply

- 39A. Have you ever smoked a pipe regularly?

(Yes means more than 12 oz. of tobacco in a lifetime.)

Yes No

If Yes Go To 39A:

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FOR PERSONS WHO HAVE EVER SMOKED A PIPE

- B. 1. How old were you when you started to smoke a pipe regularly? Age?
2. If you have stopped smoking a pipe completely, how old were you when you stopped?
Age Stopped
Check if Still Smoking Pipe
Does Not Apply
- C. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week?
oz. Per Week
(A standard pouch of tobacco contains 1 ½ oz.)
Not Currently Smoking a Pipe
- D. How much pipe tobacco are you smoking? oz. Per Week
Not Currently Smoking a Pipe
- E. Do you or did you inhale the pipe smoke? Never Smoked
Not At All
Slightly
Moderately
Deeply
- 40A. Have you ever smoked cigars regularly? Yes No
(Yes means more than 1 cigar a week for a year)

If Yes Go To 40A

FOR PERSONS WHO HAVE EVER SMOKED CIGARS

- B. 1. How old were you when you started smoking cigars regularly? Age?
2. If you have stopped smoking cigars completely, how old were you when you stopped?
Age Stopped
Check If Still Smoking Cigars
Does Not Apply
- C. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?
Cigars per Week
Does Not Apply
- D. How many cigars are you smoking per week now?
Cigars per Week
Check If Not Smoking Cigars
- E. Do or did you inhale the cigar smoke?
1. Never Smoked
2. Not At All
3. Slightly
4. Moderately
5. Deeply

Signature: _____

Date: _____

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PERIODIC MEDICAL QUESTIONNAIRE (Form 6)

1. Name
2. Social Security #
3. Present Occupation
4. Community
5. Address
6. (Zip Code)
7. Telephone Number
8. Interviewer
9. Date
10. What is your marital status?
 1. Single
 2. Married
 3. Widowed
 4. Separated/
Divorced
11. OCCUPATIONAL HISTORY
 - 11A. In the past year, did you work full time (30 hours per week or more) for 6 months or more?
 1. Yes
 2. NoIf Yes Go To 11A.
 - 11B. In the past year, did you work in a dusty job?
 1. Yes
 2. No
 3. Does Not Apply
 - 11C. Was dust exposure:
 1. Mild
 2. Moderate
 3. Severe
 - 11D. In the past year what was your
 1. Job Occupation
 2. Position/Job Title?

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Yes or No Further Comment on Positive Answers

Pneumonia
Tuberculosis
Chest Surgery
Other Lung Problems
Heart Disease
 Do You Have?

Yes or No Further Comment on Positive Answers

Frequent Colds
Chronic Cough
Shortness of Breath
When Walking Or
Climbing One Flight of Stairs
Do You:
 Wheeze
 Cough Up Phlegm
 Smoke Cigarettes

Packs per Day How Many Years

Date: _____ Signature: _____

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Asbestos Related Job Description (Form 7)

Employee Name:

The employee named above will be performing maintenance in buildings that have building materials that contain Asbestos. Asbestos is identified in the: _____

All other suspect building materials not tested or point counted are presumed ACM.

Work may consist of routine maintenance, changing of electrical fixtures, painting, minor plumbing, wall repairs and ceiling repairs up to, but no larger than 3 square feet. Some of the work may require the use of an air purifying, half mask, dual cartridge respirator. Levels of Asbestos disturbance and exposure will be negligible if at all. The employee must receive a minimum 2-hour asbestos awareness training and up to 16-hour asbestos training for Class III work, prior to working in these areas.

Plan Manager Signature: _____ Date: _____

Name Printed: _____

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Asbestos Management Plan (Form 3)

CERTIFICATE OF WORKER'S ACKNOWLEDGEMENT

NOTIFICATION:

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

An asbestos survey performed of this facility has identified building materials as asbestos-containing materials (ACM). Please review the Asbestos Inspection Report located at the Management office.

Knowing that these materials do or may contain asbestos, you will take all precautions to not disturb these materials without proper training and personal protection equipment. If any damage to these materials is identified, the Plan Manager, Gordon Ponticello will be notified at (Tel # 520-509-0363).

Prior to working on ACM or PACM or ACM/PACM debris, the MUSD requires that:

If the type of work being done requires it; you need to be supplied with the proper respirator and be trained in its use.

You will need to be trained in safe work practices and in the use of the equipment used.

You will receive a medical examination.

You will be familiar with the O&M plan which is available for review at the MUSD main office.

By signing this document, you are acknowledging that the MUSD has notified you of identified ACMs in the buildings and has advised you of your rights to training and protection relative to your employment.

Signature: _____ Social Security No. or Employee ID _____
(Employee/worker)

Print Name: _____ Date: _____

Witness Signature: _____
(Plan Manager)

Witness Print Name: _____

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Asbestos Management Plan (Form 4)

CERTIFICATE OF SUBCONTRACTORS ACKNOWLEDGEMENT

NOTIFICATION:

WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

An asbestos survey performed of this facility has identified building materials as asbestos-containing materials (ACM). Please review the Asbestos Inspection Report located at the Management office.

Knowing that these materials do or may contain asbestos, you will take all precautions to not disturb these materials without proper training and personal protection equipment. If any damage to these materials is identified, the Plan Manager, Gordon Ponticello will be notified at (Tel # 520-509-0363).

Sub-Contractor:

Signature: _____ Print Name: _____ Date _____
(Employee of Sub-Contractor)

Witnessed By _____ Print Name _____ Date _____
(Plan Manager)

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Respirator Repair (Form 9)

Date: _____

Repaired By: _____

(Attach Repair Invoice If Done By Manufacturer)

Check What Was Repaired Or Replaced:

Rubber Face Piece
Replaced Repaired
If Repaired Describe Repair

Headstraps
Replaced Repaired
If Repaired Describe Repair

Inhalation Valve
Replaced Repaired
If Repaired Describe Repair

Exhalation Valve
Replaced Repaired
If Repaired Describe Repair

Filter Elements
Replaced Repaired
If Repaired

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Respiratory Program Evaluation (Form 10)

Evaluation Date: _____ Evaluated By _____

In general, the respiratory program should be evaluated at least annually by the Plan Manager with program adjustments, as appropriate, made to reflect the evaluation results. A copy of the evaluation must be placed in the Asbestos Summary binder, and be kept for 30 years from the evaluation date.

A. PROGRAM ADMINISTRATION

- (1) Is there a written policy that identifies the Plan Manager as the responsible person for administering the respiratory program?
- (2) Are written guidelines showing where employees can get respirator fit testing and training on respirator use available?
- (3) Are there written procedures/statements covering the various aspects of the respirator program including:

Medical testing prior to respirator use

Verification and filing requirements for medical testing

An outline of what is included in medical testing

Verification and filing requirements for respirator training

An outline of what is included in respirator training

Routine inspection of respirators

Cleaning and disinfecting respirators

B. PROGRAM OPERATION

- (1) Respiratory protective equipment selection

Are written statements telling employees where to be fit tested and trained available?

Do individuals make knowledgeable selections of proper selection?

Has a medical evaluation of the prospective user been made to determine physical ability to wear the selected respirator?

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Are written guidelines on maintaining records of medical reports available?

(2) Training

Are users trained in proper respirator use, cleaning, and inspection?

Are written guidelines for maintaining records of training available?

Are the written guidelines on cleaning and routine inspection of respirators?

Are users trained in basic selection of respirators?

(3) Respiratory protective equipment fitting

Are written instructions for users to obtain professional respirator fitting available?

Is the fitting retested at least annually?

Are instructions regarding maintaining a file on retesting available?

(4) Respirator Use

Are respirators being worn correctly (i.e., head covering over respirator straps)?

(5) Maintenance of respiratory equipment

(a) Cleaning and disinfecting

Are there written directions on cleaning and disinfecting respirators?

Are proper methods of cleaning and disinfecting utilized?

(b) Storage

Are written directions on proper storage of respirators available?

Are respirators stored in a manner so as to protect them from dust, sunlight, heat, excessive cold, moisture or damaging chemicals?

Are respirators stored properly in a storage facility so as to prevent them from deforming?

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(c) Inspection

Are written instructions on inspecting respirators in place?

Is proper inspection part of the training in the respirator training and fit testing program?

Are respirators being inspected after each use?

Are respirator repairs done by the Plan Manager or the manufacturer?

Are there instructions on maintaining a record of the repairs and proper filing of such records?

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Asbestos Related Job Request (Form 11)
(Class III Work)

Note: To Be Filled Out By the Plan Manager. If The Work Is contracted out, the Plan Manager Should Fill out This Form and Attach A copy Of the Invoice.

This Form Shall Be Used When Routine Maintenance Work Will Involve Asbestos Containing Materials.

Apartment No: _____ Date: _____ Requested By: _____

Description of Asbestos Related Work To Be Completed:

Work Authorized By: _____ Date: _____

Are Any Protective Actions Needed For Personal Protection or Asbestos Disturbance Avoidance?

No

Yes

If Yes, Describe Action Taken:

Date Work Was Completed: _____ By: _____

Describe In Detail Measures Used to Minimize Asbestos Disturbance, Clean Up, Equipment Used, And Worker Protection:

Reviewed By: _____

Plan Manager: _____ Date: _____

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EXAMPLE

Asbestos Related Job Request (Form 11)
(Class III Work)

Note: To be filled out by the Plan Manager. If the work is contracted out, the Plan Manager should fill out this form and attach a copy of the invoice.

This Form Shall Be Used When Routine Maintenance Work Will Involve Asbestos Containing Materials.

Site: Phoenix Corporate Center Address: 3003 North Central Avenue
Suite No. 120 Date: September 12, 2014 Requested By: John Smith

Description of Asbestos Related Work To Be Completed:

Small Hole (3") In Office Ceiling (drywall system).

Work Authorized By: Plan Manager Mr. Johnson Date: September 12, 2014

Are any protective actions needed for personal protection or asbestos disturbance avoidance?

No

Yes X

If Yes, Describe Action Taken:

Wet materials to be disturbed and place plastic sheeting below work area. A HEPA vacuum should be available for quick clean-up. Gloves and safety glasses should be worn during removal and replacement of the sheetrock. A clean source of water should be available for cleaning hands and arms.

Date Work Was Completed: September 12, 2014

By: Mr. Jones, Maintenance

Reviewed By: Mr. Johnson, Plan Manager Date: September 14, 2014

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Regulations Referenced:

OSHA

OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

29 CFR 1926.1101

ASBESTOS

AUGUST 10, 1994

59 FR 40964

JUNE 29, 1995

60 FR 33974

SEPTEMBER 29, 1995

60 FR 50411

AUGUST 26, 1996

1910.1001

SEPTEMBER 23, 1996

61 FR 43454

APPENDIX I



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