

**Facilities Management Projects/Work Orders**

**Lead-Asbestos Clearance Form**

If your work order involves any of the following activities, this form must be signed by the employee’s manager, the Competent Person for the applicable program and the Program Manager for the applicable program or a trained EH&S specialist, **before** work is allowed to begin:

* Disturbing or removing any floor tile, insulation, or any other existing material
* Encapsulating any floor, wall, ceiling, or any other existing material
* Sanding any floor, wall, ceiling, or any other existing material
* Drilling or screwing into any floor, wall, ceiling, or any other existing material
* Grinding any floor, wall, ceiling, or any other existing material
* Cutting any floor, wall, ceiling, or any other existing material
* Scraping any floor, wall, ceiling, or any other existing material
* Painting any floor, wall, ceiling, or any other existing material
* Need collection of construction materials to determine presence/absence lead and/or asbestos
* Debris piles that require removal

**Please allow two weeks prior to project start date for review and sign off**. If sample collection is necessary, review and approval may exceed two weeks.

1. **REQUEST FOR CLEARANCE (Please fill out details below) (provide any necessary attachments, drawings, scope etc)**

**Work Order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building/Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Description:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employees Names (performing work):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Managerial Review**

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. **CLEARANCE SECTION (To be filled out by EH&S Staff Only)**

Work area contains the following:

|  |  |  |
| --- | --- | --- |
| Asbestos | **YES / NO** | **If Yes, do not proceed with work without protocols and authorization**  **No means none found or below the legal limit** |
| Lead | **YES / NO** | **If Yes, do not proceed with work without protocols and authorization**  **No means none found or below the legal limit** |

**EH&S Approval**

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Competent Person*

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Program Manager or EH&S trained specialist*