

ST. CLOUD STATE UNIVERSITY ASBESTOS REMOVAL DAILY WORK LOG

PLEASE PRINT WHEN COMPLETING THE FOLLOWING INFORMATION

DATE: _____

BUILDING: _____

ROOM: _____

PERSONNEL 1.) _____

PERSONNEL 2.) _____

Approximate number of hours under respiratory protection? _____

Total number of bags of debris? _____

Exposed ends of ACM encapsulated?
Yes _____ No _____

Comments/Problems within work area
Yes _____ No _____

Recommendations concerning additional work:

TYPE OF MAINTENANCE OPERATION

1. General clean up of bulk debris.

a) Approximate square footage cleaned.

b) Cleaning method used:

HEPA VAC _____

Wet Wipe _____

c) Other (Explain):

PIPE INSULATION REMOVED

Pipe	Elbow	Joints	Valves
Quantity			
Pipe O.D.			

Straight Pipe Run			
Linear Feet			
Pipe O.D.			

2. Other removals including tanks, ducts, etc.
Give a brief description and approximate square footage of insulation removed.

