|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Permit pre-work approvals must be completed prior to start of work.** | | | | | | | |
| **Name:** | | | | **Company:** | | | |
| **Supervisor / Mosaic Liaison:** | | | **Contact #:** | | | **Date:** | |
| **Site:** | | | **Area/Location:** | | | **Asset# / Equipment:** | |
| **Work Order/PO#:** | | | **HMIS Database Location Reference:** | | | **Location:**  Indoors Outdoors | |
| **Work to be performed:** | | | | | | | |
| **Asbestos Process:  Low Risk  Moderate Risk  High Risk** | | | | | | | |
| **Notification to Division:** | Required (include documentation)  Not Required | | | | | | |
| **Work Activity:** | Abatement  Repair  Sample Collection  Cleaning/disposal | | | | | | |
| **Material:** | Trafford Tile  Transite Board  Fireproofing  Floor Tile  Parging Cement  Pipe Insulation (specify) .  Vermiculite  Compounds/mud/filler  Other . | | | | | | |
| **Characteristics:** | Friable  Non-Friable  Good condition  Damaged  Debris | | | | | | |
| **Specific Area and Approximate Amount:** | Specific removal location: .  Approx amount to be removed: .  Sample only | | | | | | |
| **Training:** | Workers have completed applicable training. | | | | | | |
| **Area Isolation:** | Asbestos Barricade Tape/Tag  Hard barricading Signage Hoarding | | | | | | |
| **Air Monitoring:** | Required  Not Required | | | | | | |
| **Abatement Method:** | Removal  Encapsulation  Enclosure  Wet Method  Hoarding  Sealant (penetrant)  Plywood/drywall  Dry Method  Glove Bag  Sealant (bridging)  Wrap/jacketing  Other . | | | | | | |
| **Additional PPE:** | Respirator (specify) .  Disposable Coveralls  Disposable Gloves  Other: . | | | | | | |
| **Equipment Used:** | Hoarding materials  6 mill Poly (drop sheets/barriers/bags) Vacuum (HEPA)  Hand Tools  Power Tools  Hand Pump (wetting/sealant)  Other: . | | | | | | |
| **Disposal:** | Double Bagged  Double Wrapped  Asbestos disposal location identified | | | | | | |
| **Special or Emergency Instructions:** | | | | | | | |
| **Permit is valid for the duration of the job. If the work activity or conditions change, this permit must be closed and a new permit must be completed.** Contact your Supervisor, Mosaic Liaison, or the Mosaic Safety Department. | | | | | | | |
| **Pre-work authorization:** | | | | | | | |
| **Employee(s) / Contractor(s)** | |  | | |  | |  |
| **Mosaic / Contract Supervisor** | |  | | | | | **Date:** |
| **Mosaic Liaison (if applicable)** | |  | | | | | **Date:** |
| **Mosaic EHS Department** | |  | | | | | **Date:** |
| **Post-work inspection and permit close out:** | | | | | | | |
| **Housekeeping:** | | Area Vacuumed (HEPA)  Area washed down  Tools and Equipment Cleaned  Waste double bagged / double wrapped  Disposal in Asbestos Bin | | | | | |
| **Amount Removed:** | | Sq. Ft. .  Units (eg. elbows) . | | | | | Nothing removed  Sample Only |
| **Air Monitoring Results:** | |  | | | | | Not Required |
| **Mosaic Final Permit Review** | |  | | | | | **Date:** |

Submit completed Asbestos Work Permits to Site EHS. A copy will be sent to Pinchin for HMIS update.