1.0 Purpose & Scope

The intent of the Rocky Mountain Region’s (Region 8) Asbestos Management Policy and the Asbestos Management Procedure is to minimize asbestos exposure to all building occupants and is building specific to address the types, quantity, and location of Asbestos Containing Material (ACM). GSA minimizes asbestos exposures by all building occupants through managing asbestos in place.

2.0 Activities & Departments Affected

The Regional GSA Asbestos Management Procedure is developed by GSA Central Office in accordance with Asbestos Hazard Emergency Response Act (AHERA) and implemented by the GSA Regional Asbestos Procedures Manager (RAPM) located in Facilities Management and Service Programs; Occupational Health and Safety Team.

3.0 Exclusions

In accordance with GSA Asbestos Policy or documentation can be produced that verify the building does not have ACM.

4.0 Forms Used & Permits Required: (include reporting requirements)

Forms used will include a mixture of forms and documents required by OSHA, EPA, state standards/regulations, and in-house GSA forms. These forms will primarily involve regulatory documentation and program implementation (inspections, abatement, repair, etc.).

<table>
<thead>
<tr>
<th>Federal and State Forms and Permits:</th>
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<tbody>
<tr>
<td>PERMIT / FORM / REPORT</td>
</tr>
<tr>
<td>[Colorado] Asbestos Abatement Notification and Permit Application Form</td>
</tr>
<tr>
<td>[Montana] Application for a Montana Asbestos Project Permit and NESHAP Demolition / Renovation Notification. Type of Application / Permit</td>
</tr>
<tr>
<td>[Montana] Asbestos waste transportation and/or disposal project permit</td>
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<tr>
<td>[North Dakota] Asbestos Notification of Demolition and Renovation (SFN 17987)</td>
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<tr>
<td>[North Dakota] Asbestos Waste Manifest Form</td>
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<tr>
<td>[South Dakota] Asbestos Demolition/ Renovation Notification Form (SD EForm 0413 V5)</td>
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<tr>
<td>[Utah] 10 Working-Day Asbestos Notification</td>
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</table>
### ASBESTOS MANAGEMENT FOR BUILDINGS

**Region 8 Sustainability & Environmental Management System**

<table>
<thead>
<tr>
<th>PERMIT / FORM / REPORT</th>
<th>SUBMITTED TO: FEDERAL OR STATE AGENCY</th>
<th>SUBMITTAL FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Utah] Less than NESHAP asbestos removal/abatement notification form</td>
<td></td>
<td>After to abatement</td>
</tr>
<tr>
<td>[Wyoming] Notification of Demolition and Renovation</td>
<td>Wyoming Department of Environmental Quality, Air Quality Division</td>
<td>Prior to abatement</td>
</tr>
<tr>
<td>[Wyoming] Waste Shipment Record</td>
<td></td>
<td>After</td>
</tr>
</tbody>
</table>

**In-house GSA Region 8 and Contractor Forms**: Contact the RAPM for assistance with the asbestos management program.

- Asbestos Work Permit
- Fiber Release Episode / Response Action Report
- Periodic Surveillance of Asbestos Containing Materials Form
- Annual ACM Assessment (Annual inspection conducted by in-house personnel)

### 5.0 Acronyms, Abbreviations, and Definitions

<table>
<thead>
<tr>
<th>Acronyms</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>AHERA</td>
<td>Asbestos Hazard Emergency Response Act</td>
</tr>
<tr>
<td>ACM</td>
<td>Asbestos Containing Material; containing 1% or more of asbestos</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>NESHAP</td>
<td>National Emissions Standards for Hazardous Air Pollutants</td>
</tr>
<tr>
<td>O&amp;M</td>
<td>Operations and Maintenance</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td>RAPM</td>
<td>Regional Asbestos Procedures Manager</td>
</tr>
</tbody>
</table>

**Definitions**:  
Friable: The material, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure

### 6.0 Procedure

**State Specific Procedures & Requirements** [refer to individual State Legal Reviews for details on Statues, Laws, and Rules]: Region 8 states administer their own asbestos programs. Applicable State and Local Regulations must be followed.

<table>
<thead>
<tr>
<th>STATE</th>
<th>AGENCY</th>
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</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>Colorado Department of Public Health and Environment, Air Pollution Control Division, <a href="#">Asbestos Compliance Assistance Group</a></td>
</tr>
<tr>
<td>Montana</td>
<td>Montana Department of Environmental Quality, <a href="#">Asbestos Control Program</a></td>
</tr>
<tr>
<td>North Dakota</td>
<td>North Dakota Department of Health, <a href="#">Asbestos Control Program</a></td>
</tr>
<tr>
<td>South Dakota</td>
<td>South Dakota Department of Environment and Natural Resources, Air Quality Division, <a href="#">Waste Management Program - Asbestos</a></td>
</tr>
<tr>
<td>Utah</td>
<td>Utah Department of Environmental Quality, Division of Air Quality, <a href="#">Asbestos</a></td>
</tr>
</tbody>
</table>
Each State in Region 8 has its own accreditation of trainers and certification of persons in each asbestos occupation (i.e., worker, contractor/supervisor, inspector, management planner, project designer, and project monitor): [http://www.epa.gov/asbestos].

**Standardized Procedure:**

6.0 Read the GSA Asbestos Policy (March 25, 2015).

6.1 Initially, during renovations, at a minimum of every five years afterwards, and for any building built after 1998 (GSA Asbestos Policy, 2015) which lacks proper documentation, the Project Manager will procure asbestos containing material (ACM) inspection services from a state-certified asbestos inspector.

6.1.1 The Project Manager will also procure the service of a 3rd party air monitoring specialist if air monitoring services are needed.

6.2 The state-certified asbestos inspector will perform an assessment to determine if ACM is present, and if it is assess its condition, location, and amount. If damage is found, the state-certified inspector will inform the Project Manager who will contact the Regional Asbestos Program Manager (RAPM).

6.2.1 Asbestos assessments will be accomplished by the state-certified inspector following the currently recognized standard protocol developed for schools under AHERA as promulgated in Title 40 CFR, Part 763 and as amended in the Federal Register.

6.2.2 Sample locations shall be chosen in a non-random fashion, with emphasis on obtaining samples of each type of accessible, suspect material and minimizing damage to the material being sampled. All sampling shall be performed by the state-certified inspector.

6.3 The properly asbestos certified Building or Property Manager inspects, manages and plans an annual in house asbestos “walk-through”. The walk-through will document changes, including all abatement or project requirements to the 5-year asbestos inspection report to RAMP.

6.3.1 Following the procedures detailed in the Rocky Mountain Region Form Annual ACM Assessment (see section 7.0 Records), GSA management/maintenance personnel such as the Building Manager must be trained to complete the annual ACM inspection procedure.

6.4 Any buildings with ACM will be prioritized by the RAMP for repair or abatement.
A Project or Building Manager will procure the services of Contractors to perform any repair or abatement. Both the RAMP and Project or Building Manager will review and approve the repair/abatement plans before work commences.

6.5 The Contractors will conduct repairs and abatement according to all applicable codes, standards and regulations; local, state and federal.

6.5.1 In the case of abatement, the Project Manager will ensure a qualified 3rd party monitors the work done by the Contractors. This 3rd party monitor will report to the Project Manager who will review their findings.

6.6 The Project Manager will have the final clearance test conducted after the Contractors have completed their work. The Project Manager will also create and file a report, update the inspection report to show the area of abatement, complete Transport Landfill documents, and retain this all on the P drive. The Industrial Hygienist (IH) will review these documents.

7.0 Records Management [source: Asbestos Management Procedure, Rocky Mountain Region]

- Inspection/Assessment Reports
- ACM Building Assessment (Baseline building assessment)
- Annual ACM Assessment (conducted by in-house personnel)
- Asbestos Work Permits
- Surveillance/Re-inspection
- Written SOP
- Fiber Release Incident Reports

- Abatement [Project] Records
- (e.g., air monitoring and sampling results, disposal)
- Building/Project Documentation
- Equipment Maintenance
- Training Records
- Medical Surveillance
- Notifications

8.0 References

Asbestos-Abatement.com/; The Official Online Resource For Information on Asbestos, Asbestos Abatement, Asbestos Removal, & More!

Asbestos Management Procedure, Rocky Mountain Region

<table>
<thead>
<tr>
<th>Citation</th>
<th>Title or Topic</th>
</tr>
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<tbody>
<tr>
<td>29 CFR 1910.1001</td>
<td>OSHA standards for workers</td>
</tr>
<tr>
<td>29 CFR 1926.2101</td>
<td>OSHA, Occupational Exposure Standards – for workers involved in inspection, demolition, removal, encapsulation, construction, repair, maintenance, and renovation of facilities containing ACM</td>
</tr>
<tr>
<td>40 CFR 763.93</td>
<td>EPA, Asbestos Hazard Emergency Response Act (AHERA)</td>
</tr>
</tbody>
</table>
Asbestos Management for Buildings
Region 8 Sustainability & Environmental Management System

<table>
<thead>
<tr>
<th>Regulations</th>
<th></th>
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<tbody>
<tr>
<td>40 CFR 763 Subpart E</td>
<td>AHERA, Standard for Schools – requirements include designation of a person to maintain compliance</td>
</tr>
<tr>
<td>40 CFR 61 Subpart M</td>
<td>EPA, regulations covering the handling and disposal of asbestos containing waste material</td>
</tr>
</tbody>
</table>

Each state has its own specific regulations, visit the agencies listed under 6.0 Procedure; State Specific Procedures & Requirements, for additional information.

9.0 Appendices

Attachment A: GSA Region 8 SEMS Asbestos Management Flowchart
Attachment B: Asbestos Work Permit
Attachment C: Fiber Release Episode / Response Action Report
Attachment D: Periodic Surveillance of Asbestos Containing Materials Form

Document Control Information:

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<tr>
<td>Asbestos Management “Month-Date-Year”.docx</td>
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<tr>
<td>RJM Dec. 7, 2015</td>
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</table>

Document Revision and Update:

<table>
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<tr>
<th>Revision Date</th>
<th>Nature of Revision</th>
<th>Revision made by:</th>
</tr>
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<tr>
<td>11/28/2005</td>
<td>Working Draft</td>
<td>Tom Record</td>
</tr>
<tr>
<td>03/16/2006</td>
<td>Original Release</td>
<td>Tom Record</td>
</tr>
<tr>
<td>01/29/2010</td>
<td>Add ISO 14001 Document Control, add Flowchart (by Erik Petrovskis)</td>
<td>Robert Melvin</td>
</tr>
<tr>
<td>03/16/2010</td>
<td>Update Procedure, cross reference the Asbestos Management Procedure (Rocky Mountain Region)</td>
<td>Tom Record, Harold “Buddy” Alkire</td>
</tr>
<tr>
<td>06/19/2012</td>
<td>Emphasize Roles and Responsibilities in section 6, update flowchart, Periodic Surveillance of Asbestos Containing Materials Form added</td>
<td>Harold “Buddy” Alkire, Nick Gutschow, Robert Melvin</td>
</tr>
<tr>
<td>12/07/2015</td>
<td>Incorporate the March 25, 2015 GSA Asbestos Policy requirements.</td>
<td>Christopher Alden</td>
</tr>
</tbody>
</table>
ATTACHMENT A: GSA Region 8 SEMS Asbestos Management Flowchart

**Project Manager:**
- Procure asbestos containing material (ACM) inspection service

**State Certified Inspector:**
- Conduct building assessment after Major Renovations
- Utilize AHERA standard protocol for schools

**Building Manager:**
- Complete annual in-house ACM “walk-through” inspection

**Regional Asbestos Program Manager (RAPM):**
- Prioritizes projects
- Review planned asbestos actions

**Abatement (removal) or Repair?**
- Repair
- Abatement

**RAPM:**
- Review abatement Statement of Work [Spec.]

**Contractor:**
- Repair (i.e., wrap), manage in place

**Project Manager:**
- Ensure third party is a certified inspector to monitor abatement,
- Review monitoring results and calibration data
- Conduct final Clearance test

**Project Manager:**
- Maintain
- File copy of report
- Transport Landfill documents
- Update Inspection Report “The Book” to show area of abatement
- Retain on P: drive

**GSA Asbestos Awareness Program:**
- Industrial Hygienist (IH):
  - Train GSA personnel

**Responsible Parties:**
- Building Manager
- Contracting Officer’s Representative (COR)
- Contractor (i.e., O&M)
- Industrial Hygienist (IH)
- Project Manager
- Property Manager
- Regional Asbestos Program Manager (RAPM)
- State Certified Inspector

**Property Manager:**
- Forward copy to RAPM

**Done**

Rev. 12/07/2015
ATTACHMENT B: Asbestos Work Permit

**ASBESTOS WORK PERMIT**

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Permit #</th>
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<table>
<thead>
<tr>
<th>Building Number</th>
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<table>
<thead>
<tr>
<th>Street Address</th>
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<tr>
<th>City, State, Zip</th>
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**Description of anticipated work** (attach drawing of area to be disturbed and indicate work area)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Demolition ___ Renovation ___ Routine Maintenance ___ Emergency Response ___

**Estimated duration of project**

Start ___/___/___ Finish ___/___/___

**Environmental Control Method**

Glove Bag ___ Mini-Containment ___ Full Containment ___ Other ___ None ___

**Quantity of ACM to be disturbed**

Linear Ft. ____ Sq Ft ____ Cubic Ft ____

**Permit requested by**

_________________________ Phone (_____) _________________

**Date of request** ___/___/___

**Date of EPA notification** ___/___/___ Approval received ___/___/___

**Date of state notification** ___/___/___ Approval received ___/___/___

**Actual start date** ___/___/___ **Actual finish date** ___/___/___

**Air Monitoring**

Final clearance samples required TEM ____ PCM ____ Other ____

(Attach copy of final clearance sample results)

**Name of Air Monitoring Specialist**

________________________________________

**ACM removed to** (disposal facility)

(attach copy of disposal manifest)

All asbestos workers have received the appropriate training and all certification, medical, and respiratory documentation has been reviewed and is current

**Permit approved by**

_________________________

Title _____________________________

Phone (_____) ___________________ Ext. ___

**NESHAP requires notification if ACM quantities to be disturbed will exceed 260 linear feet, 160 square feet, 35 cubic feet, or at the time annual accumulation of disturbed ACM will exceed these quantities.**

**Some states require notification of 10 or more days prior to the start of the project. See your state asbestos standards to determine if this requirement is applicable to your project.**
FIBER RELEASE EPISODE / RESPONSE ACTION REPORT

FIBER RELEASE EPISODE

Reported by: __________________________ Date: ___/___/____ Time ________AM/PM

Building Name : ________________________________________________________________

Address:____________________________________________________________________

City: _________________________________ State: ________________ ZIP: ___________

Building Number: _______________________ Room Number: _________________________

Provide a brief description of the cause of the episode:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

What area(s) were affected by the episode:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Was the area occupied at the time of the incident:  Yes ____  No ____
List occupants occupying the space or entering the space at the time of or after the episode (use the back of the form if necessary):
______________________________________________________________________________________

RESPONSE ACTION / ROUTINE O&M ACTIVITY

Personnel (name and title) conducting the response action:
______________________________________________________________________________________
______________________________________________________________________________________

Work Permit Number: _____________

Action taken:  Isolated area ____, Posted Warning Signs ____, Began Response Action ____
Routine O&M Action ____,

Release Response:  Glove Bag ____, Tile Replacement – Ceiling ____  Floor ____
Light Fixture/Bulb ____ , HVAC Filter ____ , Other ____________________________________

Posted air sample results:  Date ____/____/____    Time __________AM/PM
Report sent to Region: Date ____/____/____

Comments:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Signature_________________________________________________  Date ____/____/____
Title        _________________________________________________
ATTACHMENT D: Periodic Surveillance of Asbestos Containing Materials Form
Also known as the “Asbestos Appendix I Form”

<table>
<thead>
<tr>
<th>ROOM#</th>
<th>LOCATION IN ROOM</th>
<th>TYPE</th>
<th>AMOUNT SQ FT/LIN FT</th>
<th>ENCAPSULATED</th>
<th>MOVEMENT EXPOSURE</th>
<th>CONDITION</th>
<th>ACCESSIBILITY</th>
<th>POTENTIAL FOR DISTURBANCE</th>
<th>SIGNS LABELS</th>
<th>ACTION ITEMS</th>
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Notes:____________________________________________________________________________________________________________________________________
_______________________________________________________________________________________________________________________
ASBESTOS MANAGEMENT FOR BUILDINGS
Region 8 Sustainability & Environmental Management System

HOW TO USE THE PERIODIC SURVEILLANCE OF ASBESTOS CONTAINING MATERIALS FORM

This form is used to record the semi-annual inspections of the asbestos containing materials (ACM) in the building. The form will also be used as a planning tool by the Regional Safety/IH Office to plan abatement or repair projects throughout the region.

**Building Name/Date** - Identifies the location and date of the surveillance.

**Room #** - Identify the room and/or location of the ACM.

**Location In Room** - Where in the space is the ACM, i.e. pipe chase, above ceiling, window sill, etc.

**Type** - How is the ACM used, floor tile, mastic, thermal (pipe wrap), spray-on, etc.

**Amount Sq Ft/Lin Ft** - How much ACM is in the space, for example spray-on will be in square feet, pipe runs will be linear feet. If you are in doubt consult the asbestos book for this building. Remember to subtract any ACM that has been removed since receiving the asbestos book.

**Encapsulated/Enclosed** - Is the ACM you are describing encapsulated or enclosed. Encapsulation means spraying of ACM with a sealant. The sealant should bind together the asbestos fibers and other material components and offer some resistance to damage. Enclosure involves constructing airtight walls, ceilings, or other barriers around the ACM. A pipe chase is often considered an enclosure.

**Movement Exposure** - How susceptible is the ACM to movement, i.e. vibration, air movement (as in an air plenum or airstream), contact by employees, machinery, noise vibration, etc. State the type of exposure in this space.

**Condition** - What is the condition of the ACM, Good (no water damage, physical damage, or deterioration), Minor Damage or Deterioration, or Poor (significant damage with visible debris).

**Accessibility** - How accessible is the ACM? Can it be seen and reached easily or is it above a ceiling, in a crawl space or attic that would make viewing and reaching the ACM difficult.

**Potential For Damage** - How easily can the ACM be damaged by employees, air movement, water, etc. Rate this exposure as High, Medium, and Low. For high and medium provide a brief explanation at Notes section at the bottom of the page.

**Signs and Labels** - Are the proper signs and/or labels provided as required.

**Action Items or Comments** - Provide any additional information you feel would be helpful. When the surveillance form(s) are complete maintain a copy for your files and to use during the next surveillance. Send a copy of all pages to the Regional Safety/IH office.

If you have any questions contact Christopher Alden at (303) 236-2803.

GSA R8 Environmental Procedures [gsa.gov/sems] Page 10 of 10 Rev. 12/07/2015