

VIII. SCHEDULED DATES ASBESTOS REMOVAL: (MM/DD/YY) Start:		Complete:
IX. SCHEDULED DATES DEMO / RENOVATION: (MM/DD/YY) Start:		Complete:
Weekdays Work Hours: _____		Weekend Work Hours: _____
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE.		
XII. WASTE TRANSPORTER #1		
ADDRESS:		
CITY:	STATE	ZIP
CONTACT PERSON:	TELEPHONE:	
XIII. WASTE DISPOSAL SITE:		
NAME:		
LOCATION:		
CITY:	STATE	ZIP
TELEPHONE:		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
NAME:	TITLE:	
AUTHORITY:		
DATE OF ORDER (MM/DD/YY)	DATE ORDERED TO BEGIN: (MM/DD/YY)	
XV. FOR EMERGENCY RENOVATIONS		
a) DATE AND HOUR OF EMERGENCY: (MM/DD/YY)		
b) DESCRIPTION OF THE SUDDEN, <u>UNEXPECTED</u> EVENT:		
c) EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (REQUIRED 1 YEAR AFTER PROMULGATION)		
_____	_____	
(SIGNATURE OF OWNER/OPERATOR)	(DATE)	
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
_____	_____	
(SIGNATURE OF OWNER/OPERATOR)	(DATE)	