

SECTION 02 82 13.13

GLOVEBAG ASBESTOS ABATEMENT

PART 1 - GENERAL

1.1 SUMMARY OF THE WORK

1.1.1 CONTRACT DOCUMENTS AND RELATED REQUIREMENTS

A. Drawings, general provisions of the contract, including general and supplementary conditions and other Division 01 specifications, shall apply to the work of this section. The contract documents show the work to be done under the contract and related requirements and conditions impacting the project. Related requirements and conditions include applicable codes and regulations, notices and permits, existing site conditions and restrictions on use of the site, requirements for partial owner occupancy during the work, coordination with other work and the phasing of the work. In the event the Asbestos Abatement Contractor discovers a conflict in the contract documents and/or requirements or codes, the conflict must be brought to the immediate attention of the Contracting Officer for resolution. Whenever there is a conflict or overlap in the requirements, the most stringent shall apply. Any actions taken by the Contractor without obtaining guidance from the Contracting Officer shall become the sole risk and responsibility of the Asbestos Abatement Contractor. All costs incurred due to such action are also the responsibility of the Asbestos Abatement Contractor.

1.1.2 EXTENT OF WORK

A. Refer to Asbestos Assessment Report for a description of the estimated quantities of asbestos containing materials to be abated by the glovebag method. Approximate extents are shown on drawing ASB-102.

1.1.3 RELATED WORK

- A. Section 07 84 00, FIRESTOPPING.
- B. Section 02 41 00, DEMOLITION.
- C. Division 09, FINISHES.
- D. Division 22, PLUMBING.
- E. Section 22 05 11, COMMON WORK RESULTS FOR PLUMBING / Section 23 05 11, COMMON WORK RESULTS FOR HVAC AND STEAM GENERATION
- F. Section 22 05 11, COMMON WORK RESULTS FOR PLUMBING / Section 23 05 11, COMMON WORK RESULTS FOR HVAC AND STEAM GENERATION

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

G. Section 23 07 11, HVAC, PLUMBING, AND BOILER PLANT INSULATION.

H. Section 22 05 19, METERS AND GAGES FOR PLUMBING PIPING / Section 22 05 23, GENERAL-DUTY VALVES FOR PLUMBING PIPING / Section 22 11 00, FACILITY WATER DISTRIBUTION / Section 22 13 00, FACILITY SANITARY SEWERAGE.

I. Section 23 21 13, HYDRONIC PIPING / Section 23 22 13, STEAM AND CONDENSATE HEATING PIPING.

J. Section 23 31 00, HVAC DUCTS AND CASINGS / Section 23 37 00, AIR OUTLETS AND INLETS.

1.1.4 TASKS

The work tasks are summarized briefly as follows:

- A. Pre-abatement activities including pre-abatement meeting(s), inspection(s), notifications, permits, submittal approvals, work-site preparations, emergency procedures arrangements, and Asbestos Hazard Abatement Plans for glovebag asbestos abatement work.
- B. Abatement activities including removal, clean-up and disposal of ACM waste, recordkeeping, security, monitoring, and inspections.
- C. Cleaning and decontamination activities including final visual inspection, air monitoring and certification of decontamination.

1.1.5 ABATEMENT CONTRACTOR USE OF PREMISES

- A. The Contractor and Contractor's personnel shall cooperate fully with the VA representative/consultant to facilitate efficient use of buildings and areas within buildings. The Contractor shall perform the work in accordance with the VA specifications, drawings, phasing plan and in compliance with any/all applicable Federal, State and Local regulations and requirements.
- B. The Contractor shall use the existing facilities in the building strictly within the limits indicated in contract documents as well as the approved VA Design and Construction Procedures. VA Design and Construction Procedures drawings of partially occupied buildings will show the limits of regulated areas; the placement of decontamination facilities; the temporary location of bagged waste ACM; the path of transport to outside the building; and the temporary waste storage area for each building/regulated area. Any variation from the arrangements shown on drawings shall be secured in writing from the VA representative through the pre-abatement plan of action. The following

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

limitations of use shall apply to existing facilities shown on drawings. Temporary use articles in Section 01 00 00, GENERAL REQUIREMENTS.

1.2 VARIATIONS IN QUANTITY

- A. The quantities and locations of ACM as indicated on the drawings and the extent of work included in this section are estimated, which are limited by the physical constraints imposed by occupancy of the buildings and accessibility to ACM. Accordingly, minor variations (+/- 5%) in quantities of ACM within the regulated area are considered as having no impact on contract price and time requirements of this contract. Where additional work is required beyond the above variation, the contractor shall provide unit prices for newly discovered ACM and those prices shall be used for additional work required under the contractor.

1.3 STOP ASBESTOS REMOVAL

If the Contracting Officer; their field representative; (the facility Safety Officer/Manager or their designee, or the VA Professional Industrial Hygienist/ Certified Industrial Hygienist (VPIH/CIH) presents a verbal **Stop Asbestos Removal Order**, the Contractor/Personnel shall immediately stop all asbestos removal and maintain HEPA filtered negative pressure air flow in the containment and adequately wet any exposed ACM. If a verbal Stop Asbestos Removal Order is issued, the VA shall follow-up with a written order to the Contractor as soon as it is practicable. The Contractor shall not resume any asbestos removal activity until authorized to do so in writing by the VA Contracting Officer. A stop asbestos removal order may be issued at any time the VA Contracting Officer determines abatement conditions/activities are not within VA specification, regulatory requirements or that an imminent hazard exists to human health or the environment. Work stoppage will continue until conditions have been corrected to the satisfaction of the VA. Standby time and costs for corrective actions will be borne by the Contractor, including the VPIH/CIH time. The occurrence of any of the following events shall be reported immediately by the Contractor's competent person to the VA Contracting Office or field representative using the most expeditious means (e.g., verbal or telephonic), followed up with written notification to the Contracting Officer as soon as

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

practical. The Contractor shall immediately stop asbestos removal/disturbance activities and initiate fiber reduction activities:

- A. Airborne PCM analysis results equal to or greater than 0.01 f/cc outside a regulated area or >0.05 f/cc inside a regulated area;
- B. breach or break in regulated area containment barrier(s);
- C. less than -0.02" WCG pressure in the regulated area;
- D. serious injury/death at the site;
- E. fire/safety emergency at the site;
- F. respiratory protection system failure;
- G. power failure or loss of wetting agent; or
- H. any visible emissions observed outside the regulated area.

1.4 DEFINITIONS

1.4.1 GENERAL

- A. Definitions and explanations here are neither complete nor exclusive of all terms used in the contract documents, but are general for the work to the extent they are not stated more explicitly in another element of the contract documents. Drawings must be recognized as diagrammatic in nature and not completely descriptive of the requirements indicated therein.

1.4.2 GLOSSARY

Abatement - Procedures to control fiber release from asbestos-containing materials. Includes removal, encapsulation, enclosure, demolition, and renovation activities related to asbestos containing materials (ACM).

Aerosol - Solid or liquid particulate suspended in air.

Adequately wet - Sufficiently mixed or penetrated with liquid to prevent the release of particulates. If visible emissions are observed coming from the ACM, then that material has not been adequately wetted.

Aggressive method - Removal or disturbance of building material by sanding, abrading, grinding, or other method that breaks, crumbles, or disintegrates intact ACM.

Aggressive sampling - EPA AHERA defined clearance sampling method using air moving equipment such as fans and leaf blowers to aggressively disturb and maintain in the air residual fibers after abatement.

AHERA - Asbestos Hazard Emergency Response Act. Asbestos regulations for schools issued in 1987.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Aircell - Pipe or duct insulation made of corrugated cardboard which contains asbestos.

Air monitoring - The process of measuring the fiber content of a known volume of air collected over a specified period of time. The NIOSH 7400 Method, Issue 2 is used to determine the fiber levels in air. For personal samples and clearance air testing using Phase Contrast Microscopy (PCM) analysis. NIOSH Method 7402 can be used when it is necessary to confirm fibers counted by PCM as being asbestos. The AHERA TEM analysis may be used for background, area samples and clearance samples when required by this specification, or at the discretion of the VPIH/CIH as appropriate.

Air sample filter - The filter used to collect fibers which are then counted. The filter is made of mixed cellulose ester membrane for PCM (Phase Contrast Microscopy) and polycarbonate for TEM (Transmission Electron Microscopy)

Amended water - Water to which a surfactant (wetting agent) has been added to increase the penetrating ability of the liquid.

Asbestos - Includes chrysotile, amosite, crocidolite, tremolite asbestos, anthophyllite asbestos, actinolite asbestos, and any of these minerals that have been chemically treated or altered. Asbestos also includes PACM, as defined below.

Asbestos Hazard Abatement Plan (AHAP) - Asbestos work procedures required to be submitted by the contractor before work begins.

Asbestos-containing material (ACM) - Any material containing more than one percent of asbestos.

Asbestos contaminated elements (ACE) - Building elements such as ceilings, walls, lights, or ductwork that are contaminated with asbestos.

Asbestos-contaminated soil (ACS) - Soil found in the work area or in adjacent areas such as crawlspaces or pipe tunnels which is contaminated with asbestos-containing material debris and cannot be easily separated from the material.

Asbestos-containing waste (ACW) material - Asbestos-containing material or asbestos contaminated objects requiring disposal.

Asbestos Project Monitor - Some states require that any person conducting asbestos abatement clearance inspections and clearance air sampling be licensed as an asbestos project monitor.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Asbestos waste decontamination facility - A system consisting of drum/bag washing facilities and a temporary storage area for cleaned containers of asbestos waste. Used as the exit for waste and equipment leaving the regulated area. In an emergency, it may be used to evacuate personnel.

Authorized person - Any person authorized by the VA, the Contractor, or government agency and required by work duties to be present in regulated areas.

Authorized visitor - Any person approved by the VA; the contractor; or any government agency representative having jurisdiction over the regulated area (e.g., OSHA, Federal and State EPA).

Barrier - Any surface that isolates the regulated area and inhibits fiber migration from the regulated area.

Containment Barrier - An airtight barrier consisting of walls, floors, and/or ceilings of sealed plastic sheeting which surrounds and seals the outer perimeter of the regulated area.

Critical Barrier - The barrier responsible for isolating the regulated area from adjacent spaces, typically constructed of plastic sheeting secured in place at openings such as doors, windows, or any other opening into the regulated area.

Primary Barrier - Plastic barriers placed over critical barriers and exposed directly to abatement work.

Secondary Barrier - Any additional plastic barriers used to isolate and provide protection from debris during abatement work.

Breathing zone - The hemisphere forward of the shoulders with a radius of about 150 - 225 mm (6 - 9 inches) from the worker's nose.

Bridging encapsulant - An encapsulant that forms a layer on the surface of the ACM.

Building/facility owner - The legal entity, including a lessee, which exercises control over management and recordkeeping functions relating to a building and/or facility in which asbestos activities take place.

Bulk testing - The collection and analysis of suspect asbestos containing materials.

Certified Industrial Hygienist (CIH) - A person certified in the comprehensive practice of industrial hygiene by the American Board of Industrial Hygiene.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Class I asbestos work - Activities involving the removal of Thermal System Insulation (TSI) and surfacing ACM and Presumed Asbestos Containing Material (PACM).

Class II asbestos work - Activities involving the removal of ACM which is not thermal system insulation or surfacing material. This includes, but is not limited to, the removal of asbestos-containing wallboard, floor tile and sheeting, roofing and siding shingles, and construction mastic.

Clean room/Changing room - An uncontaminated room having facilities for the storage of employee's street clothing and uncontaminated materials and equipment.

Clearance sample - The final air sample taken after all asbestos work has been done and visually inspected. Performed by the VA's professional industrial hygiene consultant/Certified Industrial Hygienist (VPIH/CIH).

Closely resemble - The major workplace conditions which have contributed to the levels of historic asbestos exposure, are no more protective than conditions of the current workplace.

Competent person - In addition to the definition in 29 CFR 1926.32(f), one who is capable of identifying existing asbestos hazards in the workplace and selecting the appropriate control strategy for asbestos exposure, who has the authority to take prompt corrective measures to eliminate them, as specified in 29 CFR 1926.32(f); in addition, for Class I and II work who is specially trained in a training course which meets the criteria of EPA's Model Accreditation Plan (40 CFR 763) for supervisor.

Contractor's Professional Industrial Hygienist (CPIH/CIH) - The asbestos abatement contractor's industrial hygienist. The industrial hygienist must meet the qualification requirements of a PIH and may be a certified industrial hygienist (CIH).

Count - Refers to the fiber count or the average number of fibers greater than five microns in length with a length-to-width (aspect) ratio of at least 3 to 1, per cubic centimeter of air.

Crawlspace - An area which can be found either in or adjacent to the work area. This area has limited access and egress and may contain asbestos materials and/or asbestos contaminated soil.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Decontamination area/unit - An enclosed area adjacent to and connected to the regulated area and consisting of an equipment room, shower room, and clean room, which is used for the decontamination of workers, materials, and equipment that are contaminated with asbestos.

Demolition - The wrecking or taking out of any load-supporting structural member and any related razing, removing, or stripping of asbestos products.

VA Total - means a building or substantial part of the building is completely removed, torn or knocked down, bulldozed, flattened, or razed, including removal of building debris.

Disposal bag - Typically 6 mil thick sift-proof, dustproof, leak-tight container used to package and transport asbestos waste from regulated areas to the approved landfill. Each bag/container must be labeled/marked in accordance with EPA, OSHA and DOT requirements.

Disturbance - Activities that disrupt the matrix of ACM or PACM, crumble or pulverize ACM or PACM, or generate visible debris from ACM or PACM. Disturbance includes cutting away small amounts of ACM or PACM, no greater than the amount that can be contained in one standard sized glove bag or waste bag, in order to access a building component. In no event shall the amount of ACM or PACM so disturbed exceed that which can be contained in one glove bag or disposal bag and shall not exceed 60 inches in length or width.

Drum - A rigid, impermeable container made of cardboard fiber, plastic, or metal which can be sealed in order to be sift-proof, dustproof, and leak-tight.

Employee exposure - The exposure to airborne asbestos that would occur if the employee were not wearing respiratory protection equipment.

Encapsulant - A material that surrounds or embeds asbestos fibers in an adhesive matrix and prevents the release of fibers.

Encapsulation - Treating ACM with an encapsulant.

Enclosure - The construction of an air tight, impermeable, permanent barrier around ACM to control the release of asbestos fibers from the material and also eliminate access to the material.

Equipment room - A contaminated room located within the decontamination area that is supplied with impermeable bags or containers for the disposal of contaminated protective clothing and equipment.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Fiber - A particulate form of asbestos, 5 microns or longer, with a length to width (aspect) ratio of at least 3 to 1.

Fibers per cubic centimeter (f/cc) - Abbreviation for fibers per cubic centimeter, used to describe the level of asbestos fibers in air.

Filter - Media used in respirators, vacuums, or other machines to remove particulate from air.

Firestopping - Material used to close the open parts of a structure in order to prevent a fire from spreading.

Friable asbestos containing material - Any material containing more than one (1) percent or asbestos as determined using the method specified in appendix A, Subpart F, 40 CFR 763, section 1, Polarized Light Microscopy, that, when dry, can be crumbled, pulverized, or reduced to powder by hand pressure.

Glovebag - Not more than a 60 x 60 inch impervious plastic bag-like enclosure affixed around an asbestos-containing material, with glove-like appendages through which materials and tools may be handled.

High efficiency particulate air (HEPA) filter - An ASHRAE MERV 17 filter capable of trapping and retaining at least 99.97 percent of all mono-dispersed particles of 0.3 micrometers in diameter.

HEPA vacuum - Vacuum collection equipment equipped with a HEPA filter system capable of collecting and retaining asbestos fibers.

Homogeneous area - An area of surfacing, thermal system insulation or miscellaneous ACM that is uniform in color, texture and date of application.

HVAC - Heating, Ventilation and Air Conditioning

Industrial hygienist (IH) - A professional qualified by education, training, and experience to anticipate, recognize, evaluate and develop controls for occupational health hazards. Meets definition requirements of the American Industrial Hygiene Association (AIHA).

Industrial hygienist technician (IH Technician) - A person working under the direction of an IH or CIH who has special training, experience, certifications and licenses required for the industrial hygiene work assigned. Some states require that an industrial hygienist technician conducting asbestos abatement clearance inspection and clearance air sampling be licensed as an asbestos project monitor.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Intact - The ACM has not crumbled, been pulverized, or otherwise deteriorated so that the asbestos is no longer likely to be bound with its matrix.

Lockdown - Applying encapsulant, after a final visual inspection, on all abated surfaces at the conclusion of ACM removal prior to removal of critical barriers.

National Emission Standards for Hazardous Air Pollutants (NESHAP) - EPA's rule to control emissions of asbestos to the environment (40 CFR Part 61, Subpart M).

Negative initial exposure assessment - A demonstration by the employer which complies with the criteria in 29 CFR 1926.1101 (f)(2)(iii), that employee exposure during an operation is expected to be consistently below the PEL.

Negative pressure - Air pressure which is lower than the surrounding area, created by exhausting air from a sealed regulated area through HEPA equipped filtration units. OSHA requires maintaining -0.02" water column gauge inside the negative pressure enclosure.

Negative pressure respirator - A respirator in which the air pressure inside the facepiece is negative during inhalation relative to the air pressure outside the respirator facepiece.

Non-friable ACM - Material that contains more than 1 percent asbestos but cannot be crumbled, pulverized, or reduced to powder by hand pressure.

Organic vapor cartridge - The type of cartridge used on air purifying respirators to remove organic vapor hazardous air contaminants.

Outside air - The air outside buildings and structures, including, but not limited to, the air under a bridge or in an open ferry dock.

Owner/operator - Any person who owns, leases, operates, controls, or supervises the facility being demolished or renovated or any person who owns, leases, operates, controls, or supervises the demolition or renovation operation, or both.

Penetrating encapsulant - Encapsulant that is absorbed into the ACM matrix without leaving a surface layer.

Personal protective equipment (PPE) - equipment designed to protect user from injury and/or specific job hazard. Such equipment may

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

include protective clothing, hard hats, safety glasses, and respirators.

Personal sampling/monitoring - Representative air samples obtained in the breathing zone for one or more workers within the regulated area using a filter cassette and a calibrated air sampling pump to determine asbestos exposure.

Permissible exposure limit (PEL) - The level of exposure OSHA allows for an 8 hour time weighted average. For asbestos fibers, the eight (8) hour time weighted average PEL is 0.1 fibers per cubic centimeter (0.1 f/cc) of air and the 30-minute Excursion Limit is 1.0 fibers per cubic centimeter (1 f/cc).

Pipe tunnel - An area, typically located adjacent to mechanical spaces or boiler rooms in which the pipes servicing the heating system in the building are routed to allow the pipes to access heating elements. These areas may contain asbestos pipe insulation, asbestos fittings, or asbestos-contaminated soil.

Polarized light microscopy (PLM) - Light microscopy using dispersion staining techniques and refractive indices to identify and quantify the type(s) of asbestos present in a bulk sample.

Polyethylene sheeting - Strong plastic barrier material 4 to 6 mils thick, semi-transparent, flame retardant per NFPA 241.

Positive/negative fit check - A method of verifying the seal of a facepiece respirator by temporarily occluding the filters and breathing in (inhaling) and then temporarily occluding the exhalation valve and breathing out (exhaling) while checking for inward or outward leakage of the respirator respectively.

Presumed ACM (PACM) - Thermal system insulation, surfacing, and flooring material installed in buildings prior to 1981. If the building owner has actual knowledge, or should have known through the exercise of due diligence that other materials are ACM, they too must be treated as PACM. The designation of PACM may be rebutted pursuant to 29 CFR 1926.1101 (b).

Professional IH - An IH who meets the definition requirements of AIHA; meets the definition requirements of OSHA as a "Competent Person" at 29 CFR 1926.1101 (b); has completed two specialized EPA approved courses on management and supervision of asbestos abatement projects; has

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

formal training in respiratory protection and waste disposal; and has a minimum of four projects of similar complexity with this project of which at least three projects serving as the supervisory IH. The PIH may be either the VA's PIH (VPIH) or Contractor's PIH (CPIH/CIH).

Project designer - A person who has successfully completed the training requirements for an asbestos abatement project designer as required by 40 CFR 763 Appendix C, Part I; (B)(5).

Assigned Protection factor - A value assigned by OSHA/NIOSH to indicate the expected protection provided by each respirator class, when the respirator is properly selected and worn correctly. The number indicates the reduction of exposure level from outside to inside the respirator facepiece.

Qualitative fit test (QLFT) - A fit test using a challenge material that can be sensed by the wearer if leakage in the respirator occurs.

Quantitative fit test (QNFT) - A fit test using a challenge material which is quantified outside and inside the respirator thus allowing the determination of the actual fit factor.

Regulated area - An area established by the employer to demarcate where Class I, II, III asbestos work is conducted, and any adjoining area where debris and waste from such asbestos work may accumulate; and a work area within which airborne concentrations of asbestos exceed, or there is a reasonable possibility they may exceed the PEL.

Regulated ACM (RACM) - Friable ACM; Category I non-friable ACM that has become friable; Category I non-friable ACM that will be or has been subjected to sanding, grinding, cutting, or abrading or; Category II non-friable ACM that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of the demolition or renovation operation.

Removal - All operations where ACM, PACM and/or RACM is taken out or stripped from structures or substrates, including demolition operations.

Renovation - Altering a facility or one or more facility components in any way, including the stripping or removal of asbestos from a facility component which does not involve demolition activity.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Repair - Overhauling, rebuilding, reconstructing, or reconditioning of structures or substrates, including encapsulation or other repair of ACM or PACM attached to structures or substrates.

Shower room - The portion of the PDF where personnel shower before leaving the regulated area.

Supplied air respirator (SAR) - A respiratory protection system that supplies minimum Grade D respirable air per ANSI/Compressed Gas Association Commodity Specification for Air, G-7.1-1989.

Surfacing ACM - A material containing more than 1 percent asbestos that is sprayed, troweled on or otherwise applied to surfaces for acoustical, fireproofing and other purposes.

Surfactant - A chemical added to water to decrease water's surface tension thus making it more penetrating into ACM.

Thermal system ACM - A material containing more than 1 percent asbestos applied to pipes, fittings, boilers, breeching, tanks, ducts, or other structural components to prevent heat loss or gain.

Transmission electron microscopy (TEM) - A microscopy method that can identify and count asbestos fibers.

VA Professional Industrial Hygienist (VPIH/CIH) - The Department of Veterans Affairs Professional Industrial Hygienist must meet the qualifications of a PIH, and may be a Certified Industrial Hygienist (CIH).

VA Representative - The VA official responsible for on-going project work.

Visible emissions - Any emissions, which are visually detectable without the aid of instruments, coming from ACM/PACM/RACM/ACS or ACM waste material.

Waste/Equipment decontamination facility (W/EDF) - The area in which equipment is decontaminated before removal from the regulated area.

Waste generator - Any owner or operator whose act or process produces asbestos-containing waste material.

Waste shipment record - The shipping document, required to be originated and signed by the waste generator, used to track and substantiate the disposition of asbestos-containing waste material.

Wet cleaning - The process of thoroughly eliminating, by wet methods, any asbestos contamination from surfaces or objects.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

1.4.3 REFERENCED STANDARDS ORGANIZATIONS

The following acronyms or abbreviations as referenced in contract/specification documents are defined to mean the associated names. Names and addresses may be subject to change.

A. VA Department of Veterans Affairs

810 Vermont Avenue, NW

Washington, DC 20420

B. AIHA American Industrial Hygiene Association

2700 Prosperity Avenue, Suite 250

Fairfax, VA 22031

703-849-8888

C. ANSI American National Standards Institute

1430 Broadway

New York, NY 10018

212-354-3300

D. ASTM American Society for Testing and Materials

1916 Race St.

Philadelphia, PA 19103

215-299-5400

E. CFR Code of Federal Regulations

Government Printing Office

Washington, DC 20420

F. CGA Compressed Gas Association

1235 Jefferson Davis Highway

Arlington, VA 22202

703-979-0900

G. CS Commercial Standard of the National Institute of Standards and Technology(NIST)

U. S. Department of Commerce

Government Printing Office

Washington, DC 20420

H. EPA Environmental Protection Agency

401 M St., SW

Washington, DC 20460

202-382-3949

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- I. MIL-STD Military Standards/Standardization Division
Office of the Assistant Secretary of Defense
Washington, DC 20420
- I. NIST National Institute for Standards and Technology
U. S. Department of Commerce
Gaithersburg, MD 20234
301-921-1000
- K. NEC National Electrical Code (by NFPA)
- L. NEMA National Electrical Manufacturer's Association
2101 L Street, NW
Washington, DC 20037
- M. NFPA National Fire Protection Association
1 Batterymarch Park
P.O. Box 9101
Quincy, MA 02269-9101
800-344-3555
- N. NIOSH National Institutes for Occupational Safety and Health
4676 Columbia Parkway
Cincinnati, OH 45226
513-533-8236
- O. OSHA Occupational Safety and Health Administration
U.S. Department of Labor
Government Printing Office
Washington, DC 20402
- P. UL Underwriters Laboratory
333 Pfingsten Rd.
Northbrook, IL 60062
312-272-8800

1.5 APPLICABLE CODES AND REGULATIONS

1.5.1 GENERAL APPLICABILITY OF CODES, REGULATIONS, AND STANDARDS

- A. All work under this contract shall be done in strict accordance with all applicable Federal, State, and local regulations, standards and codes governing asbestos abatement, and any other trade work done in conjunction with the abatement. All applicable codes, regulations and standards are adopted into this specification and will have the same force and effect as this specification.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. The most recent edition of any relevant regulation, standard, document or code shall be in effect. Where conflict among the requirements or with these specification exists, the most stringent requirement(s) shall be utilized.
- C. Copies of all standards, regulations, codes and other applicable documents, including this specification and those listed in Section 1.5 shall be available at the worksite in the clean change area of the worker decontamination system.

1.5.2 ASBESTOS ABATEMENT CONTRACTOR RESPONSIBILITY

- A. The Asbestos Abatement Contractor (Contractor) shall assume full responsibility and liability for compliance with all applicable Federal, State and Local regulations related to any and all aspects of the asbestos abatement project. The Contractor is responsible for providing and maintaining training, accreditations, medical exams, medical records, personal protective equipment (PPE) including respiratory protection including respirator fit testing, as required by applicable Federal, State and Local regulations. The Contractor shall hold the VA and VPIH/CIH consultants harmless for any Contractor's failure to comply with any applicable work, packaging, transporting, disposal, safety, health, or environmental requirement on the part of himself, his employees, or his subcontractors. The Contractor will incur all costs of the CPIH/CIH, including all sampling/analytical costs to assure compliance with OSHA/EPA/State requirements related to failure to comply with the regulations applicable to the work.

1.5.3 FEDERAL REQUIREMENTS

Federal requirements which govern some aspect of asbestos abatement include, but are not limited to, the following regulations.

- A. Occupational Safety and Health Administration (OSHA)
1. Title 29 CFR 1926.1101 - Construction Standard for Asbestos
 2. Title 29 CFR 1910 Subpart I - Personal Protective Equipment
 3. Title 29 CFR 1910.134 - Respiratory Protection
 4. Title 29 CFR 1926 - Construction Industry Standards
 5. Title 29 CFR 1910.1020 - Access to Employee Exposure and Medical Records
 6. Title 29 CFR 1910.1200 - Hazard Communication
 7. Title 29 CFR 1910 Subpart K - Medical and First Aid

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

B. Environmental Protection Agency (**EPA**)

1. 40 CFR 61 Subpart A and M (Revised Subpart B) - National Emission Standard for Hazardous Air Pollutants - Asbestos.
2. 40 CFR 763.80 - Asbestos Hazard Emergency Response Act (AHERA)

C. Department of Transportation (**DOT**)

Title 49 CFR 100 - 185 - Transportation

1.5.4 STATE REQUIREMENTS - NOT USED

1.5.5 LOCAL REQUIREMENTS - NOT USED

1.5.6 STANDARDS

A. Standards which govern asbestos abatement activities include, but are not limited to, the following:

1. American National Standards Institute (ANSI) Z9.2-79 - Fundamentals Governing the Design and Operation of Local Exhaust Systems and ANSI Z88.2 - Practices for Respiratory Protection.
2. Underwriters Laboratories (UL) 586-90 - UL Standard for Safety of HEPA filter Units, 7th Edition.

B. Standards which govern encapsulation work include, but are not limited to, the following:

1. American Society for Testing and Materials (ASTM)

C. Standards which govern the fire and safety concerns in abatement work include, but are not limited to, the following:

1. National Fire Protection Association (NFPA) 241 - Standard for Safeguarding Construction, Alteration, and Demolition Operations.
2. NFPA 701 - Standard Methods for Fire Tests for Flame Resistant Textiles and Film.
3. NFPA 101 - Life Safety Code

1.5.7 EPA GUIDANCE DOCUMENTS

A. EPA guidance documents which discuss asbestos abatement work activities are listed below. These documents are made part of this section by reference. EPA publications can be ordered from (800) 424-9065.

B. Guidance for Controlling ACM in Buildings (Purple Book) EPA 560/5-85-024

C. Asbestos Waste Management Guidance EPA 530-SW-85-007.

D. A Guide to Respiratory Protection for the Asbestos Abatement Industry EPA-560-OPTS-86-001

E. Guide to Managing Asbestos in Place (Green Book) TS 799 20T July 1990

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

1.5.8 NOTICES

- A. State and Local agencies: Send written notification as required by state and local regulations including the local fire department prior to beginning any work on ACM as follows:
- B. Copies of notifications shall be submitted to the VA for the facility's records in the same time frame notification are given to EPA, State, and Local authorities.

1.5.9 PERMITS/LICENSES

- A. The contractor shall apply for and have all required permits and licenses to perform asbestos abatement work as required by Federal, State, and Local regulations.

1.5.10 POSTING AND FILING OF REGULATIONS

- A. Maintain two (2) copies of applicable federal, state, and local regulations. Post one copy of each at the regulated area where workers will have daily access to the regulations and keep another copy in the Contractor's office.

1.5.11 VA RESPONSIBILITIES

Prior to commencement of work:

- A. Notify occupants adjacent to regulated areas of project dates and requirements for relocation, if needed. Arrangements must be made prior to starting work for relocation of desks, files, equipment, and personal possessions to avoid unauthorized access into the regulated area. **Note: Notification of adjacent personnel is required by OSHA in 29 CFR 1926.1101 (k) to prevent unnecessary or unauthorized access to the regulated area.**
- B. Submit to the Contractor results of background air sampling; including location of samples, person who collected the samples, equipment utilized, calibration data and method of analysis. During abatement, submit to the Contractor, results of bulk material analysis and air sampling data collected during the course of the abatement. This information shall not release the Contractor from any responsibility for OSHA compliance.

1.5.12 EMERGENCY ACTION PLAN AND ARRANGEMENTS

- A. An Emergency Action Plan shall be developed by prior to commencing abatement activities and shall be agreed to by the Contractor and the VA. The Plan shall meet the requirements of 29 CFR 1910.38 (a); (b).

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. Emergency procedures shall be in written form and prominently posted in the clean room and equipment room of the decontamination unit. Everyone, prior to entering the regulated area, must read and sign these procedures to acknowledge understanding of the regulated area layout, location of emergency exits and emergency procedures.
- C. Emergency planning shall include written notification of police, fire, and emergency medical personnel of planned abatement activities; work schedule; layout of regulated area; and access to the regulated area, particularly barriers that may affect response capabilities.
- D. Emergency planning shall include consideration of fire, explosion, hazardous atmospheres, electrical hazards, slips/trips and falls, confined spaces, and heat stress illness. Written procedures for response to emergency situations shall be developed and employee training in procedures shall be provided.
- E. Employees shall be trained in regulated area/site evacuation procedures in the event of workplace emergencies.
 - 1. For non life-threatening situations - employees injured or otherwise incapacitated shall decontaminate following normal procedures with assistance from fellow workers, if necessary, before exiting the regulated area to obtain proper medical treatment.
 - 2. For life-threatening injury or illness, worker decontamination shall take least priority after measures to stabilize the injured worker, remove them from the regulated area, and secure proper medical treatment.
- F. Telephone numbers of any/all emergency response personnel shall be prominently posted in the clean room, along with the location of the nearest telephone.
- G. The Contractor shall provide verification of first aid/CPR training for personnel responsible for providing first aid/CPR. OSHA requires medical assistance within 3-4 minutes of a life-threatening injury/illness. Bloodborne Pathogen training shall also be verified for those personnel required to provide first aid/CPR.
- H. The Emergency Action Plan shall provide for a Contingency Plan in the event that an incident occurs that may require the modification of the Asbestos Hazard Abatement Plans during abatement. Such incidents include, but are not limited to, fire; accident; power failure;

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

negative pressure failure; and supplied air system failure. The Contractor shall detail procedures to be followed in the event of an incident assuring that asbestos abatement work is stopped and wetting is continued until correction of the problem.

1.5.13 - NOT USED**1.5.14 PRE-CONSTRUCTION MEETING**

Prior to commencing the work, the Contractor shall meet with the VPCIH to present and review, as appropriate, the items following this paragraph. The Contractor's Competent Person(s) who will be on-site shall participate in the pre-start meeting. The pre-start meeting is to discuss and determine procedures to be used during the project. At this meeting, the Contractor shall provide:

- A. Proof of Contractor licensing.
- B. Proof the Competent Person is trained and accredited and approved for working in this State. Verification of the experience of the Competent Person shall also be presented.
- C. A list of all workers who will participate in the project, including experience and verification of training and accreditation.
- D. A list of and verification of training for all personnel who have current first-aid/CPR training. A minimum of one person per shift must have adequate training.
- E. Current medical written opinions for all personnel working on-site meeting the requirements of 29 CFR 1926.1101 (m).
- F. Current fit-tests for all personnel wearing respirators on-site meeting the requirements of 29 CFR 1926.1101 (h) and Appendix C.
- G. A copy of the Contractor's Asbestos Hazard Abatement Plan. In these procedures, the following information must be detailed, specific for this project. A copy of the Contractor's Asbestos Hazard Abatement Plan (AHAP) for Class I Glovebag Asbestos Abatement. In these procedures, the following information must be detailed, specific for this project.
 - 1. Regulated area preparation procedures;
 - 2. Notification requirements procedure of Contractor as required in 29 CFR 1926.1101 (d);
 - 3. If required, decontamination area set-up/layout and decontamination procedures for employees;

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

4. Glovebag abatement methods/procedures and equipment to be used; and
5. Personal protective equipment to be used.

- H. At this meeting the Contractor shall provide all submittals as required.
- I. Procedures for handling, packaging and disposal of asbestos waste.
- J. Emergency Action Plan and Contingency Plan Procedures.

1.6 PROJECT COORDINATION

- A. The following are the minimum administrative and supervisory personnel necessary for coordination of the work.

1.6.1 PERSONNEL

- A. Administrative and supervisory personnel shall consist of a qualified Competent Person(s) as defined by OSHA in the Construction Standards and the Asbestos Construction Standard; Contractor Professional Industrial Hygienist and Industrial Hygiene Technicians. These employees are the Contractor's representatives responsible for compliance with these specifications and all other applicable requirements.
- B. Non-supervisory personnel shall consist of an adequate number of qualified personnel to meet the schedule requirements of the project. Personnel shall meet required qualifications. Personnel utilized on-site shall be pre-approved by the VA representative. A request for approval shall be submitted for any person to be employed during the project giving the person's name; social security number; qualifications; accreditation card with color picture; Certificate of Worker's Acknowledgment; and Affidavit of Medical Surveillance and Respiratory Protection and current Respirator Fit Test.
- C. Minimum qualifications for Contractor and assigned personnel are:
 1. The Contractor has conducted within the last three (3) years, three (3) projects of similar complexity and dollar value as this project; has not been cited and penalized for serious violations of federal (and state as applicable) EPA and OSHA asbestos regulations in the past three (3) years; has adequate liability/occurrence insurance for asbestos work as required by the state; is licensed in applicable states; has adequate and qualified personnel available to complete the work; has comprehensive Asbestos Hazard Abatement Plans

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

(AHAPs) for asbestos work; and has adequate materials, equipment and supplies to perform the work.

2. The Competent Person has four (4) years of abatement experience of which two (2) years were as the Competent Person on the project; meets the OSHA definition of a Competent Person; has been the Competent Person on two (2) projects of similar size and complexity as this project within the past three (3) years; has completed EPA AHERA/OSHA/State/Local training requirements/accreditation(s) and refreshers; and has all required OSHA documentation related to medical and respiratory protection.
3. The Contractor Professional Industrial Hygienist/CIH (CPIH/CIH) shall have five (5) years of monitoring experience and supervision of asbestos abatement projects; has participated as senior IH on five (5) abatement projects, three (3) of which are similar in size and complexity as this project; has developed at least one complete Asbestos Hazard Abatement Plan for asbestos abatement; has trained abatement personnel for three (3) years; has specialized EPA AHERA/OSHA training in asbestos abatement management, respiratory protection, waste disposal and asbestos inspection; has completed the NIOSH 582 Course or equivalent, Contractor/Supervisor course; and has appropriate medical/respiratory protection records/documentation.
4. The Abatement Personnel shall have completed the EPA AHERA/OSHA abatement worker course; have training on the Asbestos Hazard Abatement Plans of the Contractor; has one year of asbestos abatement experience within the past three (3) years of similar size and complexity; has applicable medical and respiratory protection documentation; has certificate of training/current refresher and State accreditation/license.

- D. All personnel should be in compliance with OSHA construction safety training as applicable and submit certification.

1.7 RESPIRATORY PROTECTION

1.7.1 GENERAL - RESPIRATORY PROTECTION PROGRAM

- A. The Contractor shall develop and implement a written Respiratory Protection Program (RPP) which is in compliance with the January 8, 1998 OSHA requirements found at 29 CFR 1926.1101 and 29 CFR 1910

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Subpart I;134. ANSI Standard Z88.2-1992 provides excellent guidance for developing a respiratory protection program. All respirators used must be NIOSH approved for asbestos abatement activities. The written RPP shall, at a minimum, contain the basic requirements found at 29 CFR 1910.134 (c)(1)(i - ix) - Respiratory Protection Program.

1.7.2 RESPIRATORY PROTECTION PROGRAM COORDINATOR

- A. The Respiratory Protection Program Coordinator (RPPC) must be identified and shall have two (2) years experience coordinating RPP of similar size and complexity. The RPPC must submit a signed statement attesting to the fact that the program meets the above requirements.

1.7.3 SELECTION AND USE OF RESPIRATORS

- A. The procedure for the selection and use of respirators must be submitted to the VA as part of the Contractor's qualifications. The procedure must be written clearly enough for workers to understand. A copy of the Respiratory Protection Program must be available in the clean room of the decontamination unit for reference by employees or authorized visitors.

1.7.4 MINIMUM RESPIRATORY PROTECTION

- A. Minimum respiratory protection shall be a full face powered air purifying respirator when fiber levels are maintained consistently at or below 0.5 f/cc. A higher level of respiratory protection may be provided or required, depending on fiber levels. Respirator selection shall meet the requirements of 29 CFR 1926.1101 (h); Table 1, except as indicated in this paragraph. Abatement personnel must have a respirator for their exclusive use.

1.7.5 MEDICAL WRITTEN OPINION

- A. No employee shall be allowed to wear a respirator unless a physician or other licensed health care professional has provided a written determination they are medically qualified to wear the class of respirator to be used on the project while wearing whole body impermeable garments and subjected to heat or cold stress.

1.7.6 RESPIRATOR FIT TEST

- A. All personnel wearing respirators shall have a current quantitative fit test which was conducted in accordance with 29 CFR 1910.134 (f) and Appendix A. Fit tests shall be done for PAPR's which have been put into a failure mode.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

1.7.7 RESPIRATOR FIT CHECK

- A. The Competent Person shall assure that the positive/negative pressure user seal check is done each time the respirator is donned by an employee. Head coverings must cover respirator head straps. Any situation that prevents an effective facepiece to face seal as evidenced by failure of a user seal check shall preclude that person from wearing a respirator inside the regulated area until resolution of the problem.

1.7.8 MAINTENANCE AND CARE OF RESPIRATORS

- A. The Respiratory Protection Program Coordinator shall submit evidence and documentation showing compliance with 29 CFR 1910.134 (h) maintenance and care of respirators.

1.8 WORKER PROTECTION**1.8.1 TRAINING OF ABATEMENT PERSONNEL**

- A. Prior to beginning any abatement activity, all personnel shall be trained in accordance with OSHA 29 CFR 1926.1101 (k)(9) and any additional State/Local requirements. Training must include, at a minimum, the elements listed at 29 CFR 1926.1101 (k)(9)(viii). Training shall have been conducted by a third party, EPA/State approved trainer meeting the requirements of EPA 40 CFR 763 Appendix C (AHERA MAP). Initial training certificates and current refresher and accreditation proof must be submitted for each person working at the site.

1.8.2 MEDICAL EXAMINATIONS

- A. Medical examinations meeting the requirements of 29 CFR 1926.1101 (m) shall be provided for all personnel working in the regulated area, regardless of exposure levels. A current physician's written opinion as required by 29 CFR 1926.1101 (m)(4) shall be provided for each person and shall include in the medical opinion the person has been evaluated for working in a heat and cold stress environment while wearing personal protective equipment (PPE) and is able to perform the work without risk of material health impairment.

1.8.3 PERSONAL PROTECTIVE EQUIPMENT

- A. Provide whole body clothing, head coverings, foot coverings and any other personal protective equipment as determined by conducting the hazard assessment required by OSHA at 29 CFR 1910.132 (d). The Competent Person shall ensure the integrity of personal protective

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

equipment worn for the duration of the project. Duct tape shall be used to secure all suit sleeves to wrists and to secure foot coverings at the ankle.

1.8.4 REGULATED AREA ENTRY PROCEDURE

- A. The Competent Person shall ensure that each time workers enter the regulated area; they remove ALL street clothes in the clean room of the decontamination unit and put on new disposable coveralls, head coverings, a clean respirator, and then proceed through the shower room to the equipment room where they put on non-disposable required personal protective equipment.

1.8.5 DECONTAMINATION PROCEDURE

The Competent Person shall require all personnel to adhere to following decontamination procedures whenever they leave the regulated area.

- A. When exiting the regulated area, remove disposable coveralls, and ALL other clothes, disposable head coverings, and foot coverings or boots in the equipment room.
- B. Still wearing the respirator and completely naked, proceed to the shower. Showering is MANDATORY. Care must be taken to follow reasonable procedures in removing the respirator to avoid inhaling asbestos fibers while showering. The following procedure is required as a minimum:
1. Thoroughly wet body including hair and face. If using a PAPR hold blower above head to keep filters dry.
 2. With respirator still in place, thoroughly decontaminate body, hair, respirator face piece, and all other parts of the respirator except the blower and battery pack on a PAPR. Pay particular attention to cleaning the seal between the face and respirator facepiece and under the respirator straps.
 3. Take a deep breath, hold it and/or exhale slowly, completely wetting hair, face, and respirator. While still holding breath, remove the respirator and hold it away from the face before starting to breathe.
- C. Carefully decontaminate the facepiece of the respirator inside and out. If using a PAPR, shut down using the following sequence: a) first cap inlets to filters; b) turn blower off to keep debris collected on the inlet side of the filter from dislodging and contaminating the outside of the unit; c) thoroughly decontaminate blower and hoses; d) carefully

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

decontaminate battery pack with a wet rag being cautious of getting water in the battery pack thus preventing destruction. **(THIS PROCEDURE IS NOT A SUBSTITUTE FOR RESPIRATOR CLEANING!)**

- D. Shower and wash body completely with soap and water. Rinse thoroughly.
- E. Rinse shower room walls and floor to drain prior to exiting.
- F. Proceed from shower to clean room; dry off and change into street clothes or into new disposable work clothing.

1.8.6 REGULATED AREA REQUIREMENTS

- A. The Competent Person shall meet all requirements of 29 CFR 1926.1101 (o) and assure that all requirements for Class I glovebag regulated areas at 29 CFR 1926.1101 (e) are met. All personnel in the regulated area shall not be allowed to eat, drink, smoke, chew tobacco or gum, apply cosmetics, or in any way interfere with the fit of their respirator.

1.9 DECONTAMINATION FACILITIES

1.9.1 DESCRIPTION

- A. Provide each regulated area with separate personnel decontamination facilities (PDF) and waste/equipment decontamination facilities (W/EDF). Ensure that the PDF are the only means of ingress and egress to the regulated area and that all equipment, bagged waste, and other material exit the regulated area only through the W/EDF.

1.9.2 GENERAL REQUIREMENTS

- A. All personnel entering or exiting a regulated area must go through the PDF and shall follow the requirements at 29 CFR 1926.1101 (j)(1) and these specifications. All waste, equipment and contaminated materials must exit the regulated area through the W/EDF and be decontaminated in accordance with these specifications. Walls and ceilings of the PDF and W/EDF must be constructed of a minimum of 3 layers of 6 mil opaque fire retardant polyethylene sheeting and be securely attached to existing building components and/or an adequate temporary framework. A minimum of 3 layers of 6 mil poly shall also be used to cover the floor under the PDF and W/EDF units. Construct doors so that they overlap and secure to adjacent surfaces. Weight inner doorway sheets with layers of duct tape so that they close quickly after release. Put arrows on sheets so they show direction of travel and overlap. If the building adjacent area is occupied, construct a solid barrier on the occupied side(s) to protect

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

the sheeting and reduce potential for non-authorized personnel entering the regulated area.

1.9.3 TEMPORARY FACILITIES TO THE PDF AND W/EDF

- A. The Competent Person shall provide temporary water service connections to the PDF and W/EDF. Backflow prevention must be provided at the point of connection to the VA system. Water supply must be of adequate pressure and meet requirements of 29 CFR 1910.141(d)(3). Provide adequate temporary overhead electric power with ground fault circuit interruption (GFCI) protection. Provide a sub-panel equipped with GFCI protection for all temporary power in the clean room. Provide adequate lighting to provide a minimum of 50 foot candles in the PDF and W/EDF. Provide temporary heat, if needed, to maintain 70°F throughout the PDF and W/EDF.

1.9.4 PERSONNEL DECONTAMINATION FACILITY (PDF)

- A. The Competent Person shall provide a PDF consisting of shower room which is contiguous to a clean room and equipment room. The PDF must be sized to accommodate the number of personnel scheduled for the project. The shower room, located in the center of the PDF, shall be fitted with as many portable showers as necessary to insure all employees can complete the entire decontamination procedure within 15 minutes. The PDF shall be constructed of opaque poly for privacy. The PDF shall be constructed to eliminate any parallel routes of egress without showering.
1. Clean Room: The clean room must be physically and visually separated from the rest of the building to protect the privacy of personnel changing clothes. The clean room shall be constructed of at least 3 layers of 6 mil opaque fire retardant poly to provide an air tight room. Provide a minimum of 2 - 900 mm (3 foot) wide 6 mil poly opaque fire retardant doorways. One doorway shall be the entry from outside the PDF and the second doorway shall be to the shower room of the PDF. The floor of the clean room shall be maintained in a clean, dry condition. Shower overflow shall not be allowed into the clean room. Provide 1 storage locker per person. A portable fire extinguisher, minimum 10 pounds capacity, Type ABC, shall be provided in accordance with OSHA and NFPA Standard 10. All persons entering the regulated area shall remove all street clothing in the

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

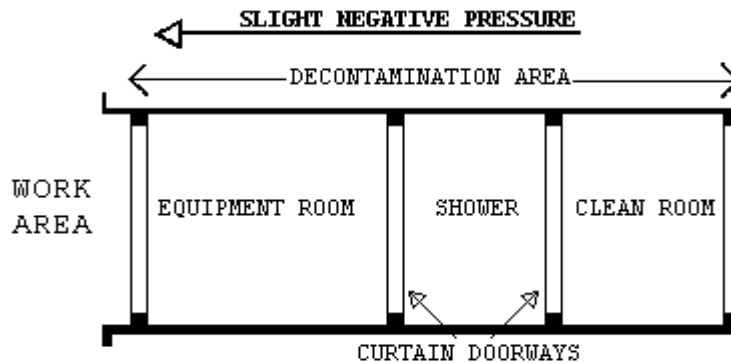
- clean room and dress in disposable protective clothing and respiratory protection. Any person entering the clean room does so either from the outside with street clothing on or is coming from the shower room completely naked and thoroughly washed. Females required to enter the regulated area shall be ensured of their privacy throughout the entry/exit process by posting guards at both entry points to the PDF so no male can enter or exit the PDF during her stay in the PDF.
2. Shower Room: The Competent Person shall assure that the shower room is a completely water tight compartment to be used for the movement of all personnel from the clean room to the equipment room and for the showering of all personnel going from the equipment room to the clean room. Each shower shall be constructed so water runs down the walls of the shower and into a drip pan. Install a freely draining smooth floor on top of the shower pan. The shower room shall be separated from the rest of the building and from the clean room and equipment room using air tight walls made from at least 3 layers of 6 mil opaque fire retardant poly. The shower shall be equipped with a shower head and controls, hot and cold water, drainage, soap dish and continuous supply of soap, and shall be maintained in a sanitary condition throughout its use. The controls shall be arranged so an individual can shower without assistance. Provide a flexible hose shower head, hose bibs and all other items shown on Shower Schematic. Waste water will be pumped to a drain after being filtered through a minimum of a 100 micron sock in the shower drain; a 20 micron filter; and a final 5 micron filter. Filters will be changed a minimum of once per day or more often as needed. Filter changes must be done in the shower to prevent loss of contaminated water. Hose down all shower surfaces after each shift and clean any debris from the shower pan. Residue is to be disposed of as asbestos waste.
 3. Equipment Room: The Competent Person shall provide an equipment room which shall be an air tight compartment for the storage of work equipment/tools, reusable personal protective equipment, except for a respirator and for use as a gross decontamination area for personnel exiting the regulated area. The equipment room shall be

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- separated from the regulated area by a minimum 3 foot wide door made with 2 layers of 6 mil opaque fire retardant poly. The equipment room shall be separated from the regulated area, the shower room and the rest of the building by air tight walls and ceiling constructed of a minimum of 3 layers of 6 mil opaque fire retardant poly. Damp wipe all surfaces of the equipment room after each shift change. Provide an additional loose layer of 6 mil fire retardant poly per shift change and remove this layer after each shift. If needed, provide a temporary electrical sub-panel equipped with GFCI in the equipment room to accommodate any equipment required in the regulated area.
4. The PDF shall be as follows: Clean room at the entrance followed by a shower room followed by an equipment room leading to the regulated area. Each doorway in the PDF shall be a minimum of 2 layers of 6 mil opaque fire retardant poly.



1.9.5 WASTE/EQUIPMENT DECONTAMINATION FACILITY (W/EDF)

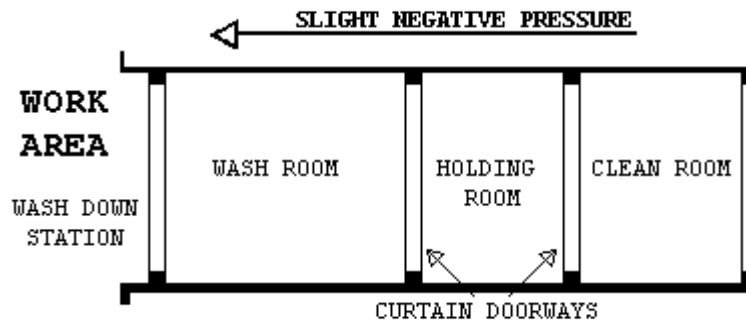
- A. The Competent Person shall provide a W/EDF consisting of a wash room, holding room, and clean room for removal of waste, equipment and contaminated material from the regulated area. Personnel shall not enter or exit the W/EDF except in the event of an emergency. Clean debris and residue in the W/EDF daily. All surfaces in the W/EDF shall be wiped/hosed down after each shift and all debris shall be cleaned from the shower pan. The W/EDF shall consist of the following:

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

1. Wash Down Station: Provide an enclosed shower unit in the regulated area just outside the Wash Room as an equipment bag and container cleaning station.
2. Wash Room: Provide a wash room for cleaning of bagged or containerized asbestos containing waste materials passed from the regulated area. Construct the wash room using 50 x 100 mm (2" x 4") wood framing and 3 layers of 6 mil fire retardant poly. Locate the wash room so that packaged materials, after being wiped clean, can be passed to the Holding Room. Doorways in the wash room shall be constructed of 2 layers of 6 mil fire retardant poly.
3. Holding Room: Provide a holding room as a drop location for bagged materials passed from the wash room. Construct the holding room using 50 x 100 mm (2" x 4") wood framing and 3 layers of 6 mil fire retardant poly. The holding room shall be located so that bagged material cannot be passed from the wash room to the clean room unless it goes through the holding room. Doorways in the holding room shall be constructed of 2 layers of 6 mil fire retardant poly.
4. Clean Room: Provide a clean room to isolate the holding room from the exterior of the regulated area. Construct the clean room using 2 x 4 wood framing and 2 layers of 6 mil fire retardant poly. The clean room shall be located so as to provide access to the holding room from the building exterior. Doorways to the clean room shall be constructed of 2 layers of 6 mil fire retardant poly. When a negative pressure differential system is used, a rigid enclosure separation between the W/EDF clean room and the adjacent areas shall be provided.
5. The W/EDF shall be as follows: Wash Room leading to a Holding Room followed by a Clean Room leading to outside the regulated area. See diagram.



1.9.6 WASTE/EQUIPMENT DECONTAMINATION PROCEDURES

- A. At the washdown station in the regulated area, thoroughly wet wipe/clean contaminated equipment and/or sealed polyethylene bags and pass into Wash Room after visual inspection. When passing anything into the Wash Room, close all doorways of the W/EDF, other than the doorway between the washdown station and the Wash Room. Keep all outside personnel clear of the W/EDF. Once inside the Wash Room, wet clean the equipment and/or bags. After cleaning and inspection, pass items into the Holding Room. Close all doorways except the doorway between the Holding Room and the Clean Room. Workers from the Clean Room/Exterior shall enter the Holding Room and remove the decontaminated/cleaned equipment/bags for removal and disposal. These personnel will not be required to wear PPE. At no time shall personnel from the clean side be allowed to enter the Wash Room.

PART 2 - PRODUCTS, MATERIALS AND EQUIPMENT

2.1 MATERIALS AND EQUIPMENT

2.1.1 GENERAL REQUIREMENTS (ALL ABATEMENT PROJECTS)

Prior to the start of work, the contractor shall provide and maintain a sufficient quantity of materials and equipment to assure continuous and efficient work throughout the duration of the project. Work shall not start unless the following items have been delivered to the site and the CPIH/CIH has submitted verification to the VA's representative.

- A. All materials shall be delivered in their original package, container or bundle bearing the name of the manufacturer and the brand name (where applicable).

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. Store all materials subject to damage off the ground, away from wet or damp surfaces and under cover sufficient enough to prevent damage or contamination. Flammable and combustible materials cannot be stored inside buildings. Replacement materials shall be stored outside of the regulated area until abatement is completed.
- C. The Contractor shall not block or hinder use of buildings by patients, staff, and visitors to the VA in partially occupied buildings by placing materials/equipment in any unauthorized location.
- D. The Competent Person shall inspect for damaged, deteriorating or previously used materials. Such materials shall not be used and shall be removed from the worksite and disposed of properly.
- E. Polyethylene sheeting for walls in the regulated area shall be a minimum of 4-mils. For floors and all other uses, sheeting of at least 6-mils shall be used in widths selected to minimize the frequency of joints. Fire retardant poly shall be used throughout.
- F. The method of attaching polyethylene sheeting shall be agreed upon in advance by the Contractor and the VA and selected to minimize damage to equipment and surfaces. Method of attachment may include any combination of moisture resistant duct tape furring strips, spray glue, staples, nails, screws, lumber and plywood for enclosures or other effective procedures capable of sealing polyethylene to dissimilar finished or unfinished surfaces under both wet and dry conditions.
- G. Polyethylene sheeting utilized for the PDF shall be opaque white or black in color, 6 mil fire retardant poly.
- H. Installation and plumbing hardware, showers, hoses, drain pans, sump pumps and waste water filtration system shall be provided by the Contractor.
- I. An adequate number of HEPA vacuums, scrapers, sprayers, nylon brushes, brooms, disposable mops, rags, sponges, staple guns, shovels, ladders and scaffolding of suitable height and length as well as meeting OSHA requirements, fall protection devices, water hose to reach all areas in the regulated area, airless spray equipment, and any other tools, materials or equipment required to conduct the abatement project. All electrically operated hand tools, equipment, electric cords shall be connected to GFCI protection.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- J. Special protection for objects in the regulated area shall be detailed (e.g., plywood over carpeting or hardwood floors to prevent damage from scaffolds, water and falling material).
- K. Disposal bags - 2 layers of 6 mil poly for asbestos waste shall be pre-printed with labels, markings and address as required by OSHA, EPA and DOT regulations.
- L. The VA shall be provided an advance copy of the MSDS as required for all hazardous chemicals under OSHA 29 CFR 1910.1200 - Hazard Communication in the pre-project submittal. Chlorinated compounds shall not be used with any spray adhesive, mastic remover or other product. Appropriate encapsulant(s) shall be provided.
- M. OSHA DANGER demarcation signs, as many and as required by OSHA 29 CFR 1926.1101(k)(7) shall be provided and placed by the Competent Person. All other posters and notices required by Federal and State regulations shall be posted in the Clean Room.
- N. Adequate and appropriate PPE for the project and number of personnel/shifts shall be provided. All personal protective equipment issued must be based on a written hazard assessment conducted under 29 CFR 1910.132(d).

2.2 CONTAINMENT BARRIERS AND COVERINGS IN THE REGULATED AREA

2.2.1 GENERAL

- A. Using critical barriers, seal off the perimeter to the regulated area to completely isolate the regulated area from adjacent spaces. All horizontal surfaces in the regulated area must be covered with 2 layers of 6 mil fire retardant poly to prevent contamination and to facilitate clean-up. Should adjacent areas become contaminated, immediately stop work and clean up the contamination at no additional cost to the Government. Provide firestopping and identify all fire barrier penetrations due to abatement work as specified in Section 2.2.8; FIRESTOPPING.

2.2.2 PREPARATION PRIOR TO SEALING THE REGULATED AREA

- A. Place all tools, scaffolding, materials and equipment needed for working in the regulated area prior to erecting any plastic sheeting. Remove all uncontaminated removable furniture, equipment and/or supplies from the regulated area before commencing work, or completely cover with 2 layers of 6-mil fire retardant poly sheeting and secure

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

with duct tape. Lock out and tag out any HVAC systems in the regulated area.

2.2.3 CONTROLLING ACCESS TO THE REGULATED AREA

- A. Access to the regulated area is allowed only through the personnel decontamination facility (PDF), if required. All other means of access shall be eliminated and OSHA Danger demarcation signs posted as required by OSHA. If the regulated area is adjacent to or within view of an occupied area, provide a visual barrier of 6 mil opaque fire retardant poly sheeting to prevent building occupant observation. If the adjacent area is accessible to the public, the barrier must be solid.

2.2.4 CRITICAL BARRIERS

- A. Completely separate any openings into the regulated area from adjacent areas using fire retardant poly at least 6 mils thick and duct tape. Individually seal with 2 layers of 6 mil poly and duct tape all HVAC openings into the regulated area. Individually seal all lighting fixtures, clocks, doors, windows, convectors, speakers, or any other objects in the regulated area. Heat must be shut off any objects covered with poly.

2.2.5 SECONDARY BARRIERS

- A. A loose layer of 6 mil fire retardant poly shall be used as a drop cloth to protect the floor/horizontal surfaces from debris generated during the glovebag abatement. This layer shall be replaced as needed during the work.

2.2.6 EXTENSION OF THE REGULATED AREA

- A. If the enclosure of the regulated area is breached in any way that could allow contamination to occur, the affected area shall be included in the regulated area and constructed as per this section. If the affected area cannot be added to the regulated area, decontamination measures must be started immediately and continue until air monitoring indicates background levels are met.

2.2.7 FIRESTOPPING

- A. Through penetrations caused by cables, cable trays, pipes, sleeves must be firestopped with a fire-rated firestop system providing an air tight seal.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. Firestop materials that are not equal to the wall or ceiling penetrated shall be brought to the attention of the VA Representative. The Contractor shall list all areas of penetration, the type of sealant used, and whether or not the location is fire rated. Any discovery of penetrations during abatement shall be brought to the attention of the VA Representative immediately. All walls, floors and ceilings are considered fire rated unless otherwise determined by the VA Representative or Fire Marshall.
- C. Any visible openings whether or not caused by a penetration shall be reported by the Contractor to the VA Representative for a sealant system determination. Firestops shall meet ASTM E814 and UL 1479 requirements for the opening size, penetrant, and fire rating needed.

2.3 MONITORING, INSPECTION AND TESTING

2.3.1 GENERAL

- A. Perform throughout abatement work monitoring, inspection and testing inside and around the regulated area in accordance with the OSHA requirements and these specifications. OSHA requires that the Employee exposure to asbestos must not exceed 0.1 fibers per cubic centimeter (f/cc) of air, averaged over an 8-hour work shift. The CPIH/CIH is responsible for and shall inspect and oversee the performance of the Contractor IH Technician. The IH Technician shall continuously inspect and monitor conditions inside the regulated area to ensure compliance with these specifications. In addition, the CPIH/CIH shall personally manage air sample collection, analysis, and evaluation for personnel, regulated area, and adjacent area samples to satisfy OSHA requirements. Additional inspection and testing requirements are also indicated in other parts of this specification.
- B. The VA will employ an independent industrial hygienist (VPIH/CIH) consultant and/or use its own IH to perform various services on behalf of the VA. The VPIH/CIH will perform the necessary monitoring, inspection, testing, and other support services to ensure that VA patients, employees, and visitors will not be adversely affected by the abatement work, and that the abatement work proceeds in accordance with these specifications, that the abated areas or abated buildings have been successfully decontaminated. The work of the VPIH/CIH consultant in no way relieves the Contractor from their responsibility to perform

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

the work in accordance with contract/specification requirements, to perform continuous inspection, monitoring and testing for the safety of their employees, and to perform other such services as specified. The cost of the VPIH/CIH and their services will be borne by the VA except for any repeat of final inspection and testing that may be required due to unsatisfactory initial results. Any repeated final inspections and/or testing, if required, will be paid for by the Contractor.

- C. If fibers counted by the VPIH/CIH during abatement work, either inside or outside the regulated area, utilizing the NIOSH 7400 air monitoring method, exceed the specified respective limits, the Contractor shall stop work. The Contractor may request confirmation of the results by analysis of the samples by TEM. Request must be in writing and submitted to the VA's representative. Cost for the confirmation of results will be borne by the Contractor for both the collection and analysis of samples and for the time delay that may/does result for this confirmation. Confirmation sampling and analysis will be the responsibility of the CPIH/CIH with review and approval of the VPIH/CIH. An agreement between the CPIH/CIH and the VPIH/CIH shall be reached on the exact details of the confirmation effort, in writing, including such things as the number of samples, location, collection, quality control on-site, analytical laboratory, interpretation of results and any follow-up actions. This written agreement shall be co-signed by the IH's and delivered to the VA's representative.

2.3.2 SCOPE OF SERVICES OF THE VPIH/CIH CONSULTANT

- A. The purpose of the work of the VPIH/CIH is to: Assure quality; resolve problems; and prevent the spread of contamination beyond the regulated area. In addition, their work includes performing the final inspection and testing to determine whether the regulated area or building has been adequately decontaminated. All air monitoring is to be done utilizing PCM/TEM. The VPIH/CIH will perform the following tasks:
1. Task 1: Establish background levels before abatement begins by collecting background samples. Retain samples for possible TEM analysis.
 2. Task 2: Perform continuous air monitoring, inspection, and testing outside the regulated area during actual abatement work to detect

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

any faults in the regulated area isolation and any adverse impact on the surroundings from regulated area activities.

3. Task 3: Perform unannounced visits to spot check overall compliance of work with contract/specifications. These visits may include any inspection, monitoring, and testing inside and outside the regulated area and all aspects of the operation except personnel monitoring.
 4. Task 4: Provide support to the VA representative such as evaluation of submittals from the Contractor, resolution of unforeseen developments, etc.
 5. Task 5: Perform, in the presence of the VA representative, final inspection and testing of a decontaminated regulated area or building at the conclusion of the abatement and clean-up work to certify compliance with all regulations and the VA requirements/specifications.
 6. Task 6: Issue certificate of decontamination for each regulated area or building and project report.
- B. All data, inspection results and testing results generated by the VPIH/CIH will be available to the Contractor for information and consideration. The Contractor shall cooperate with and support the VPIH/CIH for efficient and smooth performance of their work.
- C. The monitoring and inspection results of the VPIH/CIH will be used by the VA to issue any Stop Removal orders to the Contractor during abatement work and to accept or reject a regulated area or building as decontaminated.

2.3.3 MONITORING, INSPECTION AND TESTING BY ABATEMENT CONTRACTOR CPIH/CIH

- A. The Contractor's CPIH/CIH is responsible for managing all monitoring, inspections, and testing required by these specifications, as well as any and all regulatory requirements adopted by these specifications. The CPIH/CIH is responsible for the continuous monitoring of all subsystems and procedures which could affect the health and safety of the Contractor's personnel. Safety and health conditions and the provision of those conditions inside the regulated area for all persons entering the regulated area is the exclusive responsibility of the Contractor/Competent Person. The person performing the personnel and area air monitoring inside the regulated area shall be an IH

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Technician, who shall be trained and shall have specialized field experience in sampling and analysis. The IH Technician shall have successfully completed a NIOSH 582 Course or equivalent and provide documentation. The IH Technician shall participate in the AIHA Asbestos Analysis Registry or participate in the Proficiency Analytic Testing program of AIHA for fiber counting quality control assurance. The IH Technician shall also be an accredited EPA AHERA/State Contractor/Supervisor (or Abatement Worker) and Building Inspector. The IH Technician shall have participated in five abatement projects collecting personal and area samples as well as responsibility for documentation on substantially similar projects in size and scope. The analytic laboratory used by the Contractor to analyze the samples shall be AIHA accredited for asbestos PAT and approved by the VA prior to start of the project. A daily log shall be maintained by the CPIH/CIH or IH Technician, documenting all OSHA requirements for air personal monitoring for asbestos in 29 CFR 1926.1101(f), (g) and Appendix A. This log shall be made available to the VA representative and the VPIH/CIH upon request. The log will contain, at a minimum, information on personnel or area samples, other persons represented by the sample, the date of sample collection, start and stop times for sampling, sample volume, flow rate, and fibers/cc. The CPIH/CIH shall collect and analyze samples for each representative job being done in the regulated area, i.e., removal, wetting, clean-up, and load-out. No fewer than two personal samples per shift shall be collected and one area sample per 1,000 square feet of regulated area where abatement is taking place and one sample per shift in the clean room area shall be collected. In addition to the continuous monitoring required, the CPIH/CIH will perform inspection and testing at the final stages of abatement for each regulated area as specified in the CPIH/CIH responsibilities. Additionally, the CPIH/CIH will monitor and record pressure readings within the containment daily with a minimum of two readings at the beginning and at the end of a shift, and submit the data in the daily report.

2.4 ASBESTOS HAZARD ABATEMENT PLAN

- A. The Contractor shall have established Asbestos Hazard Abatement Plan (AHAP) in printed form and loose leaf folder consisting of simplified

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

text, diagrams, sketches, and pictures that establish and explain clearly the ways and procedures to be followed during all phases of the work by the Contractor's personnel. The AHAP must be modified as needed to address specific requirements of the project. The AHAP shall be submitted for review and approval prior to the start of any abatement work. The minimum topics and areas to be covered by the AHAP(s) are:

1. Minimum Personnel Qualifications
2. Contingency Plans and Arrangements
3. Security and Safety Procedures
4. Respiratory Protection/Personal Protective Equipment Program and Training
5. Medical Surveillance Program and Recordkeeping
6. Regulated Area Requirements for Glovebag Abatement
7. Decontamination Facilities and Entry/Exit Procedures (PDF and W/EDF)
8. Monitoring, Inspections, and Testing
9. Removal Procedures for Piping ACM Using the Glovebag Method
10. Disposal of ACM waste
11. Regulated Area Decontamination/Clean-up
12. Regulated Area Visual and Air Clearance
13. Project Completion/Closeout

2.5 SUBMITTALS

2.5.1 PRE-START MEETING SUBMITTALS

Submit to the VA a minimum of 14 days prior to the pre-start meeting the following for review and approval. Meeting this requirement is a prerequisite for the pre-start meeting for this project:

- A. Submit a detailed work schedule for the entire project reflecting contract documents and the phasing/schedule requirements from the CPM chart.
- B. Submit a staff organization chart showing all personnel who will be working on the project and their capacity/function. Provide their qualifications, training, accreditations, and licenses, as appropriate. Provide a copy of the "Certificate of Worker's Acknowledgment" and the "Affidavit of Medical Surveillance and Respiratory Protection" for each person.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- C. Submit Asbestos Hazard Abatement Plan developed specifically for this project, incorporating the requirements of the specifications, prepared, signed and dated by the CPIH/CIH.
- D. Submit the specifics of the materials and equipment to be used for this project with manufacturer names, model numbers, performance characteristics, pictures/diagrams, and number available for the following:
 - 1. Supplied air system, negative air machines, HEPA vacuums, air monitoring pumps, calibration devices, pressure differential monitoring device and emergency power generating system.
 - 2. Waste water filtration system, shower system, containment barriers.
 - 3. Encapsulants, surfactants, hand held sprayers, airless sprayers, glovebags, and fire extinguishers.
 - 4. Respirators, protective clothing, personal protective equipment.
 - 5. Fire safety equipment to be used in the regulated area.
- E. Submit the name, location, and phone number of the approved landfill; proof/verification the landfill is approved for ACM disposal; the landfill's requirements for ACM waste; the type of vehicle to be used for transportation; and name, address, and phone number of subcontractor, if used. Proof of asbestos training for transportation personnel shall be provided.
- F. Submit required notifications and arrangements made with regulatory agencies having regulatory jurisdiction and the specific contingency/emergency arrangements made with local health, fire, ambulance, hospital authorities and any other notifications/arrangements.
- G. Submit the name, location and verification of the laboratory and/or personnel to be used for analysis of air and/or bulk samples. Personal air monitoring must be done in accordance with OSHA 29 CFR 1926.1101(f) and Appendix A. And area or clearance air monitoring in accordance with EPA AHERA protocols.
- H. Submit qualifications verification: Submit the following evidence of qualifications. Make sure that all references are current and verifiable by providing current phone numbers and documentation.
 - 1. Asbestos Abatement Company: Project experience within the past 3 years; listing projects first most similar to this project: Project

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- Name; Type of Abatement; Duration; Cost; Reference Name/Phone Number; Final Clearance; and Completion Date
2. List of project(s) halted by owner, A/E, IH, regulatory agency in the last 3 years: Project Name; Reason; Date; Reference Name/Number; and Resolution.
 3. List asbestos regulatory citations (e.g., OSHA), notices of violations (e.g., Federal and state EPA), penalties, and legal actions taken against the company including and of the company's officers (including damages paid) in the last 3 years. Provide copies and all information needed for verification.
- I. Submit information on personnel: Provide a resume; address each item completely; copies of certificates, accreditations, and licenses. Submit an affidavit signed by the CPIH/CIH stating that all personnel submitted below have medical records in accordance with OSHA 29 CFR 1926.1101(m) and 29 CFR 1910.20 and that the company has implemented a medical surveillance program and written respiratory protection program, and maintains recordkeeping in accordance with the above regulations. Submit the phone number and doctor/clinic/hospital used for medical evaluations.
1. CPIH/CIH and IH Technician: Name; years of abatement experience; list of projects similar to this one; certificates, licenses, accreditations for proof of AHERA/OSHA specialized asbestos training; professional affiliations; number of workers trained; samples of training materials; samples of AHAP(s) developed; medical opinion; and current respirator fit test.
 2. Competent Person(s)/Supervisor(s): Number; names; social security numbers; years of abatement experience as Competent Person/Supervisor; list of similar projects in size/complexity as Competent Person/Supervisor; as a worker; certificates, licenses, accreditations; proof of AHERA/OSHA specialized asbestos training; maximum number of personnel supervised on a project; medical opinion (asbestos surveillance and respirator use); and current respirator fit test.
 3. Workers: Numbers; names; social security numbers; years of abatement experience; certificates, licenses, accreditations; training courses in asbestos abatement and respiratory protection; medical opinion

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

(asbestos surveillance and respirator use); and current respirator fit test.

- J. Submit copies of State license for asbestos abatement; copy of insurance policy, including exclusions with a letter from agent stating in plain language the coverage provided and the fact that asbestos abatement activities are covered by the policy; copy of AHAP(s) incorporating the requirements of this specification; information on who provides your training, how often; who provides medical surveillance, how often; who performs and how is personal air monitoring of abatement workers conducted; a list of references of independent laboratories/IH's familiar with your air monitoring and Asbestos Hazard Abatement Plans; copies of monitoring results of the five referenced projects listed and analytical method(s) used.
- K. Rented equipment must be decontaminated prior to returning to the rental agency.
- L. Submit, before the start of work, the manufacturer's technical data for all types of encapsulants, all MSDS, and application instructions.

2.5.2 SUBMITTALS DURING ABATEMENT

- A. The Competent Person shall maintain and submit a daily log at the regulated area documenting the dates and times of the following: purpose, attendees and summary of meetings; all personnel entering/exiting the regulated area; document and discuss the resolution of unusual events such as barrier breeching, equipment failures, emergencies, and any cause for stopping work; representative air monitoring and results/TWAs/ELs. Submit this information daily to the VPIH/CIH.
- B. The CPIH/CIH shall document and maintain the inspection and approval of the regulated area preparation prior to start of work and daily during work.
 - 1. Removal of any poly barriers.
 - 2. Visual inspection/testing by the CPIH/CIH or IH Technician prior to application of lockdown encapsulant.
 - 3. Packaging and removal of ACM waste from regulated area.
 - 4. Disposal of ACM waste materials; copies of Waste Shipment Records/landfill receipts to the VA's representative on a weekly basis.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

2.5.3 SUBMITTALS AT COMPLETION OF ABATEMENT

- A. The CPIH/CIH shall submit a project report consisting of the daily log book requirements and documentation of events during the abatement project including Waste Shipment Records signed by the landfill's agent. It will also include information on the containment and transportation of waste from the containment with applicable Chain of Custody forms. The report shall include a certificate of completion, signed and dated by the CPIH/CIH, in accordance with Attachment #1. All clearance and perimeter area samples must be submitted. The VA Representative will retain the abatement report after completion of the project and provide copies of the abatement report to VAMC Office of Engineer and the Safety Office.

2.6 ENCAPSULANTS**2.6.1 TYPES OF ENCAPSULANTS - NOT USED****2.6.2 PERFORMANCE REQUIREMENTS - NOT USED****2.7 CERTIFICATES OF COMPLIANCE**

- A. The Contractor shall submit to the VA representative certification from the manufacturer indicating compliance with performance requirements for encapsulants when applied according to manufacturer recommendations.

2.8 RECYCLABLE PROTECTIVE CLOTHING

- A. If recyclable clothing is provided, all requirements of EPA, DOT and OSHA shall be met.

PART 3 - EXECUTION**3.1 REGULATED AREA PREPARATIONS****3.1.1 SITE SECURITY**

- A. Regulated area access is to be restricted only to authorized, trained/accredited and protected personnel. These may include the Contractor's employees, employees of Subcontractors, VA employees and representatives, State and local inspectors, and any other designated individuals. A list of authorized personnel shall be established prior to commencing the project and be posted in the clean room of the decontamination unit.
- B. Entry into the regulated area by unauthorized individuals shall be reported immediately to the Competent Person by anyone observing the entry. The Competent Person shall immediately require any unauthorized

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

person to leave the regulated area and then notify the VA Contracting Officer or VA Representative using the most expeditious means.

- C. A log book shall be maintained in the clean room of the decontamination unit. Anyone who enters the regulated area must record their name, affiliation, time in, and time out for each entry.
- D. Access to the regulated area shall be through a single decontamination unit. All other access (doors, windows, hallways, etc.) shall be sealed or locked to prevent entry to or exit from the regulated area. The only exceptions for this requirement are the waste/equipment load-out area which shall be sealed except during the removal of containerized asbestos waste from the regulated area, and emergency exits. Emergency exits shall not be locked from the inside; however, they shall be sealed with poly sheeting and taped until needed. In any situation where exposure to high temperatures which may result in a flame hazard, fire retardant poly sheeting must be used.
- E. The Contractor's Competent Person shall control site security during abatement operations in order to isolate work in progress and protect adjacent personnel. A 24 hour security system shall be provided at the entrance to the regulated area to assure that all entrants are logged in/out and that only authorized personnel are allowed entrance.
- F. The Contractor will have the VA's assistance in notifying adjacent personnel of the presence, location and quantity of ACM in the regulated area and enforcement of restricted access by the VA's employees.
- G. The regulated area shall be locked during non-working hours and secured by VA Representative or Competent Person. The VA Police should be informed of asbestos abatement regulated areas to provide security checks during facility rounds and emergency response.

3.1.2 OSHA DANGER SIGNS

- A. Post OSHA DANGER signs meeting the specifications of OSHA 29 CFR 1926.1101 at any location and approaches to the regulated area where airborne concentrations of asbestos may exceed ambient background levels. Signs shall be posted at a distance sufficiently far enough away from the regulated area to permit any personnel to read the sign and take the necessary measures to avoid exposure. Additional signs will be posted following construction of the regulated area enclosure.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

3.1.3.1 SHUT DOWN - LOCK OUT ELECTRICAL

- A. Shut down and lock out/tag out electric power to the regulated area. Provide temporary power and lighting. Insure safe installation including GFCI of temporary power sources and equipment by compliance with all applicable electrical code requirements and OSHA requirements for temporary electrical systems. Electricity shall be provided by the VA.

3.1.3.2 SHUT DOWN - LOCK OUT HVAC

- A. Shut down and lock out/tag out heating, cooling, and air conditioning system (HVAC) components that are in, supply or pass through the regulated area. Investigate the regulated area and agree on pre-abatement condition with the VA's representative. Seal all intake and exhaust vents in the regulated area with duct tape and 2 layers of 6-mil poly. Also, seal any seams in system components that pass through the regulated area. Remove all contaminated HVAC system filters and place in labeled 6-mil poly disposal bags for disposal as asbestos waste.

3.1.4 CONTAINMENT BARRIERS AND COVERINGS FOR THE REGULATED AREA**3.1.4.1 GENERAL**

- A. Seal off any openings at the perimeter of the regulated area with critical barriers to completely isolate the regulated area and to contain all airborne asbestos contamination created by the abatement activities. Should the adjacent area past the regulated area become contaminated due to improper work activities, the Contractor shall suspend work inside the regulated area, continue wetting, and clean the adjacent areas in accordance with procedures described in these specifications. Any and all costs associated with the adjacent area cleanup shall not be borne by the VA.

3.1.4.2 PREPARATION PRIOR TO SEALING OFF

- A. Place all materials, equipment and supplies necessary to isolate the regulated area inside the regulated area. Remove all movable material/equipment as described above and secure all unmovable material/equipment as described above. Properly secured material/equipment shall be considered to be outside the regulated area.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

3.1.4.3 CONTROLLING ACCESS TO THE REGULATED AREA

- A. Access to the regulated area is allowed only through the personnel decontamination facility (PDF). All other means of access shall be eliminated and OSHA DANGER demarcation signs posted as required by OSHA. If the regulated area is adjacent to, or within view of an occupied area, provide a visual barrier of 6 mil opaque fire retardant poly to prevent building occupant observation. If the adjacent area is accessible to the public, the barrier must be solid and capable of withstanding the negative pressure.

3.1.4.4 CRITICAL BARRIERS

- A. The regulated area must be completely separated from the adjacent area(s) and the outside by at least 2 layers of 6 mil fire retardant poly and duct tape/spray adhesive. Individually seal all supply and exhaust ventilation openings, lighting fixtures, clocks, doorways, windows, convectors, speakers, and other openings into the regulated area with 2 layers of 6 mil fire retardant poly, and taped securely in place with duct tape/spray adhesive. Critical barriers must remain in place until all work and clearances have been completed. Light fixtures shall not be operational during abatement. Auxiliary lighting shall be provided. If needed, provide plywood squares 6" x 6" x 3/8" (150mm x 150mm x 18mm) held in place with one 6d smooth masonry/galvanized nail driven through the center of the plywood square and duct tape on the poly so as to clamp the poly to the wall/surface. Locate plywood squares at each end, corner, and 4' (1200mm) maximum on centers.

3.1.4.5 EXTENSION OF THE REGULATED AREA

- A. If the regulated area barrier is breached in any manner that could allow the passage of asbestos fibers or debris, the Competent Person shall immediately stop work, continue wetting, and proceed to extend the regulated area to enclose the affected area as per procedures described in this specification. If the affected area cannot be enclosed, decontamination measures and cleanup shall start immediately. All personnel shall be isolated from the affected area until decontamination/cleanup is completed as verified by visual inspection and air monitoring. Air monitoring at completion must indicate background levels.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

3.1.4.6 FLOOR BARRIERS:

- A. All floors within 10' of glovebag work shall be covered with 2 layers of 6 mil fire retardant poly.

3.1.5 SANITARY FACILITIES

- A. The Contractor shall provide sanitary facilities for abatement personnel and maintain them in a clean and sanitary condition throughout the abatement project.

3.1.6 PRE-CLEANING

3.1.6.1 PRE-CLEANING MOVABLE OBJECTS

- A. The VA will provide water for abatement purposes. The Contractor shall connect to the existing VA system. The service to the shower(s) shall be supplied with backflow prevention.
- B. Pre-cleaning of ACM contaminated items shall be performed after the enclosure has been erected and negative pressure has been established in the work area. PPE must be donned by all workers performing pre-cleaning activities. After items have been pre-cleaned and decontaminated, they may be removed from the work area for storage until the completion of abatement in the work area.
- C. Pre-clean all movable objects within the regulated area using a HEPA filtered vacuum and/or wet cleaning methods as appropriate. After cleaning, these objects shall be removed from the regulated area and carefully stored in an uncontaminated location.

3.1.6.2 PRE-CLEANING FIXED OBJECTS

- A. Pre-cleaning of ACM contaminated items shall be performed by the Contractor after the enclosure has been erected and negative pressure has been established in the work area.
- B. Pre-clean all fixed objects in the regulated area using HEPA filtered vacuums and/or wet cleaning techniques as appropriate. Careful attention must be paid to machinery behind grills or gratings where access may be difficult but contamination may be significant. Also, pay particular attention to wall, floor and ceiling penetration behind fixed items. After pre-cleaning, enclose fixed objects with 2 layers of 6-mil poly and seal securely in place with duct tape. Objects (e.g., permanent fixtures, shelves, electronic equipment, laboratory tables, sprinklers, alarm systems, closed circuit TV equipment and computer cables) which must remain in the regulated area and that require

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

special ventilation or enclosure requirements should be designated here along with specified means of protection. Contact the manufacturer for special protection requirements.

3.1.6.3 PRE-CLEANING SURFACES IN THE REGULATED AREA

- A. Pre-cleaning of ACM contaminated items shall be performed by the Contractor after the enclosure has been erected and negative pressure has been established in the work area.
- B. Pre-clean all surfaces in the regulated area using HEPA filtered vacuums and/or wet cleaning methods as appropriate. Do not use any methods that would raise dust such as dry sweeping or vacuuming with equipment not equipped with HEPA filters. Do not disturb asbestos-containing materials during this pre-cleaning phase.

3.1.7 PRE-ABATEMENT ACTIVITIES

3.1.7.1 PRE-ABATEMENT MEETING

- A. The VA representative, upon receipt, review, and substantial approval of all pre-abatement submittals and verification by the CPIH/CIH that all materials and equipment required for the project are on the site, will arrange for a pre-abatement meeting between the Contractor, the CPIH/CIH, Competent Person(s), the VA representative(s), and the VPIH/CIH. The purpose of the meeting is to discuss any aspect of the submittals needing clarification or amplification and to discuss any aspect of the project execution and the sequence of the operation. The Contractor shall be prepared to provide any supplemental information/documentation to the VA's representative regarding any submittals, documentation, materials or equipment. Upon satisfactory resolution of any outstanding issues, the VA's representative will issue a written order to proceed to the Contractor. No abatement work of any kind described in the following provisions shall be initiated prior to the VA written order to proceed.

3.1.7.2 PRE-ABATEMENT INSPECTIONS AND PREPARATIONS

Before any work begins on the construction of the regulated area, the Contractor will:

- A. Conduct a space-by-space inspection with an authorized VA representative and prepare a written inventory of all existing damage in those spaces where asbestos abatement will occur. Still or video

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

photography may be used to supplement the written damage inventory. Document will be signed and certified as accurate by both parties.

- B. The VA Representative, the Contractor, and the VPIH/CIH must be aware of VA A/E Quality Alert 07/09 indicating the failure to identify asbestos in the areas listed as well as common issues when preparing specifications and contract documents. This is especially critical when demolition is planned, because AHERA surveys are non-destructive, and ACM may remain undetected. A NESHAPS (destructive) ACM inspection should be conducted on all building structures that will be demolished. Ensure the following areas are inspected on the project: Lay-in ceilings concealing ACM; ACM behind walls/windows from previous renovations; inside utility chases/walls; transite piping/ductwork/sheets; behind radiators; lab fume hoods; transite lab countertops; roofing materials; below window sills; water/sewer lines; electrical conduit coverings; crawl spaces(previous abatement contamination); flooring/mastic covered by carpeting/new flooring; exterior insulated wall panels; on underground fuel tanks; and steam line trench coverings.
- C. The Contractor shall ensure that all furniture, machinery, equipment, curtains, drapes, blinds, and other movable objects required to be removed from the regulated area have been cleaned and removed or properly protected from contamination.
- D. If present and required, remove and dispose of carpeting from floors in the regulated area.
- E. Inspect existing firestopping in the regulated area. Correct as needed.

3.1.7.3 PRE-ABATEMENT CONSTRUCTION AND OPERATIONS

- A. Perform all preparatory work for the first regulated area in accordance with the approved work schedule and with this specification.
- B. Upon completion of all preparatory work, the CPIH/CIH will inspect the work and systems and will notify the VA's representative when the work is completed in accordance with this specification. The VA's representative may inspect the regulated area and the systems with the VPIH/CIH and may require that upon satisfactory inspection, the Contractor's employees perform all major aspects of the approved AHAP(s), especially worker protection, respiratory systems, contingency

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

plans, decontamination procedures, and monitoring to demonstrate satisfactory operation.

- C. The CPIH/CIH shall document the pre-abatement activities described above and deliver a copy to the VA's representative.
- D. Upon satisfactory inspection of the installation of and operation of systems the VA's representative will notify the Contractor in writing to proceed with the asbestos abatement work in accordance with this specification.

3.2 REMOVAL OF PIPING ACM

3.2.1 WETTING MATERIALS

- A. Use amended water for the wetting of ACM prior to removal. The Competent Person shall assure the wetting of ACM meets the definition of "adequately wet" in the EPA NESHAP's regulation and OSHA's "wet methods" for the duration of the project. A removal encapsulant may be used instead of amended water with written approval of the VA's representative.
- B. Amended Water: Provide water to which a surfactant has been added shall be used to wet the ACM and reduce the potential for fiber release during disturbance of ACM. The mixture must be equal to or greater than the wetting provided by water amended by a surfactant consisting one ounce of 50% polyoxyethylene ester and 50% polyoxyethylene ether mixed with 5 gallons (19L) of water.
- C. Removal Encapsulant: Provide a penetrating encapsulant designed specifically for the removal of ACM. The material must, when used, result in adequate wetting of the ACM and retard fiber release during disturbance equal to or greater than the amended water described above in B.

3.2.2 SECONDARY BARRIER AND WALKWAYS

- A. Install as a drop cloth a 6 mil poly sheet at the beginning of each work shift where removal is to be done during that shift. Completely cover floors and any walls within 10 feet (3 meters) of the area where work is to be done. Secure the secondary barrier with duct tape to prevent it from moving or debris from getting behind it. Remove the secondary barrier at the end of the shift or as work in the area is completed. Keep residue on the secondary barrier wetted. When removing, fold inward to prevent spillage and place in a disposal bag.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. Install walkways using 6 mil black poly between the regulated area and the decontamination facilities (PDF and W/EDF) to protect the primary layers from contamination and damage. Install the walkways at the beginning of each shift and remove at the end of each shift.

3.2.3 WET REMOVAL OF ACM

- A. Using acceptable glovebag procedures, adequately and thoroughly wet the ACM to be removed prior to removal with amended water or when authorized by VA, removal encapsulant to reduce/prevent fiber release to the air. Adequate time (at a minimum two hours) must be allowed for the amended water or removal encapsulant to saturate the ACM. Abatement personnel must not disturb dry ACM. Use a fine spray of amended water or removal encapsulant. Saturate the material sufficiently to wet to the substrate without causing excessive dripping. The material must be sprayed repeatedly/continuously during the removal process in order to maintain adequately wet conditions. Removal encapsulants must be applied in accordance with the manufacturer's written instructions. Perforate or carefully separate, using wet methods, an outer covering that is painted or jacketed in order to allow penetration and wetting of the material. Where necessary, carefully remove covering while wetting to minimize fiber release. **In no event shall dry removal occur except when authorized in writing by the VPIH/CIH and VA when a greater safety hazard (e.g., electricity) is present.**

3.3 GLOVEBAG REMOVAL PROCEDURES

3.3.1 GENERAL

- A. All applicable OSHA requirements and glovebag manufacturer's recommendations shall be met during glove bagging operations. In cases where live steam lines are present, the lines must be shut down prior to any work being performed on the system. **No abatement work shall be conducted on live, pressurized steam lines.** The Contractor may choose to use a High Temperature Glovebag in which a temperature rating ranges from 300°F to 700°F on steam lines that have recently been shut down and remain at high temperature for some time. In the case where a glovebag is not feasible, the Contractor will need to build a full negative pressure containment of sufficient size and follow all regulations as it pertains to removal.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

1. Mix the surfactant with water in the garden sprayer, following the manufacturer's directions.
2. Have each employee put on a HEPA filtered respirator approved for asbestos and check the fit using the positive/negative fit check.
3. Have each employee put on a disposable full-body suit. Remember, the hood goes over the respirator straps.
4. Check closely the integrity of the glove bag to be used. Check all seams, gloves, sleeves, and glove openings. OSHA requires the bottom of the bag to be seamless.
5. Check the pipe where the work will be performed. If it is damaged (broken lagging, hanging, etc.), wrap the entire length of the pipe in poly sheeting and "candy stripe" it with duct tape.
6. Attach glovebag with required tools per manufacturer's instructions.
7. Using the smoke tube and aspirator bulb, test 10% of glovebags by placing the tube into the water porthole (two-inch opening to glove bag), and fill the bag with smoke and squeeze it. If leaks are found, they should be taped closed using duct tape and the bag should be retested with smoke.
8. Insert the wand from the water sprayer through the water porthole.
9. Insert the hose end from a HEPA vacuum into the upper portion of the glove bag.
10. Wet and remove the pipe insulation.
11. If the section of pipe is covered with an aluminum jacket, remove it first using the wire cutters to cut any bands and the tin snips to remove the aluminum. It is important to fold the sharp edges in to prevent cutting the bag when placing it in the bottom.
12. When the work is complete, spray the upper portion of the bag and clean-push all residue into the bottom of the bag with the other waste material. Be very thorough. Use adequate water.
13. Put all tools, after washing them off in the bag, in one of the sleeves of glove bag and turn it inside out, drawing it outside of the bag. Twist the sleeve tightly several times to seal it and tape it several tight turns with duct tape. Cut through the middle of the duct tape and remove the sleeve. Put the sleeve in the next glove bag or put it in a bucket of water to decontaminate the tools after cutting the sleeve open.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

14. Turn on the HEPA vacuum and collapse the bag completely. Remove the vacuum nozzle, seal the hole with duct tape, twist the bag tightly several times in the middle, and tape it to keep the material in the bottom during removal of the glove bag from the pipe.
15. Slip a disposal bag over the glove bag (still attached to the pipe). Remove the tape securing the ends, and slit open the top of the glove bag and carefully fold it down into the disposal bag. Double bag and gooseneck waste materials.

3.3.2 NEGATIVE PRESSURE GLOVEBAG PROCEDURE

1. In addition to the above requirements, the HEPA vacuum shall be run continuously during the glovebag procedure until completion at which time the glovebag will be collapsed by the HEPA vacuum prior to removal from the pipe/component.
2. The HEPA vacuum shall be attached and operated as needed to prevent collapse of the glovebag during the removal process.

3.4 LOCKDOWN ENCAPSULATION

3.4.1 GENERAL

- A. Lockdown encapsulation is an integral part of the ACM removal. At the conclusion of ACM removal and before removal of the primary barriers, all piping surfaces shall be encapsulated with a bridging encapsulant.

3.4.2 SEALING EXPOSED EDGES

- A. Seal edges of ACM exposed by removal work with two coats of encapsulant. Prior to sealing, permit the exposed edges to dry completely to permit penetration of the encapsulant.

3.5 DISPOSAL OF ACM WASTE MATERIALS

3.5.1 GENERAL

- A. Dispose of waste ACM and debris which is packaged in accordance with these specifications, OSHA, EPA and DOT. The landfill requirements for packaging must also be met. Transport will be in compliance with 49 CFR 100-185 regulations. Disposal shall be done at an approved landfill. Disposal of non-friable ACM shall be done in accordance with applicable regulations.

3.5.2 PROCEDURES

- A. The VA must be notified at least 24 hours in advance of any waste removed from the containment

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. Asbestos waste shall be packaged and moved through the W/EDF into a covered transport container in accordance with procedures in this specification. Waste shall be double-bagged and wetted with amended water prior to disposal. Wetted waste can be very heavy. Bags shall not be overfilled. Bags shall be securely sealed to prevent accidental opening and/or leakage. The top shall be tightly twisted and goose necked prior to tightly sealing with at least three wraps of duct tape. Ensure that unauthorized persons do not have access to the waste material once it is outside the regulated area. All transport containers must be covered at all times when not in use. NESHAP's signs must be on containers during loading and unloading. Material shall not be transported in open vehicles. If drums are used for packaging, the drums shall be labeled properly and shall not be re-used.
- C. Waste Load Out: Waste load out shall be done in accordance with the procedures in W/EDF Decontamination Procedures. Sealed waste bags shall be decontaminated on exterior surfaces by wet cleaning and/or HEPA vacuuming before being placed in the second waste bag and sealed, which then must also be wet wiped or HEPA vacuumed.
- D. Asbestos waste with sharp edged components, i.e., nails, screws, lath, strapping, tin sheeting, jacketing, metal mesh, etc., which might tear poly bags shall be wrapped securely in burlap before packaging and, if needed, use a poly lined fiber drum as the second container, prior to disposal.

3.6 PROJECT DECONTAMINATION

3.6.1 GENERAL

- A. The entire work related to project decontamination shall be performed under the close supervision and monitoring of the CPIH/CIH.
- B. If the asbestos abatement work is in an area which was contaminated prior to the start of abatement, the decontamination will be done by cleaning the primary barrier poly prior to its removal and cleanings of the surfaces of the regulated area after the primary barrier removal.
- C. If the asbestos abatement work is in an area which was uncontaminated prior to the start of abatement, the decontamination will be done by cleaning the primary barrier poly prior to its removal, thus preventing contamination of the building when the regulated area critical barriers are removed.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

3.6.2 REGULATED AREA CLEARANCE

- A. Air testing and other requirements which must be met before release of the Contractor and re-occupancy of the regulated area space are specified in Final Testing Procedures.

3.6.3 WORK DESCRIPTION

- A. Decontamination includes the clearance air testing in the regulated area and the decontamination and removal of the enclosures/facilities installed prior to the abatement work including primary/critical barriers, PDF and W/EDF facilities, and negative pressure systems.

3.6.4 PRE-DECONTAMINATION CONDITIONS

- A. Before decontamination starts, all ACM waste from the regulated area shall be removed, all waste collected and removed, and the secondary barrier of poly removed and disposed of along with any gross debris generated by the work.
- B. At the start of decontamination, the following shall be in place:
 - 1. Critical barriers over all openings consisting of two layers of 6 mil poly which is the sole barrier between the regulated area and the rest of the building or outside.
 - 2. Decontamination facilities, if required for personnel and equipment in operating condition.

3.6.5 FIRST CLEANING

- A. Carry out a first cleaning of all surfaces of the regulated area including items of remaining poly sheeting, tools, scaffolding, ladders/staging by wet methods and/or HEPA vacuuming. Do not use dry dusting/sweeping/air blowing methods. Use each surface of a wetted cleaning cloth one time only and then dispose of as contaminated waste. Continue this cleaning until there is no visible residue from abated surfaces or poly or other surfaces. Remove all filters in the air handling system and dispose of as ACM waste in accordance with these specifications. The negative pressure system shall remain in operation during this time. Additional cleaning(s) may be needed as determined by the CPIH/VPIH/CIH.

3.6.6 PRE-CLEARANCE INSPECTION AND TESTING

- A. The CPIH/CIH and VPIH/CIH will perform a thorough and detailed visual inspection at the end of the cleaning to determine whether there is any visible residue in the regulated area. If the visual inspection is

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

acceptable, the CPIH/CIH will perform pre-clearance sampling using aggressive clearance as detailed in 40 CFR 763 Subpart E (AHERA) Appendix A (III)(B)(7)(d). If the sampling results show values below 0.01 f/cc, then the Contractor shall notify the VA's representative of the results with a brief report from the CPIH/CIH documenting the inspection and sampling results and a statement verifying that the regulated area is ready for lockdown encapsulation. The VA reserves the right to utilize their own VPIH/CIH to perform a pre-clearance inspection and testing for verification.

3.6.7 LOCKDOWN ENCAPSULATION OF ABATED SURFACES

- A. With the express written permission of the VA's representative, perform lockdown encapsulation of all surfaces from which asbestos was abated in accordance with the procedures in this specification.

3.7 FINAL VISUAL INSPECTIONS AND AIR CLEARANCE TESTING

3.7.1 GENERAL

- A. Notify the VA representative 24 hours in advance for the performance of the final visual inspection and testing. The final visual inspection and testing will be performed by the VPIH/CIH after the final cleaning.

3.7.2 FINAL VISUAL INSPECTION

- A. Final visual inspection will include the entire regulated area, the PDF, all poly sheeting, seals over HVAC openings, doorways, windows, and any other openings. If any debris, residue, dust or any other suspect material is detected, the final cleaning shall be repeated at no cost to the VA. Dust/material samples may be collected and analyzed at no cost to the VA at the discretion of the VPIH/CIH to confirm visual findings. When the regulated area is visually clean the final testing can be done.

3.7.3 FINAL AIR CLEARANCE TESTING

- A. After an acceptable final visual inspection by the VPIH/CIH and VA Representative, the VPIH/CIH will perform the final clearance testing. Air samples will be collected and analyzed in accordance with procedures for AHERA in this specification. If work is less than 260 lf/160 sf/35 cf, 5 PCM samples shall be collected for clearance and a minimum of one field blank. If work is equal to or more than 260 lf/160 sf/35 cf, AHERA TEM sampling shall be performed for clearance. TEM analysis shall be done in accordance with procedures for EPA AHERA in

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

this specification. If the release criteria are not met, the Contractor shall repeat the final cleaning and continue decontamination procedures until clearance is achieved. All additional inspection and testing costs will be borne by the Contractor.

- B. If release criteria are met, proceed to perform the abatement closeout and to issue the certificate of completion in accordance with these specifications.

3.7.4 FINAL AIR CLEARANCE PROCEDURES

- A. Contractor's Release Criteria: Work in a regulated area is complete when the regulated area is visually clean and airborne fiber levels have been reduced to or below 0.01 f/cc as measured by the AHERA PCM protocol, or 70 AHERA structures per square millimeter (s/mm²) by AHERA TEM.
- B. Air Monitoring and Final Clearance Sampling: To determine if the elevated airborne fiber counts encountered during abatement operations have been reduced to the specified level, the VPIH/CIH will secure samples and analyze them according to the following procedures:
1. Fibers Counted: "Fibers" referred to in this section shall be either all fibers regardless of composition as counted in the NIOSH 7400 PCM method or asbestos fibers counted using the AHERA TEM method.
 2. Aggressive Sampling: All final air testing samples shall be collected using aggressive sampling techniques except where soil is not encapsulated or enclosed. Samples will be collected on 0.8μ MCE filters for PCM analysis and 0.45μ Polycarbonate filters for TEM. A minimum of 1200 Liters of using calibrated pumps shall be collected for clearance samples. Before pumps are started, initiate aggressive air mixing sampling as detailed in 40 CFR 763 Subpart E (AHERA) Appendix A (III)(B)(7)(d). Air samples will be collected in areas subject to normal air circulation away from corners, obstructed locations, and locations near windows, doors, or vents. After air sampling pumps have been shut off, circulating fans shall be shut off. The negative pressure system shall continue to operate.

3.7.5 CLEARANCE SAMPLING USING PCM

- A. The VPIH/CIH will perform clearance samples as indicated by the specification.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- B. The NIOSH 7400 PCM method will be used for clearance sampling with a minimum collection volume of 1200 Liters of air. A minimum of 5 PCM clearance samples shall be collected. All samples must be equal to or less than 0.01 f/cc to clear the regulated area.

3.7.6 CLEARANCE SAMPLING USING TEM

- A. Clearance requires 13 samples be collected; 5 inside the regulated area; 5 outside the regulated area; and 3 field blanks.
- B. The TEM method will be used for clearance sampling with a minimum collection volume of 1200 Liters of air. A minimum of 13 clearance samples shall be collected. All samples must be equal to or less than 70 AHERA structures per square millimeter (s/mm²) AHERA TEM.

3.7.7 LABORATORY TESTING OF PCM SAMPLES

- A. The services of an AIHA accredited laboratory will be employed by the VA to perform analysis for the PCM air samples. The accredited laboratory shall be successfully participating in the AIHA Proficiency Analytical Testing (PAT) program. Samples will be sent daily by the VPIH/CIH so that verbal/faxed reports can be received within 24 hours. A complete record, certified by the laboratory, of all air monitoring tests and results will be furnished to the VA's representative and the Contractor.

3.7.8 LABORATORY TESTING OF TEM SAMPLES

- A. Samples shall be sent by the VPIH/CIH to a NIST accredited laboratory for analysis by TEM. The laboratory shall be successfully participating in the NIST Airborne Asbestos Analysis (TEM) program. Verbal/faxed results from the laboratory shall be available within 24 hours after receipt of the samples. A complete record, certified by the laboratory, of all TEM results shall be furnished to the VA's representative and the Contractor

3.8 ABATEMENT CLOSEOUT AND CERTIFICATE OF COMPLIANCE

3.8.1 COMPLETION OF ABATEMENT WORK

- A. After thorough decontamination, seal negative air machines with 2 layers of 6 mil poly and duct tape to form a tight seal at the intake/outlet ends before removal from the regulated area. Complete asbestos abatement work upon meeting the regulated area visual and air clearance criteria and fulfilling the following:
- B. Remove all equipment, materials, and debris from the project area.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

- X. Package and dispose of all asbestos waste as required. Dispose of waste ACM and debris which is packaged in accordance with these specifications, OSHA, EPA and DOT. The landfill requirements for packaging must also be met. Transport will be in compliance with 49 CFR 100-185 regulations.
- D. Repair or replace all interior finishes damaged during the abatement work.
- E. The VA will be notified of any waste removed from the containment prior to 24 hours.
- F. Fulfill other project closeout requirements as specified elsewhere in this specification.

3.8.2 CERTIFICATE OF COMPLETION BY CONTRACTOR

- A. The CPIH/CIH shall complete and sign the "Certificate of Completion" in accordance with Attachment 1 at the completion of the abatement and decontamination of the regulated area.

3.8.3 WORK SHIFTS

- A. All work shall be done during administrative hours (8:00 AM to 4:30 PM) Monday - Friday excluding Federal Holidays. Any change in the work schedule must be approved in writing by the VA Representative.

3.8.4 RE-INSULATION

- A. If required as part of the contract, replace all asbestos containing insulation with suitable non-asbestos material. Provide MSDS for all replacement materials. Refer to Section 23 07 11, HVAC, PLUMBING, AND BOILER PLANT INSULATION.

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

ATTACHMENT #1

CERTIFICATE OF COMPLETION

DATE: _____ VA Project #: _____

PROJECT NAME: _____ Abatement Contractor: _____

VAMC/ADDRESS: _____

1. I certify that I have personally inspected, monitored and supervised the abatement work of (specify regulated area or Building):
which took place from / / to / /
2. That throughout the work all applicable requirements/regulations and the VA's specifications were met.
3. That any person who entered the regulated area was protected with the appropriate personal protective equipment and respirator and that they followed the proper entry and exit procedures and the proper operating procedures for the duration of the work.
4. That all employees of the Abatement Contractor engaged in this work were trained in respiratory protection, were experienced with abatement work, had proper medical surveillance documentation, were fit-tested for their respirator, and were not exposed at any time during the work to asbestos without the benefit of appropriate respiratory protection.
5. That I performed and supervised all inspection and testing specified and required by applicable regulations and VA specifications.
6. That the conditions inside the regulated area were always maintained in a safe and healthy condition and the maximum fiber count never exceeded 0.5 f/cc, except as described below.
7. That all glovebag work was done in accordance with OSHA requirements and the manufacturer's recommendations.

CPIH/CIH Signature/Date: _____

CPIH/CIH Print Name: _____

Abatement Contractor Signature/Date: _____

Abatement Contractor Print Name: _____

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

ATTACHMENT #2

CERTIFICATE OF WORKER'S ACKNOWLEDGMENT

PROJECT NAME: _____ DATE: _____

PROJECT ADDRESS: _____

ABATEMENT CONTRACTOR'S NAME: _____

WORKING WITH ASBESTOS CAN BE HAZARDOUS TO YOUR HEALTH. INHALING ASBESTOS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCERS. IF YOU SMOKE AND INHALE ASBESTOS FIBERS, YOUR CHANCES OF DEVELOPING LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.

Your employer's contract with the owner for the above project requires that: You must be supplied with the proper personal protective equipment including an adequate respirator and be trained in its use. You must be trained in safe and healthy work practices and in the use of the equipment found at an asbestos abatement project. You must receive/have a current medical examination for working with asbestos. These things shall be provided at no cost to you. By signing this certificate you are indicating to the owner that your employer has met these obligations.

RESPIRATORY PROTECTION: I have been trained in the proper use of respirators and have been informed of the type of respirator to be used on the above indicated project. I have a copy of the written Respiratory Protection Program issued by my employer. I have been provided for my exclusive use, at no cost, with a respirator to be used on the above indicated project.

TRAINING COURSE: I have been trained by a third party, State/EPA accredited trainer in the requirements for an AHERA/OSHA Asbestos Abatement Worker training course, 32 hours minimum duration. I currently have a valid State accreditation certificate. The topics covered in the course include, as a minimum, the following:

- Physical Characteristics and Background Information on Asbestos
- Potential Health Effects Related to Exposure to Asbestos
- Employee Personal Protective Equipment
- Establishment of a Respiratory Protection Program
- State of the Art Work Practices

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

Personal Hygiene

Additional Safety Hazards

Medical Monitoring

Air Monitoring

Relevant Federal, State and Local Regulatory Requirements, Procedures, and Standards

Asbestos Waste Disposal

MEDICAL EXAMINATION: I have had a medical examination within the past 12 months which was paid for by my employer. This examination included: health history, occupational history, pulmonary function test, and may have included a chest x-ray evaluation. The physician issued a positive written opinion after the examination.

Signature: _____

Printed Name: _____

Social Security Number: _____

Witness: _____

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

ATTACHMENT #3

AFFIDAVIT OF MEDICAL SURVEILLANCE, RESPIRATORY PROTECTION AND TRAINING/ACCREDITATION

VA PROJECT NAME AND NUMBER: _____

VA MEDICAL FACILITY: _____

ABATEMENT CONTRACTOR'S NAME AND ADDRESS: _____

1. I verify that the following individual

Name: _____ Social Security Number: _____

who is proposed to be employed in asbestos abatement work associated with the above project by the named Abatement Contractor, is included in a medical surveillance program in accordance with 29 CFR 1926.1101(m), and that complete records of the medical surveillance program as required by 29 CFR 1926.1101(m)(n) and 29 CFR 1910.20 are kept at the offices of the Abatement Contractor at the following address.

Address: _____

2. I verify that this individual has been trained, fit-tested and instructed in the use of all appropriate respiratory protection systems and that the person is capable of working in safe and healthy manner as expected and required in the expected work environment of this project.

3. I verify that this individual has been trained as required by 29 CFR 1926.1101(k). This individual has also obtained a valid State accreditation certificate. Documentation will be kept on-site.

4. I verify that I meet the minimum qualifications criteria of the VA specifications for a CPIH.

Signature of CPIH/CIH: _____ Date: _____

Printed Name of CPIH/CIH: _____

Signature of Contractor: _____ Date: _____

Printed Name of Contractor: _____

Louis A. Johnson VA Medical Center

Clarksburg, WV

HDG #16015

ATTACHMENT #4

**ABATEMENT CONTRACTOR/COMPETENT PERSON(S) REVIEW AND ACCEPTANCE OF THE VA'S
ASBESTOS SPECIFICATIONS**

VA Project Location: _____

VA Project #: _____

VA Project Description: _____

This form shall be signed by the Asbestos Abatement Contractor Owner and the Asbestos Abatement Contractor's Competent Person(s) prior to any start of work at the VA related to this Specification. If the Asbestos Abatement Contractor's/Competent Person(s) has not signed this form, they shall not be allowed to work on-site.

I, the undersigned, have read VA's Asbestos Specification regarding the asbestos abatement requirements. I understand the requirements of the VA's Asbestos Specification and agree to follow these requirements as well as all required rules and regulations of OSHA/EPA/DOT and State/Local requirements. I have been given ample opportunity to read the VA's Asbestos Specification and have been given an opportunity to ask any questions regarding the content and have received a response related to those questions. I do not have any further questions regarding the content, intent and requirements of the VA's Asbestos Specification.

At the conclusion of the asbestos abatement, I will certify that all asbestos abatement work was done in accordance with the VA's Asbestos Specification and all ACM was removed properly and no fibrous residue remains on any abated surfaces.

Abatement Contractor Owner's Signature _____ Date _____

Abatement Contractor Competent Person(s) _____ Date _____

- - - END- - -