

ASBESTOS MANAGEMENT PLAN INSTRUCTIONS

AT THE BOTTOM OF EVERY PAGE BEGINNING WITH PAGE 2 FILL-IN THE TOTAL NUMBER OF PAGES PER REPORT ** AND THE DEPARTMENT AND FACILITY INFORMATION

****Remember there may be multiple pages of one form that will obviously increase the total number of pages.**

TITLE PAGE (PAGE 1)

Fill in the Facility Name, Facility Address, and the Department this facility is under. Indicate the Fiscal Year (FY) of the plan, **NOT** the fiscal year it's turned in. They may not be the same.

The Facility's Asbestos Program Manager **signs** and **dates** that the report has been approved. The Facility Superintendent/Agency Head **signs** and **dates** that the report has been reviewed and approved.

PAGE 2: PROGRAM PERSONNEL AND PREPARER

Fill in the personnel information requested on this page. On the bottom right section of the page, the form's preparer information must be provided. All information should be filled in or an explanation given as to why it is not.

Make sure that accreditation #'s are listed (It's the red # on the photo ID card) and not the course #'s. For example, 034453 is an accreditation # while 21-25-00-IMP is a course #.

Make sure that accreditation #'s are NOT duplicated between individuals or courses.

If a position is not applicable to your agency put N/A with an explanation.

PAGE 3: ACCREDITED SUPERVISOR'S LIST

Fill in the department and facility, names, MDE photo identification card number, and date of their supervisor's initial and re-certification training dates. These dates must be current for the FY being reported on.

Having the Worker or Building Inspector/Management Planner course DOES NOT qualify an employee to be a supervisor. It's a separate 5 day course.

PAGE 4: FACILITY ASBESTOS OVERVIEW

NOTE: The information needed to fill in this page will be obtained and totaled from all of the page 5s. Each **STATE-OWNED BUILDING** will have a page 5 covering it.

BUILDINGS CLASSIFIED BY ASBESTOS CONTENT:
Identify all of the classes of all of the facility's buildings.

NUMBER OF BUILDINGS:
In each class should be the total of each classification of buildings for the facility. Each building may **only** be placed in **one building class, (i.e. Class A, Class B, etc.). If there is no building of that class, put in a 0 (zero) or N/A.**

You will place each building in the category of **worst** building classification. If a building has

both Class B and Class C materials in it, it will be recorded as a Class C Building **on this page**.

BUILDINGS WITHOUT RESTRICTED AREAS:

Enter the total number of buildings that **DO NOT** have any restricted areas.

RESTRICTED AREAS:

The information required for this section must be compiled from the Page 5s and broken down according to listed types of restricted areas. BE SURE TO FILL IN ALL BLANKS, USE **N/A OR 0 (ZERO)** IF NECESSARY!

BUILDING USE CHANGES:

Fill in the number that relates to the number of buildings that were demolished/sold/transferred **OR** closed for other reasons than asbestos. If the building has been demolished, sold, or transferred, list it. Record for only this year's Management Plan, then remove those building pages from the Plan for subsequent years.

PAGE 5: BUILDING ASBESTOS CONTENT CLASSIFICATIONS

MAKE A SEPARATE PAGE 5 FOR EACH STATE-OWNED BUILDING (NO MATTER HOW MANY BUILDINGS ARE IN THE COMPLEX). Number these pages as 5a, 5b, etc.

If satellite locations are affiliated with your complex, (i.e. half-way houses, warehouses, storage buildings or farm buildings), **A SEPARATE PAGE 5 SHALL BE FILLED OUT FOR EACH STATE-OWNED SATELLITE BUILDING IDENTIFYING THE BUILDING'S NAME AND LOCATION ADDRESS.**

FILL IN ALL THE BLANKS USING N/A IF NECESSARY.

For Class B, C, or D, take note of the percentages of area and localized damages and the amounts of this damage. You do not need to list amounts for Class A buildings.

GUIDELINES FOR CLASSES OF ACM

CLASS A: Asbestos free -- proof is required to declare a building to be asbestos free.

The purpose of qualifying a building as "asbestos free" is to streamline the preparation of Facility Asbestos Managements. The term "Asbestos Free" does not necessarily signify or guarantee the absence of asbestos containing materials. **Should "Asbestos Free Status" be obtained, it does not relieve the facility of its obligation to diligently investigate the presence of asbestos and other hazards before any work is performed that will disturb building materials.**

"Asbestos Free" Status will be granted after evaluation and approval of the required documentations outlined below once an site assessment made by MDE has determined that there is a high probability that an "Asbestos-Free" status can be achieved.

“Asbestos Free” Status will be valid for one year, and must be renewed annually.

“Asbestos Free” Status will be considered for those buildings in which construction commenced after January 1, 1985. This designation may also be considered for buildings constructed or renovated before 1985, if additional documentation is provided. In both cases, the following information is required.

Evidence for Initial “Asbestos Free” Status

- (1) **Building Name**
- (2) **Facility & Department**
- (3) **Address or GPS coordinates**
- (4) **Date of Commencement of Construction**
- (5) **Date of Occupancy**
- (6) **Drawing(s) showing homogeneous areas of all materials which could potential contain asbestos containing materials, including, but not limited to:**
 - a. **Floor Tile & Mastic**
 - b. **Pipe and Fitting Insulation not know to be fiberglass or closed-cell rubber insulation**
 - c. **Duct Covering, Furnace, Boiler, &/or Tank insulation not know to be fiberglass**
 - d. **Woven Fabric Vibration Dampers**
 - e. **Gaskets**
 - f. **Fireproofing Insulation**
- (7) **For buildings Constructed after 1985, at least two 6-month periodic surveillance inspection reports of sufficient quality to indicate that all areas of building have been observed.**
- (8) For buildings Constructed before 1985, a full inspection, covering all observable areas of the building along with crawlspaces, underground utilities, and insulated utilities and structures within wall cavities and ceiling plenums. In addition to the full inspection, evidence that at least two 6-month periodic surveillance inspection reports have been made which are of sufficient quality to indicate that all areas of building have been observed.
- (9) **Complaint logs for the last two years documenting either**
 - a. **No complaints received, or**
 - b. **Complaint(s) with findings regarding asbestos containing materials**
- (10) Bulk Sample results for all materials in each homogeneous area(s) which could have asbestos or which typically had asbestos in the past.
 - a. The number of bulk samples shall follow the AHERA protocol.
 - b. Analysis shall be done by Polarized Light Microscopy (PLM) except for Floor Tile and Mastic & Fireproofing Insulation.
 - c. Bulk Sample analysis for Floor Tile and Mastic & Fireproofing Insulation shall be done by Transmission Electron Microscopy (TEM).
 - d. **Material Safety Data Sheets (MSDS) may be accepted in lieu of bulk sampling, provided there is documentation that an architect’s representative, governmental construction inspector, or similar official, has inspected the material in question prior to installation, and certified that the MSDS matches the physical material.**
- (11) **A Self-Certification form issued by MDE, is signed by the Agency Health and Safety Specialist and Facility Asbestos Manager (both of whom shall be valid accredited Building Inspector/Management Planners) along with the Facility Head and Departmental Asbestos Coordinator.**

Evidence for Annual Renewal of "Asbestos Free" Status.

(1) By September 30th of each year, the following documents shall be submitted to MDE in order to retain "Asbestos Free" Status.

- a. Newly signed Self-Certification Form
- b. Complaint Log for past fiscal year.

The Renewal Request shall be evaluated by MDE and may grant or deny the request based on the merits of the information and observations of a site inspection, if deemed necessary

CLASS B: MISCELLANEOUS ACM ONLY and only if it is in GOOD condition with less than or equal to (\leq) 1 % of its total area damaged OR less than or equal to (\leq) 1 % localized damage

CLASS C: SURFACING and/or THERMAL ACM only in GOOD condition which means it has less than (\leq) 1 % of its total area damage OR less than or equal to (\leq) 1 % localized damage

and/or

CLASS C-1: MISCELLANEOUS ACM with MODERATE damage with greater than ($>$) 1 % TO less than or equal to (\leq) 10% of its total area damaged OR $>$ 1 % to less than or equal to (\leq) 25 % localized damage.

CLASS D: SURFACING and/or THERMAL ACM with MODERATE damage with greater than ($>$) 1 % TO less than or equal to (\leq) 10% of its total area damaged.

and/or

CLASS D-1: MISCELLANEOUS ACM with SIGNIFICANT damage of greater than ($>$) 10% of its total area damaged OR greater than ($>$) 25% localized damage.

and/or

CLASS D-2: SURFACING and/or THERMAL ACM with SIGNIFICANT damage with greater than ($>$) 10% of its total area damaged OR greater than ($>$) 25% of localized damage.

These building classifications require you to assess the condition of the material in question **and list the amounts**. Suspected ACM may be sampled to confirm the presence of asbestos, you may obtain the information from old building reports/sampling reports or you may assume the material to be asbestos. In any case, when any material is disturbed, it must be sampled prior to the time of a planned disturbance and this information shall be used to update the management plan for the upcoming reporting year.

RESTRICTED AREAS:

This is an area or room where the asbestos containing material(s) within is friable and has contaminated the area or where any work to be done in the area has the potential for contaminating the area. The door(s) to the area must bear a sign indicating restriction into the area (i.e. OSHA Danger sign). Only Level II employees may enter the area and only with proper protective equipment (i.e., disposable coveralls and powered air purifying respirator).

Indicate by a check mark if either the entire building is restricted or if it does not have any restrictions at all.

If only part of the building is restricted, indicate the specific area that is restricted by recording the number of such areas and the total amount of asbestos containing material contained within that restricted area. If none of the areas are listed, indicate in "Other". If not applicable, place "N/A" or "NONE" in the appropriate space.

DEMOLISHED/SOLD/TRANSFERRED OR CLOSED FOR REASONS OTHER THAN ASBESTOS:

Fill in the number that relates to the number of buildings that were demolished/sold/transferred OR closed for other reasons than asbestos. Record for only this year's Management Plan, then remove those building pages from subsequent year's Plans.

Identification of the Building Inspector who inspected this building and his/her Accreditation Number needs to be placed at the bottom of this form for each building.

PAGE 6: ANTICIPATED RENOVATIONS FOR NON-LEVEL II / NON-AOC PROJECTS

The information needed for this page concerns future projects by fiscal year that may cause a disturbance of asbestos in the facility. NOTE: these projects are performed by licensed contractors and NOT by Level II State employees. They also DO NOT include AOC projects.

In the second column note the building and area where the project will take place.

In the third column identify what the project is and whether it's capital or maintenance renovation.

In the last column put the type and amount of asbestos in the area if any. If there wasn't any asbestos in the area, put NONE.

Fill in the information for the Facility Planner, Asbestos Program Manager, Department Planner, and date. **Include signatures.**

If no projects are anticipated then put N/A or NONE in the FY areas of the table.

PAGE 7: **PLANNED RENOVATION PROJECTS AND EMERGENCY RESPONSES DURING FY**
' ____ WHICH INVOLVED CONTRACTUAL ASBESTOS PROJECTS ACCOMPLISHED
OR IN PROGRESS

Fill in the information for the building or area. The type of project, type of asbestos involved, project name and number(if applicable), start date, finish date, contractor's name and asbestos license number.

NOTE: these projects are performed by licensed contractors and not by Level II State employees.

If there were no projects then put N/A or NONE in the "name of building" space of the table.

PAGE 8: **FACILITY'S ASBESTOS OPERATIONS BUDGET**

Fill in the information for each month of the fiscal year relating to cost of supplies, labor cost, equipment cost, and other miscellaneous costs, and totals of the preceding. Add any 'Notes' relative to these sections at the bottom. **It doesn't matter where the money comes from, just put in how much was spent for each category.**

In the comments section do a comparison of cost per sq., lin., or cu. feet this FY versus last FY.

PAGE 9: **EQUIPMENT USAGE AND MAINTENANCE SYSTEM**
PAGE 10:

Fill in the information on the person responsible for the usage and maintenance of equipment for asbestos operations.

Give the location(s) where equipment is kept.

Describe the procedures that personnel who need access to this equipment and supplies will follow. **Remember that only currently accredited, medically monitored, and fit tested Level II employees/supervisors can access this equipment.**

Person, position, and phone number who employees will notify when equipment is found in an inoperable or unsafe condition and will tag the equipment out-of-service.

Describe the tag-out procedures that will be used and **supply/attach either a sample of the tag or a photocopy.**

Identify who will perform routine maintenance of this equipment.

Provide the name, position, and phone number of the person who maintains the operating and maintenance manual(s) on this equipment and where they will be kept. **Be specific about which manuals etc.** are included. Identify who will keep and the location of any supplemental or alternative procedures developed in conjunction with the manufacturers' recommendations.

Provide/Identify the procedures the facility will use to ensure that all equipment will be serviced under a **preventive maintenance program. Give the P/M schedule.**

PAGE 11: EQUIPMENT INVENTORY SUMMARY

Equipment is the non-consumable items used in asbestos work such as: ladders, scaffolds, buckets, respirators, vacuums, etc.

List the piece of equipment item, its age or when it was obtained, period of time between maintenance, last date it was inspected, functional status, useful life, replacement or overhaul plans (when, replaced with, funding).

If there is no equipment, then the equipment item spaces should be marked N/A or NONE and an explanation given.

PAGE 12: EMERGENCY RESPONSE SYSTEM
PAGE 13:

Fill in information as who will be the **EMERGENCY** response contact person and the back-up person.

Location of the emergency response equipment.

Procedures for emergency equipment access. **Remember that only currently accredited, medically monitored, and fit tested Level II employees/supervisors can access this equipment.**

List the medically-monitored and trained Level II personnel that will be used for these responses.

Explain the procedures for accessing the list of these accredited workers and supervisors.

Identify who will review this list on an annual basis to ensure that it is up-to-date.

Identify who will perform a more extensive hazard assessment after the initial response.

Identify the accredited project designer and how they will be reached.

PAGE 14: WASTE STORAGE AND DISPOSAL PROGRAM
PAGE 15:

MANAGEMENT:

Identify the management person who will be responsible for asbestos waste and disposal operations according to COMAR 26.11.21.

STORAGE:

Location(s) of any temporary storage site. Give information as to the physical characteristics relative to security (i.e. fencing, lock ability, key access), protection from weather, signs, etc.

MANIFESTS:

Fill in where the manifests will be kept and by whom.

Also put in the number of days that manifests must be received in.

HANDLING PROCEDURES:

Describe the procedures for handling the asbestos waste (i.e., who will handle, what protective equipment will be used, how heavy containers will be handled, etc.).

Identify who will review these handling procedures on an annual basis to ensure they are still sufficient.

PROCEDURES TO ACCESS STORAGE AREA:

Describe how access will be obtained. **Remember that only currently accredited, medically monitored, and fit tested Level II employees/supervisors can access this area.**

WASTE STORAGE INVENTORY:

Fill in the quantity amounts asked for as of the specific date. The **dates** need to be reflective of the reporting period. **This needs to be done even if the amounts are 0.**

DISPOSAL RECORD FOR THE NOTED PERIOD:

Fill in the date; amount; identifying information of the hauler or if handled by the contractor, their asbestos abatement license number; and the name, location, and permit number of the landfill. **This is to include waste disposed of by contractors and Level II personnel.**

In the comments section reference the amount of ACM still remaining in the building.

PAGE 16: NOTIFICATION SYSTEM

This information will address how the facility will notify maintenance, custodial, and building occupants who have potential exposure to asbestos.

Procedurally explain how maintenance and custodial workers will be informed of the asbestos locations within the facility. Fill in how many days **(must be within 10 working days)** it will initially take to notify newly hired employees of these locations.

Describe how building occupants will be informed of the precautions to take to avoid disturbing ACM and within how many days this notification will take place **(must be within 10 working days)**. Identify the persons, their positions, and phone numbers of who will be responsible for providing this notification information to those noted above.

PAGE 17: ASBESTOS TRAINING PROGRAM

Provide the name and phone number of the Departmental Coordinator, the Departmental Asbestos Coordinator's designee and their phone number at the facility, name and phone number of the person who will notify employees of their scheduled training date(s), and the period of time prior to the training when employees will be notified.

Fill in the information for the location of employees' asbestos training records, the person responsible for maintaining these records, and the procedures for accessing these records.

Fill in the procedures that the facility uses to ensure that employees keep their training appointments and to track no shows and cancellations.

PAGE 18: SUMMARY OF ASBESTOS TRAINING AT THE FACILITY

FOR THE NOTED FISCAL YEAR PERIOD

NOTE: This is for Level I training and Level II automotive retraining given at/by the facility. It is NOT for the training that MDE gives.

Give the date(s), name of the course, period of time expended for the course, identification of the instructor, the location where the course records and documents are stored/filed, course outline, copies of handouts, location where training was conducted, list of participants, resume of instructor(s) including credentials, and any other appropriate records.

Reminder: Level I training must be 2 hours in length and Level II auto re-training must be 4 hours in length.

If not training was given, then NONE or N/A should be put in the "nature of training" space of the table and an explanation given as to why it was not conducted.

PAGE 19:
PAGE 20:

ASBESTOS MEDICAL MONITORING PROGRAM

Provide the name and phone number of the Departmental Coordinator, the Departmental Asbestos Coordinator's designee and their phone number at the facility, name and phone number of the person who will notify employees of their appointments, and the period of time prior to the appointment when employees will be notified.

Identify the procedures that will be used to ensure employees keep appointments and track cancellations.

Identify procedures used to determine who goes to medical monitoring, where, and how often.

Identify who will maintain employee's medical records and where they will be kept.

Identify the procedures that employees and their designated representatives will use to access these records.

Identify employees who have been re-designated from a **Level II** category to a **Level I** category **BUT will remain in the medical monitoring program**. List the employee's name, their classification, and their MDE Identification Card number for their designation.

Identify employees who have been re-designated from a **Level II** category to a **Level I** category **BUT will NOT remain in the medical monitoring program**. List the employee's name, their classification, and their MDE Identification Card number for their designation.

PAGE 21:

WORK PERMIT POLICY FOR OUTSIDE CONTRACTORS
(TELEPHONE, ELECTRICAL, COMPUTER, PLUMBING, ETC.)

This page requires the facility to have in place a system to avoid inadvertent disturbance of any ACM by any Contractor.

The Asbestos Program Manager shall approve two to three employees who are aware of asbestos locations and precautions that are necessary as points of contact for outside contractors who may come in contact with asbestos containing materials. The Program Manager shall validate the approval of these employees by his/her signature.

Identify the name, position, and phone number of an accredited supervisor who will oversee

the work of contractors and ensure proper work practices during the project. This supervisor will also issue a work permit to the contractor when their work occurs in an area containing asbestos.

Location where the work permits will be kept.

Procedures used to access the work area.

Provide an example of a Work Permit or an explanation of your policy.

PAGE 22:
PAGE 23:

PERIODIC SURVEILLANCE PROGRAM

Identify who will be implementing this surveillance program and under whose authority he/she was chosen.

Identify the employees who will be involved in these activities. Give their name, position/title, and phone number.

Indicate where the inspectors training records will be located and who will maintain the records.

Indicate how many times per year these inspections will be conducted.

Identify the procedures that will be used if samples have to be taken and the area may be occupied by other workers/personnel.

Note where the surveillance records will be located and maintained by whom.

Indicate where the surveillance inspection supplies and equipment are available.

Also indicate who keeps them and how they are accessed.

Note the procedures for access to these records.

Indicate who will be responsible for incorporating the inspection's finding into the records of the conditions of the facility and the time period that this will be conducted in.

PAGE 24:
PAGE 25:

RESPIRATORY PROTECTION PROGRAM

Identify who will be responsible for implementing and writing the RPP and if there are any assistants.

Note how often per year exposures and job tasks will be evaluated **and the procedures/methods that will be used in the evaluation.**

Identify who will be responsible for employee fit testing.

Identify where the written program and the fit testing records will be located and how access will be obtained. **Also indicate who to contact to gain access.**

Identify the procedures of how employees will be told about the use and care of respirators.

Identify how respirator will be stored including cartridges and other components.

Identify cleaning and disinfection requirements.

For emergencies, identify how PAPRs will be maintained in a state of readiness particularly regarding their availability and being charged.

Describe the flow test device's availability for verifying adequate air flow.

PAGE 26: **LEVEL II RESPONSE ACTION SUMMARY**
FOR THE NOTED REPORTING PERIOD

Identify each response that was conducted for the noted reporting period. Identify the location, the action, who assessed the hazard, the project designer, and the supervisor of outside firm who responded. Also **include the amounts of ACM removed or disturbed.**

If no work was performed, N/A or NONE should be put in the "date" space of the table.

PAGE 27: **HAZARD ASSESSMENT-RESPONSE ACTION PLANNING METHOD**

Identify the facility's Management Planner.

Identify the location and the person to contact for accessing these records.

Identify where response action records are kept and the person to contact for accessing these records.

PAGE 28: **PURCHASE AND SUPPLY INVENTORY SYSTEM**

Please Note: supplies are the "consumable" items used for asbestos work such as poly, suits, filters, glovebags, etc.

Identify who will be overseeing the purchasing.

Identify the purchasing agent.

Identify who has developed the specifications and requisitions for supplies.

Identify who has the specifications. Specify the procedures on how an inventory of supplies will be maintained and monitored.

Identify employee access procedures. Note the location of these supplies.

If no supplies are kept put N/A or NONE in the inventory procedure space with an explanation.

PAGE 29: **RECORDKEEPING SYSTEM**

From the eleven categories of record types, identify who maintains the record, the location of the record, procedures for accessing each.

If the information for some of the categories is Not Applicable, then N/A should be put in the "maintained by" space in the table for that type of record **and an explanation given as to why it's not applicable.**