

NORTHROP GRUMMAN ASBESTOS PROJECT WORK PLAN

Date: _____

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: _____