NORTHROP GRUMMAN ASBESTOS PROJECT WORK PLAN

FSR# ____________________ Project Title ________________________________

Location of Work: Bldg: __________ Room: __________________________

Scope of Work:
_________________________________________________________________________________

Asbestos Abatement Contractor: _______________________________________________________

Contact Name: _____________________________________________________________________

Emergency Phone No. or Pager No. _____________________________________________________

Date and hours of work: _____________________________________________________________

_________________________________________________________________________________

Type of ACM: _______________________ Square Footage: ______________________________

Ventilation shut off schedule: _______________________________________________________

METHOD OF CONTAINMENT/DECON (Specify type and thickness of flame retardant poly, # of layers on walls, ceiling, floors, windows, doors, ventilation, method of attaching poly):
_________________________________________________________________________________

Location of neg. air machines: _______________________________________________________

Specify location of negative air machines exhaust: ______________________________________

Location of water source: ___________________________________________________________

Description of decon: ______________________________________________________________

Measurements of decon: _____________________________________________________________

ATTACH DIAGRAM OF WORK AREA SHOWING WHERE DECON UNIT IS LOCATED AS WELL AS WHERE NEGATIVE AIR MACHINES ARE LOCATED AND EXHAUSTED, AND LOCATION OF WATER SOURCE.

Personal Protective Equipment (PPE)

_____ Full Body Tyvek  _____ PAPR  _____ Gloves – Type ___________________________

 _____ Faceshield  _____ 1/2 mask  _____ Hard Hat

 _____ Goggles  _____ Full Face  _____ Boots – Type __________________________

Specify if different PPE used for prep. Vs. removal:
_________________________________________________________________________________

REMOVAL METHODS (Detail tools used and include MSDS for mastic remover, spray glue, sealant, etc.):
_________________________________________________________________________________
DISPOSAL

Designated Temporary Storage Location:__________________________________________________________

Type of Containers:________________________________________________________________________

Estimated Number of Drums:_______________________________________________________________

Name of Waste Hauler:___________________________________________________________

Waste Hauler Certification Number:________________________________________________________

Waste Hauler Insurance Carrier:________________________________________________________________

Insurance Policy Number:____________________________________________________________________

Disposal Site:_______________________________________________________________________________

I am aware and will comply with Northrop's asbestos disposal specifications. ________ (Please Initial)

I am aware that Northrop Grumman will exclusively generate the hazardous waste manifest. ________ (Please Initial)

I am aware that I must complete a Northrop Grumman Hazardous Waste Profile Form and that the profile form must be submitted prior to obtaining the manifest. ________ (Please Initial)

NOTIFICATIONS

I am aware that I must notify AQMD, EPA and Cal/OSHA within required timeframes and include copies of these Notifications with the other submittals. ________ (Please Initial)

I am aware that I must provide copies of medical and training records for workers at the jobsite. ________ (Please Initial)

Date of AQMD Notification: _____________________ Copy is attached: Yes_______ No_______

Date of OSHA Notification: _____________________ Copy is attached: Yes_______ No_______

Date of EPA Notification: _____________________ Copy is attached: Yes_______ No_______

Additional Comments:

APPROVALS

HEALTH AND SAFETY CONTACT:________________________________________ Date:___________________________

WORK PHONE NO:________________________ PAGER NO:________________________

ENVIRONMENTAL AFFAIRS CONTACT:________________________________________ Date:___________________________

WORK PHONE NO:________________________ PAGER NO:________________________

TRW FACILITIES PROJECT MANAGER:________________________________________ Date:___________________________

WORK PHONE NO:________________________ PAGER NO:________________________

Contractors Signature:________________________________________ Date:___________________________