

ENVIRONMENTAL HEALTH AND SAFETY

Asbestos Maintenance Notification (AMN) Form (Part I)

Asbestos Coordinator: Work Order #:
 Phone #: Fax #: Date of Activity:

Schedule: Provide scheduling information to UCONN EHS at least two days before beginning work. If there is an emergency, attempt to contact EHS by phone and follow up with the written submittals within 24 hours. Emergency work is defined as work that must be completed immediately to control an imminent health hazard, prevent substantial damage to equipment or property or prevent substantial cost.

Building Name: Room:

Description of Work Location:

Work Shift: 1st 2nd 3rd Other (describe)

	Worker Name	Net ID	Check if Current		
			Medical	Class III Training	Respirator Fit Test
1.	<input type="text"/>	<input type="text"/>			
2.	<input type="text"/>	<input type="text"/>			
3.	<input type="text"/>	<input type="text"/>			
4.	<input type="text"/>	<input type="text"/>			

Respiratory Protection

Has a Negative Exposure Assessment (NEA) been made for this project? Yes No

Will respirators will be required? Yes No

(These two items are not mutually exclusive by regulation or by prudent practice. For example, a glovebag operation may have a historical NEA but OSHA still requires PPE – respirators and disposable clothing)

Asbestos Waste

In most cases, waste from asbestos work will be stored securely on campus, until sufficient materials have been accumulated to make a trip to the landfill cost-effective. **Indicate below the location of the temporary storage site where materials will be taken:**

Submit Part I of this form to EHS to receive confirmation of notification

(Unit 4097, FAX 486-1106; or via email:

Once project is completed, submit Part II (AMN Daily Log) to EHS with any other documentation (e.g., waste shipment record)

AMN Daily Log
(Part II)
Maintain this log at the work site

Project Name: **Date conducted:**

Building and Location:

Work Order #:

Description of Project:

Time started:

Time completed:

Special or Unusual Events:

Asbestos Waste

Define waste container:

Check when completed:

affected building occupants notified prior to start of work

Name of Contact:

pre-project visual inspection of area

regulated area established

post-project visual inspection of area

removal of all waste materials from work area

copy of waste shipment receipt attached *(send copies of completed waste shipment records to EHS)*

Asbestos Coordinator/Competent Person

Name:

Signature:

Send completed record (Parts I & II of AMN) to EHS
(Unit 4097, FAX 1106, or via email: