THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

FIBER RELEASE EPISODE NOTIFICATION FORM

Date(s) episode occurred:_____ Time of Day:_____

Was the building occupied Yes No

Name of School:_____

School Address:_____

Location where the episode occurred (include room number or clear designation of the area):_____
_____

Amount of ACM involved:_____ Type of ACM:_____

Describe what happened to create the fiber release episode:
_____
_____
_____
_____

What Preventive measures were used to protect building occupants:

- ☐ Isolate the area-Restrict entry (poly on doors, hard barriers)
- ☐ Post warning signs
- ☐ Modify HVAC to affected area
- ☐ Air testing performed
- ☐ Asbestos Consultant contacted for evaluation
- ☐ Project Design prepared--greater than 3 linear/square feet

Name of Consultant:_____

Name of asbestos contractor_____

Date corrective action was started/will start: _____

Submit this form within 24 hours of event pursuant to 454 CMR 28.13(7)(e)2.d. to: Zachariah.Costa@mass.gov

Note: retain a copy of this notice in your AHERA management plan.