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

OPERATIONS & MAINTENANCE ACTIVITY
SMALL SCALE SHORT DURATION

Name of School:_____

School Address:_____

Location where work was performed (include room number or clear designation of the area):_____
_____

Type of ACM:	Amount:
☐ Pipe insulation	_____ Linear Feet
☐ Floor tile	_____ Square Feet
☐ Surfacing material	_____ Square Feet
☐ Ceiling tile	_____ Square Feet
☐ Other: _____	_____ Linear Square

Preventive measures used to protect building occupants:

- ☐ Isolate the area-Restrict entry (barrier tape, locked doors, etc)
- ☐ Post warning signs
- ☐ Modify HVAC if needed
- ☐ Work practice controls:
  - Remove moveable objects
  - Cover non-moveable objects
  - Plastic on floor beneath work area (other than flooring repair)
  - Mini enclosure, glovebag
- ☐ PPE used-disposable suit and HEPA filtered respirator
- ☐ Cleanup the immediate work area with HEPA vacuum or wet methods
- ☐ Waste containerized, properly disposed, waste shipment record

Describe what was done:

_____
_____
_____
_____

Date(s) work was performed:_____

Name & Signature of person performing the work:

_____

☐ Proof of training ☐ Medically cleared to wear half face respirator

Signing this form acknowledges that the person performing this activity has the 16 hour training, proper equipment and authorization to disturb up to three linear or square feet of asbestos containing materials.