

State of Maryland



STATE-OWNED
FACILITY
ASBESTOS
MANAGEMENT
PLAN

FY 17

TOWSON UNIVERSITY

(FACILITY)

8000 YORK ROAD TOWSON, MD 21252

(ADDRESS)

ENVIRONMENTAL HEALTH & SAFETY

(DEPARTMENT)

REVIEWED AND APPROVED BY:

Laurence A. Holbrook

ASBESTOS PROGRAM MANAGER

SEPTEMBER 30, 2017

DATE

REVIEWED AND APPROVED BY:

Walter J. ...

FACILITY SUPERINTENDENT/AGENCY HEAD

SEPTEMBER 30, 2017

DATE

PROGRAM PERSONNEL

ASBESTOS PROGRAM MANAGER:

Name LARRY HOLBROOK	
Title DIRECTOR ENVIRONMENTAL HEALTH & SAFETY	
Phone # (443) 603-4118 (410) 704-3806	Ext.
Bldg Insp/Mgmt Planner Accreditation # 16029351	
Date of Training/Recert Training 11/09/16	

PROJECT DESIGNER:

Name LARRY HOLBROOK	
Phone # (443) 603-4118 (410) 704-3806	Ext.
Project Designer Accreditation # 16024071	

AGENCY SAFETY & HEALTH SPECIALIST:

Name LARRY HOLBROOK	
Phone # (443) 603-4118 (410) 704-3806	Ext.
Bldg Insp/Mgmt Planner Accreditation # 16029351	
Date of Training/Recert Training 11/09/16	
Supervisor Accreditation # 16029311	
Date of Training/Recert Training 11/08/16	

DEPARTMENTAL COORDINATOR:

Name MARK BECK	
Phone # (301) 445-1984	Ext.

PHYSICAL PLANT MANAGER:

Name DAVID MAYHEW	
Phone # (410) 704-4459	Ext.

FACILITY PLANNER:

Name KRIS PHILLIPS	
Phone # (410) 704-3409	Ext.

DEPARTMENT PLANNER:

Name MARK E. BECK		
Phone # (301) 445-1984	Ext.	
Address 3300 METZEROTT ROAD		
City ADELPHI	State MD	Zip 20783-1690

BUILDING INSPECTORS:

List the following information for each person: Name, phone, Building Inspector/Management Planner Accreditation #, date of training/recert (use additional pages as necessary)

Name LARRY HOLBROOK	
Phone # (443) 603-4118 (410) 704-3806	Ext.
Accreditation # 16029351	
Training/Recert Date 11/09/16	

Name RICK SETZER	
Phone # (443) 655-3779 (410) 704-5510	Ext.
Accreditation # 16030281	
Training/Recert Date 11/9/16	

Name	
Phone #	Ext.
Accreditation #	
Training/Recert Date	

MANAGEMENT PLAN PREPARED BY:

Name LARRY HOLBROOK	
Title DIRECTOR-ENVIRONMENTAL HEALTH & SAFETY	
Phone # (443) 603-4118 (410) 704-3806	Date 9/30/17

FACILITY ASBESTOS OVERVIEW

BUILDINGS CLASSED BY ASBESTOS CONTENT		NO. OF BUILDINGS
Class A	Asbestos free	0
Class B	Misc. Asbestos Only in Good Condition	34
Class C	Surface/Thermal in Good Condition	19
Class C-1	Misc. w/ Moderate Damage	0
Class D	Surface/Thermal w/ Moderate Damage	0
Class D-1	Misc. w/ High Damage	0
Class D-2	Surface/Thermal w/ High Damage	1

TOTAL NUMBER OF BUILDINGS WITHOUT RESTRICTED AREAS: These buildings do not have any restricted areas.	53
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RESTRICTED AREAS Due to asbestos damage/deterioration, the following areas are restricted and access is limited to trained/medically monitored Level II employees using protective clothing and respirators.		NO. OF BUILDINGS
(1)	Entire Buildings	0
(2)	Boiler Rooms	0
(3)	Crawl Spaces	0
(4)	Attics	0
(5)	Spaces between ceiling decks and suspended ceilings	1
(6)	Pipe Chases	0
(7)	Steam Tunnels	0
(8)	Basements	0
(9)	Classroom/Office/Residential Areas	0
(10)	Auditorium/Cafeteria/Gym Areas	0
(11)	Other:	0

BUILDING USE CHANGES:		NO. OF BUILDINGS
(12)	Demolished/Sold/Transferred (Only record for the FY this occurred in, then removed from the Management Plan)	0
(13)	Closed for reasons other than Asbestos	0

**ANTICIPATED RENOVATION PROJECTS (NON-LEVEL II/NON-AOC)
SEE APPENDIX III**

NAME OF BUILDING	AREA	TYPE OF PROJECT	ASBESTOS IN AREA (Type i.e. Surface, TSI or Misc and estimated amount)
FY 17		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 18		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 19		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 20		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 21		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	

Facility Planner
KRIS PHILLIPS

Asbestos Program Manager
LARRY HOLBROOK

Department Planner
MARK E. BECK

Date
9/30/17

**PLANNED RENOVATION PROJECTS & EMERGENCY RESPONSES DURING FY 17
WHICH INVOLVED ASBESTOS (NON-AOC/NON-LEVEL II)**

PROJECTS THAT ARE EITHER ACCOMPLISHED OR IN-PROGRESS

NAME OF BUILDING	AREA	TYPE OF PROJECT	ASBESTOS INVOLVED	PROJECT NAME AND NUMBER	START/FINISH DATES
					Start 7/10/16
					Finish 8/12/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 8/11/16
					Finish 8/12/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 9/13/16
					Finish 9/13/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 9/26/16
					Finish IN PROGRESS
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 11/10/16
					Finish 11/10/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 11/23/16
					Finish 11/23/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055

**PLANNED RENOVATION PROJECTS & EMERGENCY RESPONSES DURING FY 17
WHICH INVOLVED ASBESTOS (NON-AOC/NON-LEVEL II)
PROJECTS THAT ARE EITHER ACCOMPLISHED OR IN-PROGRESS**

NAME OF BUILDING	AREA	TYPE OF PROJECT	ASBESTOS INVOLVED	PROJECT NAME AND NUMBER	START/FINISH DATES
					Start 11/23/16
					Finish 11/25/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 12/26/16
					Finish 12/30/16
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 3/20/17
					Finish 3/24/17
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 3/24/17
					Finish 3/24/17
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055
					Start 3/31/17
					Finish 4/2/17
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License #
					Start 6/12/17
					Finish 6/12/17
Asbestos Contractor	A&I, INC. 8301 PULASKI HIGHWAY BALTIMORE MD 21237				License # M21-03-055

MONEY SPENT ON IN-HOUSE ASBESTOS WORK

MONTH	YEAR (FY)	SUPPLIES	LABOR	EQUIPMENT	TOTAL
July	16	\$0	\$0	\$0	\$0
August	16	\$0	\$0	\$0	\$0
September	16	\$0	\$0	\$0	\$0
October	16	\$0	\$0	\$0	\$0
November	16	\$0	\$0	\$0	\$0
December	16	\$0	\$0	\$0	\$0
January	17	\$0	\$0	\$0	\$0
February	17	\$0	\$0	\$0	\$0
March	17	\$0	\$0	\$0	\$0
April	17	\$0	\$0	\$0	\$0
May	17	\$0	\$0	\$0	\$0
June	17	\$0	\$0	\$0	\$0
TOTAL	FY17	\$0	\$0	\$0	\$0

EQUIPMENT USAGE AND MAINTENANCE SYSTEM

Asbestos related equipment usage and maintenance at this facility will be overseen by:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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The asbestos related equipment is kept in the following location(s):

- 1) PUBLIC SAFETY BUILDING – ROOM 120
- 2) ASBESTOS STORAGE BUILDING
- 3) GENERAL SERVICES - AUTOMOTIVE SHOP

Employees who need access to equipment shall provide proof of current accreditation, medical monitoring and fit testing and shall use the following procedures: (Use additional sheets as necessary)

CONTACT THE ASHS AT (410) 704-3806 OR CELL PHONE (443) 603-4118 TO ARRANGE FOR PICK-UP OF EQUIPMENT FROM THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY'S (EHS) STORAGE ROOM 120 AT THE PUBLIC SAFETY BUILDING. FOR SUPPLIES, FACILITIES MANAGEMENT MAINTAINS AN INVENTORY TO PERFORM LEVEL II ACTIVITIES. SUPPLIES (TYVEKS, GLOVE BAGS, ENCAPSULATE, ETC.) ARE STORED AT THE UNIVERSITY'S ASBESTOS STORAGE BUILDING LOCATED NEAR THE TOWSON CENTER; IN THE AUTOMOTIVE SHOP AT THE GENERAL SERVICES BUILDING AND EHS AT THE PUBLIC SAFETY BUILDING. ACCESS IS LIMITED TO ACTIVE (ACCREDITATED, CURRENTLY TRAINED, MEDICALLY MONITORED AND FIT TESTED) LEVEL II EMPLOYEES. PRIOR TO ANY LEVEL II ACTIVITY ON CAMPUS, EHS IS CONTACTED (EXCEPT FOR AUTO LEVEL II WORK). EQUIPMENT/SUPPLIES ARE MAINTAINED/PAID FOR BY EHS.

Equipment must be checked by the user to determine if it is in safe operating condition. Anytime the equipment is not in safe operating condition, the user will notify:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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and tag the equipment out of service. The following tagout procedure will be used: (Use additional sheets as necessary. Describe the procedures and either enclose tag, or a catalog cut of the tag used.)

- 1) EQUIPMENT WILL BE REMOVED FROM SERVICE.
- 2) TAG WILL BE ATTACHED SPECIFYING ITEM(S) THAT IS/ARE NOT FUNCTIONAL (APPENDIX IV).
- 3) ITEM WILL BE TRANSPORTED TO THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY.
- 4) EHS WILL EITHER SEND FOR REPAIR OR REPLACE IF BEYOND REPAIR.

Routine maintenance is performed according to the manufacturer's recommendations by:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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EQUIPMENT USAGE AND MAINTENANCE SYSTEM (continued)

Copies of the manufacturer's user's manual and maintenance manual and/or operating and maintenance procedures developed by the facility as either a supplement or alternative to the manufacturer's recommendations for vacuums, respirators, scaffolds, etc. are kept by:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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and located

PUBLIC SAFETY BUILDING (DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY)

The following procedures will be used to ensure that each piece of equipment is serviced according to a preventive maintenance schedule set by the manufacturer or empirically through actual experience (Include PM schedule): (Use additional sheets as necessary)

- 1) MANUFACTURER'S INFORMATION IS REVIEWED BY EHS.
- 2) EQUIPMENT IS IDENTIFIED BY MANUFACTURER'S SERIAL NUMBER OR TU PROPERTY CONTROL NUMBER FOR RECORDKEEPING AND EASY IDENTIFICATION BY EHS OR FACILITIES MANAGEMENT STAFF.
- 3) MAINTENANCE LOG MAINTAINED BY EHS (AS NECESSARY).
- 4) ITEMS REQUIRING SERVICING ARE COLLECTED BY EHS (AS APPROPRIATE).
- 5) ITEMS ARE SHIPPED TO APPROPRIATE LOCATION (MANUFACTURER) FOR SERVICING.

THE PM SCHEDULE IS AS FOLLOWS (REFER TO APPENDIX II RESPIRATORY PROTECTION PROGRAM AND APPENDIX V-EQUIPMENT).

PLEASE NOTE: EACH DEVICE (RESPIRATORS, HEPA VACUUMS & CLAYTON BRAKE WASHERS) ARE INSPECTED BY EHS AT LEAST ANNUALLY. USERS ARE ALSO REQUIRED TO INSPECT PRIOR TO USE TO ENSURE THE EQUIPMENT IS IN PROPER WORKING CONDITION. EHS IS NOTIFIED REGARDING DEFECTIVE PARTS. ALL DEFECTIVE PARTS ARE REPLACED PRIOR TO USE.

EQUIPMENT INVENTORY SUMMARY (Use additional sheets as necessary)
(This includes ALL non-consumables i.e. – respirators, vacuums, ladders etc.)

EQUIPMENT ITEM	AGE OR YEAR OBTAINED	PERIOD BETWEEN MAINTENANCE	LAST DATE INSPECTED	FUNCTIONAL (Does it work? Yes/No)	LIFE CYCLE (What is useful life of device?)
CLAYTON BRAKE WASHER	1995	ANNUAL	PRIOR TO EACH USE	YES	NOTE 1

PLANS FOR REPLACEMENT/OVERHAUL When will device be replaced or overhauled? What will replace it? Has/will funds be available for replacement/overhaul?	NOTE 1: ITEM IS USED INFREQUENTLY, THEREFORE USEFUL LIFE IS UNPREDICTABLE. 1) AS NECESSARY 2) CURRENT TECHNOLOGY 3) YES-FHS BUDGET
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Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
PORTABLE HEPA VACCUUM	1992	ANNUAL	PRIOR TO EACH USE	YES	NOTE 1

PLANS FOR REPLACEMENT/OVERHAUL When will device be replaced or overhauled? What will replace it? Has/will funds be available for replacement/overhaul?	1-3: SAME AS ABOVE
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Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
HEPA VACCUUM	1991	ANNUAL	PRIOR TO EACH USE	YES	NOTE 1

PLANS FOR REPLACEMENT/OVERHAUL When will device be replaced or overhauled? What will replace it? Has/will funds be available for replacement/overhaul?	1-3: SAME AS ABOVE
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Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
PAPR'S	4/94-CURRENT	ANNUAL	PRIOR TO EACH USE	YES	NOTE 1

PLANS FOR REPLACEMENT/OVERHAUL When will device be replaced or overhauled? What will replace it? Has/will funds be available for replacement/overhaul?	1-3: SAME AS ABOVE
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Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
APR'S	11/92-CURRENT	ANNUAL	PRIOR TO EACH USE	YES	NOTE 1

PLANS FOR REPLACEMENT/OVERHAUL When will device be replaced or overhauled? What will replace it? Has/will funds be available for replacement/overhaul?	ONLY USED DURING INSPECTIONS/SAMPLING BY THE EHS DIRECTOR 1-3: SAME AS ABOVE
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Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
CLAYTON BRAKE WASHER	2002	ANNUAL	PRIOR TO EACH USE	YES	NOTE 1

PLANS FOR REPLACEMENT/OVERHAUL When will device be replaced or overhauled? What will replace it? Has/will funds be available for replacement/overhaul?	1-3: SAME AS ABOVE
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EMERGENCY RESPONSE SYSTEM

An emergency response plan is designed to anticipate and plan for unexpected asbestos fiber release episodes so that fiber release is minimized through prompt corrective action.

The emergency response contact person is

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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The back up contact person is:

Name GREG WOOD	Position/Title ASSISTANT DIRECTOR DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 928-8677 (410) 704-5500
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Other than restricting access to the area and evacuating it, personnel in the area are to take no other action after contacting the emergency response contact person. The emergency response contact person will direct the initial response, including ensuring that the project is designed by an accredited project designer, debris clean up, patch and repair or other actions as necessary.

For those responding to the emergency, (*only Level II workers and supervisors with current training, medical monitoring and fit testing*) equipment can be found at the following location(s): (Use additional sheets as necessary)

- 1) ASBESTOS STORAGE BUILDING (LOCATED NEAR THE TOWSON CENTER).
- 2) DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY – PUBLIC SAFETY BUILDING
- 3) GENERAL SERVICES FACILITY (AUTOMOTIVE SHOP)

The procedures for access to the equipment include: (Use additional sheets as necessary)

- 1) FOR EQUIPMENT STORED AT EHS, CONTACT THE ASHS/EMERGENCY RESPONSE CONTACT OR BACK-UP CONTACT PERSON.
- 2) FOR EQUIPMENT AT THE ASBESTOS STORAGE BUILDING, OR FACILITIES MANAGEMENT’S AUTOMOTIVE SHOP AT THE GENERAL SERVICES, ACCESS MAY BE PROVIDED BY UNIVERSITY LEVEL II EMPLOYEES OR CONTACTING THE ASHS/EMERGENCY RESPONSE CONTACT PERSON OR BACK-UP CONTACT PERSON. ACTIVE LEVEL II EMPLOYEES ARE ISSUED KEYS TO THESE FACILITIES.

EMERGENCY RESPONSE SYSTEM (continued)

Only trained and medically monitored Level II personnel (both workers and supervisors) can respond to the emergency. A list of who is available will be located at: (Use additional sheets as necessary)

- 1) DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY (EHS).
- 2) DEPARTMENT OF HUMAN RESOURCES (HR).
- 3) FACILITIES MANAGEMENT DEPARTMENT (FM).

Access to the list of accredited workers and supervisors will be through the following procedure: (Use additional sheets as necessary)

- 1) WRITTEN OR VERBAL NOTIFICATION SUBMITTED A MINIMUM OF TWO (2) WORKING DAYS IN ADVANCE TO THE DEPARTMENT OF HUMAN RESOURCES UNLESS SPECIAL CIRCUMSTANCES EXIST WHICH REQUIRES IMMEDIATE ACCESS.
- 2) SECONDARY ACCESS WILL BE THROUGH THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY.

*This list will be reviewed annually by: LARRY HOLBROOK-DIRECTOR, EHS at (443) 603-4118 (410) 704-3806
Name/Position Phone #
to ensure that only currently trained, medically monitored, and fit tested personnel are on it.*

If a more extensive hazard assessment is required after the initial response, it will be done by

THE UNIVERSITY'S ON-CALL ENVIRONMENTAL CONSULTANT.

The accredited project designer that this facility will use is

Name	Phone #
LARRY HOLBROOK	(443) 603-4118 (410) 704-3806

WASTE STORAGE & DISPOSAL PROGRAM

Asbestos waste, including both actual ACM, plastic used for containment barriers, glove bags, used disposable clothing, used respirator filters, and any other materials or furnishings contaminated with asbestos fibers.

The purpose of a waste disposal program is to prevent asbestos exposure/contamination by incorrect handling of asbestos waste. It also serves to document what happens to the ACM waste from the time that it is generated until it is buried in an approved landfill.

MANAGEMENT: Waste Storage and Disposal Operations will be managed in accordance with COMAR 26.11.21, & Asbestos Program Policy by:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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CONTROLLED ACCESS TEMPORARY STORAGE SITE(S): [Give detailed description of each location. Use additional sheets if necessary]

<p><u>ASBESTOS STORAGE BUILDING</u> – LOCATED NEAR THE TOWSON CENTER</p> <p>THIS A PREFABRICATED BUILDING LOCATED INSIDE A CHAIN LINK FENCE. ACCESS IS CONTROLLED BY A LOCKED GATE. IN ADDITION, THE BUILDING ITSELF IS EQUIPPED WITH A LOCK TO CONTROL BUILDING ACCESS.</p>

MANIFESTS: Chain of Custody manifests are kept at:

Location DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY – PUBLIC SAFETY BUILDING
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by:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Manifests shall be received in ~30 days from the waste hauler.

PROCEDURES USED TO HANDLE ASBESTOS WASTE CONSIST OF: (Use additional sheets as necessary)

<ol style="list-style-type: none"> 1) ALL WASTE SHALL BE DOUBLE BAGGED IN DOT/OSHA APPROVED/LABELED SIX (6) MIL PLASTIC BAGS. 2) TOPS WILL BE TAPED IN ACCORDANCE WITH THE STATE’S ASHP GUIDELINES. 3) WASTE WILL BE TRANSPORTED TO THE ASBESTOS STORAGE BUILDING FOR TEMPORARY STORAGE (THIS APPLIES TO WASTE GENERATED BY UNIVERSITY LEVEL II EMPLOYEES ONLY). CONTRACTOR WASTE IS TRANSPORTED OFF-SITE WHEN PROJECT IS COMPLETED OR AS REQUIRED. 4) BAGS WILL BE LABELED WITH ACCUMMULATION START DATE ONCE IN STORAGE. 5) WASTE WILL BE TRANSPORTED TO AN APPROVED IN/OUT OF STATE LANDFILL FOR DISPOSAL. ALL WASTE SHIPMENTS (INCLUDING CONTRACTOR’S) SHALL BE ACCOMPANIED BY A TU-NONHAZARDOUS WASTE MANIFEST.

These procedures will be reviewed annually by: LARRY HOLBROOK-DIRECTOR, EHS at (443) 603-4118 (410) 704-3806
Name/Position Phone

WASTE STORAGE & DISPOSAL PROGRAM (continued)

ONLY CURRENTLY TRAINED, MEDICALLY MONITORED AND FIT TESTED LEVEL II EMPLOYEES AND SUPERVISORS SHALL HAVE ACCESS TO TEMPORARY STORAGE AREAS. PROCEDURES TO ACCESS TEMPORARY STORAGE AREA(S) CONSIST OF: (Use additional sheets as necessary)

CONTACT THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY VIA PHONE OR IN WRITING.

	Date	Quantity
Quantity of Asbestos Waste Stored as of	7/1/16	0 YD3
Quantity of Asbestos Waste Generated during reporting period		131 YD3
Quantity of Asbestos Waste Disposed during reporting period		131 YD3
Quantity of Asbestos Waste Still in Storage as of	6/30/17	0 YD3

DISPOSAL RECORD FOR PERIOD: (Use additional Sheets as necessary)

DATE	AMOUNT	HAULER (Name of Person, Firm, Address, and Phone Number. If done by Asbestos Contractor - Give license #)	LANDFILL (Name, Address, Landfill Permit Number)
		Name DOUGLASS SMITH Company A&I, INC. Address 8301 B PULASKI HIGHWAY BALTIMORE MD 21237 Phone (410) 238-3020 License No. M21-03-055	Name MINERVA LANDFILL Address 9000 MINERVA ROAD WAYNESBURG OH 44688 Phone 330-866-3435 Permit No. 15-1292

		Name DOUGLASS SMITH Company A&I, INC. Address 8301 B PULASKI HIGHWAY BALTIMORE MD 21237 Phone (410) 238-3020 License No. M21-03-055	Name MINERVA LANDFILL Address 9000 MINERVA ROAD WAYNESBURG OH 44688 Phone 330-866-3435 Permit No. 15-1292
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Further Information/Comments: *(Identify how much ACM is Left)*

NOTIFICATION SYSTEM

A notification program is designed to do two things:

1. Inform maintenance workers and custodial workers of what they need to know to be able to work safely in a building that contains ACM.
2. Inform building occupants on how to work safely in a building that contains ACM and let them know what precautions are already being taken.

General maintenance and custodial workers working in areas with ACM with a high potential for disturbance are informed of asbestos locations through the following methods: (Use additional Sheets as necessary)

- 1) ASBESTOS AWARENESS TRAINING SESSIONS.
- 2) DISTRIBUTION OF CAMPUS ASBESTOS CONTAINING MATERIALS LOCATIONS LIST-LISTS CAMPUS BUILDINGS AND GENERAL LOCATION AND TYPES OF ACM.
- 3) DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY'S WEB SITE.

CUSTODIAL WORKERS ARE NOT UNIVERSITY EMPLOYEES. LOCATIONS OF ACM HAVE BEEN PROVIDED TO THEIR SUPERVISOR(S) WHO IS/ARE RESPONSIBLE FOR DISSEMINATION OF THE INFORMATION. TRAINING (AS NECESSARY) IS THE RESPONSIBILITY OF THE CONTRACTOR.

Number of days maintenance and custodial employees will receive this notification within their initial hire and annually thereafter. (Within 10 working days maximum) SEE ABOVE	No. of Days IMMEDIATELY
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Building occupants in buildings containing ACM are informed on what precautions must be taken to avoid disturbing the ACM by the following methods.: (Use additional Sheets as necessary)

- 1) DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY'S "EMPLOYEE SAFETY PROGRAMS MANUAL" AND CAMPUS ASBESTOS CONTAINING MATERIAL (ACM) LOCATIONS LIST LOCATED ON THE DEPARTMENT OF ENVIRONMENTAL HEALTH AND SAFETY'S WEB SITE.**
- 2) ADVISORIES/MEMORANDUMS/INFORMATIONAL BROCHURES/DEPARTMENTAL MEETINGS (AS NECESSARY).

** A LETTER IS PROVIDED TO ALL NEW EMPLOYEES AT THE TIME OF THEIR EMPLOYEMENT THROUGH THE HUMAN RESOURCES DEPARTMENT ADVISING IT IS THEIR RESPONSIBILITY TO REVIEW THIS INFORMATION AND TO FAMILIARIZE THEMSELVES WITH THE CONTENTS. THEY ARE REQUIRED TO SIGN THE LETTER AND RETURN COPIES TO HUMAN RESOURCES AND EHS.

Number of days building occupants will receive this notification within their initial occupancy and annually thereafter. (Within 10 working days maximum)	No. of Days ** IMMEDIATELY
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The person or position responsible for providing this notification is

Name Donna Yeagle	Position/Title MANAGER – BENEFITS, LEAVE & TIMEKEEPING	Phone # (410) 704-6018
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ASBESTOS TRAINING PROGRAM

The purpose of the training program is to inform employees of those aspects of asbestos hazard recognition, reporting, and response which they must follow to minimize the risk of exposure to themselves and others.

Level II building maintenance employees and their supervisors will receive both initial training and refresher training from the Maryland Department of the Environment.

Level II automotive mechanics, involved with asbestos brake and clutch work will receive initial training from the Maryland Department of the Environment and annual refresher training for the Agency Safety and Health Specialist.

Asbestos Safety & Health Specialists and Asbestos Program Managers, and Building Inspectors will attend Maryland Department of the Environment sponsored training classes, including, but not limited to Building Inspector/Management Planner Initial training and annual refresher training.

Level I Employees shall be trained annually by the Agency Safety and Health Specialist, using guidelines furnished by the Maryland Department of the Environment.

The Department Coordinator is:

Name MARK BECK	Position/Title USM: DIRECTOR OF CAPITAL PLANNING	Phone # (301) 445-1983
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The Department Coordinator's Training Contact at the facility is:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Employees will be notified of their scheduled training dates by:

Name GAIL VOGEL	Position/Title ADMINISTRATIVE ASSISTANT-FACILITIES MANAGEMENT (PHYSICAL PLANT)	Phone # (410) 704-3392
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No. of days within scheduled training date notification of training will be made to employees.	No. of Days 10
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Procedures for access to training records involves: (Use additional sheets as necessary)

- 1) WRITTEN OR VERBAL NOTIFICATION MUST BE PROVIDED/RECEIVED A MINIMUM OF 2 WORKING DAYS IN ADVANCE UNLESS THERE ARE/IS EXTENUATING CIRCUMSTANCES WHICH WARRANTS MORE EXPEDIENT ACCESS.
- 2) TIME/DATE FOR ACCESS WILL BE ARRANGED BASED ON DATE OF RECEIPT OF REQUEST.

Procedures to ensure that employees keep their training appointments, track no shows, and ensure proper cancellations:

- 1) REMINDER WILL BE SENT TO EMPLOYEES TWO DAYS PRIOR TO TRAINING (VIA FACILITIES MANAGEMENT ADMINISTRATIVE ASSISTANT).
- 2) FACILITIES MANAGEMENT ADMINISTRATIVE ASSISTANT WILL NOTIFY EHS OF ANY CANCELLATIONS AND RESCHEDULE.
- 2) INSTRUCTOR WILL INFORM EHS ADMINISTRATIVE ASSISTANT OF "NO SHOWS" WHO WILL CONTACT FACILITIES MANAGEMENT TO ADVISE AND RESCHEDULE EMPLOYEE. EMPLOYEE'S SUPERVISOR WILL BE NOTIFIED IF THEY ARE A "NO SHOW" A SECOND TIME.

**SUMMARY OF ASBESTOS TRAINING ACTIVITIES AT THE FACILITY
FOR THE REPORTING PERIOD 7 / 1 / 16 / TO 6 / 30 / 17**

(For Level I Training and Level II Automotive Retraining Only) (Use additional Sheets as necessary)

- | |
|--|
| 1. DATE (If several courses were given on same day, list each separately) |
| 2. NATURE OF TRAINING AND COURSE TITLE |
| 3. TIME EXPENDED FOR TRAINING COURSE (For example, 2 hours minimum for Level I training course) |
| 4. INSTRUCTOR (Name -- If person is from outside agency, give name, agency and address) |
| 5. LOCATION WHERE COURSE RECORDS AND DOCUMENTS ARE FILED (Should contain course outline, copy of any handouts, location where training was conducted, list of participants, biography of instructor including his/her credentials, and other appropriate records) |

DATE	NATURE OF TRAINING AND COURSE TITLE	TIME EXPENDED (Min. 2hrs.)	INSTRUCTOR	LOCATION OF COURSE RECORDS
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	

**SUMMARY OF ASBESTOS TRAINING ACTIVITIES AT THE FACILITY
FOR THE REPORTING PERIOD 7 / 1 / 16 / TO 6 / 30 / 17**

(For Level I Training and Level II Automotive Retraining Only) (Use additional Sheets as necessary)

1. **DATE** (If several courses were given on same day, list each separately)
2. **NATURE OF TRAINING AND COURSE TITLE**
3. **TIME EXPENDED FOR TRAINING COURSE** (For example, 2 hours minimum for Level I training course)
4. **INSTRUCTOR** (Name -- If person is from outside agency, give name, agency and address)
5. **LOCATION WHERE COURSE RECORDS AND DOCUMENTS ARE FILED** (Should contain course outline, copy of any handouts, location where training was conducted, list of participants, biography of instructor including his/her credentials, and other appropriate records)

DATE	NATURE OF TRAINING AND COURSE TITLE	TIME EXPENDED (Min. 2hrs.)	INSTRUCTOR	LOCATION OF COURSE RECORDS
	Nature ANNUAL		Name LARRY HOLBROOK Agency TOWSON UNIVERSITY Address 8000 YORK ROAD City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK Agency TOWSON UNIVERSITY Address 8000 YORK ROAD City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK Agency TOWSON UNIVERSITY Address 8000 YORK ROAD City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK Agency TOWSON UNIVERSITY Address 8000 YORK ROAD City, State, Zip TOWSON MD 21252	

**SUMMARY OF ASBESTOS TRAINING ACTIVITIES AT THE FACILITY
FOR THE REPORTING PERIOD 7 / 1 / 16 / TO 6 / 30 / 17**

(For Level I Training and Level II Automotive Retraining Only) (Use additional Sheets as necessary)

- | |
|--|
| 1. DATE (If several courses were given on same day, list each separately) |
| 2. NATURE OF TRAINING AND COURSE TITLE |
| 3. TIME EXPENDED FOR TRAINING COURSE (For example, 2 hours minimum for Level I training course) |
| 4. INSTRUCTOR (Name -- If person is from outside agency, give name, agency and address) |
| 5. LOCATION WHERE COURSE RECORDS AND DOCUMENTS ARE FILED (Should contain course outline, copy of any handouts, location where training was conducted, list of participants, biography of instructor including his/her credentials, and other appropriate records) |

DATE	NATURE OF TRAINING AND COURSE TITLE	TIME EXPENDED (Min. 2hrs.)	INSTRUCTOR	LOCATION OF COURSE RECORDS
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	
	Nature ANNUAL		Name LARRY HOLBROOK	
			Agency TOWSON UNIVERSITY	
			Address 8000 YORK ROAD	
			City, State, Zip TOWSON MD 21252	

ASBESTOS MEDICAL MONITORING PROGRAM

In accordance with Executive Order 01.01.1987.22, employees classified as Level II workers must participate in the medical monitoring program. Employees who do not participate in medical monitoring or who are disapproved for respirator use cannot work with asbestos. Those employees who were exposed to asbestos in the past while in State service (i.e., in a Level II type position) are also eligible for medical monitoring, even if they are not currently working in a Level II capacity. Exams are scheduled by the Maryland Department of the Environment with Departmental Coordinators who in turn notify their facilities.

The Departmental Coordinator is

Name MARK BECK	Position/Title USM – DIRECTOR OF CAPITAL PLANNING	Phone # (301) 445-1983
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The Departmental Coordinator's Medical Monitoring Contact at the facility is:

Name DONNA MCLAUGHLIN	Position/Title ADMINISTRATIVE ASSISTANT DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-2949
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Employees will be notified of their medical monitoring appointments by:

Name DONNA MCLAUGHLIN	Position/Title ADMINISTRATIVE ASSISTANT DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-2949
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No. of days within scheduled appointment date notification of appointments will be made to employees.	No. of Days 2-4 WEEKS *
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The following procedures are instituted to ensure individuals keep appointments and to track cancellations: (Use additional sheets as needed)

IN THE EVENT THAT AN EMPLOYEE CANNOT KEEP AN APPOINTMENT, HE/SHE SHALL CONTACT THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY (DONNA MCLAUGHLIN) AT (410) 704-2949 TO ADVISE HER OF THE CANCELLATION. CONTACT IS THEN MADE WITH MDE (JANICE LAFON AND SHARON MANGER) TO ADVISE OF THE CANCELLATION AND TO RESCHEDULE THE EMPLOYEE.

* EHS SENDS A LIST OF EMPLOYEES SCHEDULED FOR MEDICAL MONITORING TO THE FACILITIES MANAGEMENT DEPARTMENT WHO IN TURN DISSEMINATES THE SCHEDULE TO THEM.

The following procedures are used to determine who needs medical monitoring, where they go, and how often they go:

MEDICAL MONITORING IS REQUIRED FOR:

- 1) ACTIVE TU LEVEL II WORKERS.
- 2) EMPLOYEES WHO WERE EXPOSED TO ASBESTOS IN THE PAST WHILE IN STATE SERVICE AND WHO WISH TO CONTINUE MEDICAL MONITORING.
- 3) NEW TU EMPLOYEES WHO ARE DESIGNATED AS LEVEL II WORKERS.

LOCATION OF MEDICAL MONITORING IS DEPENDENT ON THE STATE OF MARYLAND'S (MDE) MEDICAL MONITORING CONTRACT (VENDOR & FACILITY LOCATION).

MEDICAL MONITORING FREQUENCY IS DETERMINED BY THE MEDICAL CONTRACTOR'S EXAMING PHYSICIAN (FOR ACTIVE LEVEL II EMPLOYEES IT IS AT LEAST ANNUALLY).

ASBESTOS MEDICAL MONITORING PROGRAM (continued)

Medical monitoring records will be maintained at the following location:

Location
DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

by

Name DONNA MCLAUGHLIN	Position/Title EHS ADMINISTRATIVE ASSISTANT I	Phone # (410) 704-2949
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*The following procedures are in place for access to medical monitoring records: (Use additional sheets as needed)

FOR RECORDS MAINTAINED BY TU'S DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY, WRITTEN NOTIFICATION MUST BE SUBMITTED/RECEIVED A MINIMUM OF 2 WORKING DAYS IN ADVANCE PRIOR TO ACCESS UNLESS THERE ARE EXTENUATING CIRCUMSTANCES WHICH WARRANTS MORE EXPEDIENT ACCESS.
*ONLY SUMMARY SHEETS INDICATING RESPIRATOR/MEDICAL APPROVAL ARE RECEIVED & MAINTAINED BY TU'S DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY. DETAILED MEDICAL RESULTS ARE MAINTAINED AT THE MEDICAL CENTER WITH A COPY SENT TO THE EMPLOYEE. A WRITTEN REQUEST MUST BE SUBMITTED TO THE MEDICAL CENTER.

During the reporting period the following persons have been re-designated from a Level II category to a Level I category **BUT WILL** be kept in the Medical Monitoring Program: (Use additional sheets as needed)

NAME	JOB CLASSIFICATION	MDE NUMBER
NONE		

During the reporting period the following persons have been re-designated from a Level II category to a Level I category **AND WILL NOT** be kept in the Medical Monitoring Program: (Use additional sheets as needed)

NAME	JOB CLASSIFICATION	MDE NUMBER
NONE		

WORK PERMIT POLICY FOR OUTSIDE CONTRACTORS (TELEPHONE, ELECTRICAL, COMPUTER, PLUMBING, ETC.)

Purpose: The work permit policy ensures that authorization is obtained prior to outside contractors performing maintenance, repair, or renovation work, in order to avoid inadvertent disturbance of ACM.

All plans for work by outside contractors must be reviewed for asbestos disturbing potential by:

- A. Any one of the following persons/positions approved by the Asbestos Program Manager as being aware of asbestos locations and any precautions that are necessary to work in those areas.

Name GREG WOOD	Position/Title EHS ASSISTANT DIRECTOR - EHS	Phone # (410) 704-5500
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Name WARREN REIFNER	Position/Title DIRECTOR-OPERATIONS & MAINTENANCE, FACILITIES MANAGEMENT	Phone # (410) 704-2491/2481
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OR

- B. The Asbestos Program Manager

Name LARRY HOLBROOK	Position/Title DIRECTOR - DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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All jobs occurring in an area containing ACM must have a work permit which will be issued by the person who reviews the work order. If special work procedures precautions are necessary, such as not placing ladders against pipes, not hanging wires into fireproofing, etc. they will be overseen by (i.e. an accredited Supervisor) from the facility:

Name LARRY HOLBROOK *	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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- * OR ONE OF THE ACCREDITED SUPERVISORS INDICATED ON PAGE 3. WORK PERMIT SHALL BE IN THE FORM OF A LETTER/MEMO/E-MAIL (AS NECESSARY).

Copies of the work permits will be kept at:

Location DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

The following procedures for access will be used: (Use additional sheets as necessary)

<p>1) WRITTEN OR VERBAL NOTIFICATION MUST BE PROVIDED/RECEIVED A MINIMUM OF 2 WORKING DAYS IN ADVANCE UNLESS THERE ARE/IS EXTENUATING CIRCUMSTANCES WHICH WARRANTS MORE EXPEDIENT ACCESS.</p> <p>2) TIME/DATE FOR ACCESS WILL BE ARRANGED BASED ON DATE OF RECEIPT OF REQUEST.</p>
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The following attachments (are) examples of the Work Permit used at the facility. (Attach copies of Work Permits and provide a brief narrative on their use). SEE APPENDIX I

<p>WHEN APPROPRIATE, THE FORM WILL BE FILLED OUT WITH THE REQUIRED INFORMATION. ONCE WORK IS COMPLETED/INSPECTED BY THE ASBESTOS PROGRAM MANAGER, THE PERMIT WILL BE FILED AND MAINTAINED AT THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY (THE JOB SUPERVISOR WILL SIGN & RETURN TO EHS).</p>
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PERIODIC SURVEILLANCE PROGRAM

Asbestos which remains in a building must be periodically surveyed to note and respond to changes in its condition. The elements of the surveillance program include the following:

1. Assignment of trained individuals knowledgeable in the inspection and assessment of ACM and its potential for disturbance.
2. Pre-surveillance record review of asbestos locations and any abatements done since the last survey.
3. Scheduling which is consistent with the ACM's general condition and access: twice a year and more often if the condition or access warrant it.
4. Occupancy control if obtaining samples during periodic surveillance.
5. Recordkeeping.
6. Transmittal of information to the person performing the hazard assessment and response action planning.

The periodic surveillance program will be implemented by:

Name LARRY HOLBROOK	Position/Title DIRECTOR - DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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under the authority of the Asbestos Program Manager

Name LARRY HOLBROOK	Position/Title DIRECTOR - DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Individuals/Positions performing periodic surveillance shall be Level II employees that are accredited workers, accredited supervisors, or accredited building inspector.

The following individuals will be involved in periodic surveillance activities: (Use additional sheets as necessary)

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
Name	Position/Title	Phone #
Name	Position/Title	Phone #

Records of inspection training for these positions/individuals are kept at

Location DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

by

Name DONNA MCLAUGHLIN	Position/Title EHS ADMINISTRATIVE ASSISTANT I	Phone # (410) 704-2949
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Number of times periodic surveillance will be performed at this facility each year but not less than once every six months.	No. of Times 2
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In the event that samples must be taken, the following procedures will be used to control occupancy: (Use additional sheets as necessary)

<ol style="list-style-type: none"> 1) SAMPLES WILL BE OBTAINED DURING HOURS OF NON-OCCUPANCY (I.E., NIGHT TIME, EARLY MORNING) 2) IF AREA IS OCCUPIED 24 HRS/DAY, 7 DAYS A WEEK, OCCUPANTS SHALL BE TEMPORARILY RELOCATED UNTIL SAMPLING IS COMPLETED. 3) IF IT IS IMPOSSIBLE TO RELOCATE, THAN AN ENCLOSURE SHALL BE CONSTRUCTED AROUND SAMPLE AREA.
--

PERIODIC SURVEILLANCE PROGRAM

Asbestos which remains in a building must be periodically surveyed to note and respond to changes in its condition. The elements of the surveillance program include the following:

1. Assignment of trained individuals knowledgeable in the inspection and assessment of ACM and its potential for disturbance.
2. Pre-surveillance record review of asbestos locations and any abatements done since the last survey.
3. Scheduling which is consistent with the ACM's general condition and access: twice a year and more often if the condition or access warrant it.
4. Occupancy control if obtaining samples during periodic surveillance.
5. Recordkeeping.
6. Transmittal of information to the person performing the hazard assessment and response action planning.

The periodic surveillance program will be implemented by:

Name LARRY HOLBROOK	Position/Title DIRECTOR - DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
------------------------	---	---

under the authority of the Asbestos Program Manager

Name LARRY HOLBROOK	Position/Title DIRECTOR - DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Individuals/Positions performing periodic surveillance shall be Level II employees that are accredited workers, accredited supervisors, or accredited building inspector.

The following individuals will be involved in periodic surveillance activities: (Use additional sheets as necessary)

Name RICK SETZER	Position/Title ENVIRONMENTAL SAFETY MANAGER ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-5510
Name	Position/Title	Phone #
Name	Position/Title	Phone #

Records of inspection training for these positions/individuals are kept at

Location DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

by

Name DONNA MCLAUGHLIN	Position/Title EHS ADMINISTRATIVE ASSISTANT I	Phone # (410) 704-2949
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Number of times periodic surveillance will be performed at this facility each year but not less than once every six months.	No. of Times 2
---	-------------------

In the event that samples must be taken, the following procedures will be used to control occupancy: (Use additional sheets as necessary)

<ol style="list-style-type: none"> 1) SAMPLES WILL BE OBTAINED DURING HOURS OF NON-OCCUPANCY (I.E., NIGHT TIME, EARLY MORNING) 2) IF AREA IS OCCUPIED 24 HRS/DAY, 7 DAYS A WEEK, OCCUPANTS SHALL BE TEMPORARILY RELOCATED UNTIL SAMPLING IS COMPLETED. 3) IF IT IS IMPOSSIBLE TO RELOCATE, THAN AN ENCLOSURE SHALL BE CONSTRUCTED AROUND SAMPLE AREA.
--

PERIODIC SURVEILLANCE PROGRAM (continued)

Records pertaining to surveillance activities are kept at

Location

DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

Supplies necessary to perform periodic surveillance can be obtained at

Location

DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

The following procedures for access to periodic surveillance supplies and/or records: Where are they kept? Who keeps them? How are they accessed? (Use additional sheets as necessary)

RECORDS AND SUPPLIES ARE KEPT AT THE PUBLIC SAFETY BUILDING ROOM 120 BY THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY (EHS). PROCEDURES FOR ACCESS ARE:

- 1) WRITTEN OR VERBAL NOTIFICATION MUST BE PROVIDED/RECEIVED BY EHS A MINIMUM OF 2 WORKING DAYS IN ADVANCE UNLESS THERE ARE/IS EXTENUATING CIRCUMSTANCES WHICH WARRANTS MORE EXPEDIENT ACCESS.
- 2) TIME/DATE FOR ACCESS WILL BE ARRANGED BASED ON DATE OF RECEIPT OF REQUEST.

*At the conclusion of each survey, a copy of the findings will be sent to the Management Planner, who will do the hazard assessment and response action planning. The original copy will be sent to the appropriate recordkeeper.

* FINDINGS MAY BE TRANSMITTED VERBALLY, VIA E-MAIL/MEMO/LETTER. MANAGEMENT PLANNER WILL CONFER WITH FACILITIES MANAGEMENT MANAGER AND FACILITIES PLANNER, AS WELL AS OTHERS (AS NECESSARY), REGARDING IMPLEMENTATION OF RESPONSE ACTION PLAN.

The following person or persons shall be responsible for incorporating period surveillance information into the records pertaining to asbestos conditions:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Number of days from the end of each period surveillance survey new information regarding the condition of asbestos materials will be incorporated in the files.	No. of Days 5-10
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RESPIRATORY PROTECTION PROGRAM

A written respiratory protection program shall be maintained at the facility. The purpose of such a program is to ensure that employees are adequately protected against respiratory hazards.

The following person will be responsible for writing and implementing this facility's respiratory protection program:

Name RICK SETZER	Position/Title ENVIRONMENTAL SAFETY MANAGER ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-5510
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He/She will be assisted by

Name LARRY HOLBROOK	Position/Title DIRECTOR ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-3806
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Number of times per year employee asbestos exposures, job tasks, etc. shall be evaluated to see if conditions have changed.

ONCE PER YEAR

The followings procedures will be used to evaluate employee job tasks:

- 1) EMPLOYEES/SUPERVISOR WILL BE INTERVIEWED REGARDING JOB TASKS DURING PERIODIC FIT TESTING AND/OR IN-HOUSE ASBESTOS TRAINING.

- 2) ANY REQUEST FOR ASBESTOS TRAINING/EQUIPMENT (PAPR) WILL BE FOLLOWED UP BY DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY STAFF TO ASCERTAIN WHY INDIVIDUAL(S) ARE IN NEED OF THEM.

- 3) THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY WILL CONFER WITH THE FACILITIES MANAGEMENT DEPARTMENT CONTINUOUSLY REGARDING POTENTIAL JOB CHANGES.

The following person or persons will be responsible for fit testing of employees after they have received an initial *qualitative* fit test from MDE. Fit tests will be done as least *once* a year.

Name RICK SETZER	Position/Title ENVIRONMENTAL SAFETY MANAGER ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-5510
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Name LARRY HOLBROOK	Position/Title DIRECTOR ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-3806
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A copy of the written respiratory protection program as well as copies of individual employee fit tests will be kept at the following location:

Location DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

Procedures of access include: *Who to contact and how to access* (Use additional sheets as necessary)

- 1) WRITTEN OR VERBAL NOTIFICATION MUST BE PROVIDED/RECEIVED A MINIMUM OF 2 WORKING DAYS IN ADVANCE UNLESS THERE ARE/IS EXTENUATING CIRCUMSTANCES WHICH WARRANTS MORE EXPEDIENT ACCESS.

- 2) TIME/DATE FOR ACCESS WILL BE ARRANGED BASED ON DATE OF RECEIPT OF REQUEST.

RESPIRATORY PROTECTION PROGRAM (continued)

The following procedures were used to inform Level II Employees on policies and procedures in place at the facility regarding use and care of respirators: Describe the procedures and indicate how they were implemented. (Use additional sheets as necessary)

RESPIRATORY TRAINING PROGRAM – EVERY EMPLOYEE WHO UTILIZES A RESPIRATOR MUST/HAS ATTENDED THIS PROGRAM (THE ONLY EXCEPTION INVOLVES VOLUNTARY USE OF A RESPIRATOR/DUST MASK). DURING TRAINING, EMPLOYEES ARE INFORMED ON THE POLICIES AND PROCEDURES THAT THEY MUST ADHERE TO. A COPY OF THE PROGRAM IS PROVIDED UPON REQUEST (OR AVAILABLE VIA THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY’S WEB SITE AT WWWNEW.TOWSON.EDU/ADMINFINANCE/FACILITIES/EHS; OTHERWISE THEY ARE PROVIDED HANDOUTS OUTLINING THE PROGRAM (REFER TO APPENDIX II – RESPIRATORY PROTECTION PROGRAM FOR ADDITIOPNAL INFORMATION).

The following procedures are in place for storage of respirators filter cartridges, and other related components: (Use additional sheets as necessary)

REFER TO APPENDIX II – RESPIRATORY PROTECTION PROGRAM

The following requirements are in place regarding cleaning and disinfection of respirators: Describe the procedure, the frequency of cleaning/disinfection, and the party or parties responsible. (Use additional sheets as necessary)

REFER TO APPENDIX II – RESPIRATORY PROTECTION PROGRAM

For PARRs (powered air purifying respirators), the following procedures are used to ensure that batteries are properly charged and available for emergency response: (Use additional sheets as necessary)

REFER TO APPENDIX II – RESPIRATORY PROTECTION PROGRAM

For PARRs, describe how the flow testing device is made available to respirator users so they can verify that they have sufficient air flow through the unit, as recommended by the manufacturer: (Use additional sheets as necessary)

EACH UNIT COMES WITH ITS OWN FLOW-TESTING DEVICE. EMPLOYEES ARE TRAINED ON THE USE OF IT. FOR ADDITIONAL INFORMATION REFER TO APPENDIX II – RESPIRATORY PROTECTION PROGRAM.

NONE FOR THIS REPORTING PERIOD
RESPONSE ACTION SUMMARY FOR THE REPORTING PERIOD (Level II Work)
7 / 1 / 16 TO 6 / 30 / 17
 (Use additional sheets as necessary)

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

Date	Work Location	
Response Action (Include the amounts of ACM removed/disturbed)		
Hazard Assessment Made By	Project Designer (If Used)	Level II Supervisor Or Outside Firm
Name	Name	Name

HAZARD ASSESSMENT - RESPONSE ACTION PLANNING METHOD

The following accredited Management Planner will perform the hazard assessment using the decision tree method taught in Building Inspector - Management Planner class.

Name LARRY HOLBROOK *	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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The hazard assessment must be completed before any response action planning can be done.

Additional consultation for hazard assessment or response action design is available through The Sate Employees Asbestos Program (410) 537-3801.

Records of hazard assessments and response actions are kept on file at the following location:

Location DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120

and may be accessed by contacting :

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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* MANAGEMENT PLANNER WILL CONFER WITH FACILITIES MANAGEMENT MANAGER AND FACILITIES PLANNER, AS WELL AS OTHERS (AS NECESSARY), REGARDING IMPLEMENTATION OF RESPONSE ACTION PLAN.

PURCHASE AND SUPPLY INVENTORY SYSTEM

(This includes consumable items only i.e. – Glove bags, duct tape, suit etc.)

Purchase of supplies and equipment for asbestos related work at this facility will be overseen by:

Name LARRY HOLBROOK	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Specifications and requisitions for supplies have been developed by:* SPECIFICATIONS ARE OBTAINED FROM MANUFACTURER/REQUISITION DEVELOPED BY PROCUREMENT. ORDERS ARE MADE BY THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY

Name LARRY HOLBROOK *	Position/Title DIRECTOR – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (443) 603-4118 (410) 704-3806
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Copies of supply specifications can be obtained from:

Name DONNA MCLAUGHLIN	Position/Title ADMINSTRATIVE ASSISTANT – DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	Phone # (410) 704-2949
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The following inventory procedure will be used to ensure a sufficient quantity of supplies are maintained on hand at the facility and to monitor the expenditure of consumable supplies: (Use additional sheets as necessary)

- 1) CONTACT IS MADE WITH LEVEL II EMPLOYEES AFTER EACH RESPONSE ACTION TO DETERMINE QUANTITY OF MATERIALS USED/REMAINING.
- 2) BASED ON FEEDBACK, THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY ORDERS ADDITIONAL MATERIAL TO REPLENISH ON-SITE STOCK.
- 3) THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY WILL MAINTAIN AT LEAST ONE (1) BOX OF TYVEKS AND PAPR HEPA CARTRIDGES IN STOCK AT ALL TIMES.
- 4) PAPR'S WILL BE ORDERED FOR EACH NEW LEVEL II EMPLOYEE, UNLESS ONE IS AVAILABLE FOR REASSIGNMENT.

Employees who need access to equipment and supplies shall use the following procedures: (Use additional sheets as necessary)

- 1) CONTACT THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY TO ADVISE WHAT THEY NEED (FACILITIES MANAGEMENT MAINTAINS MATERIALS ON HAND SUCH AS GLOVES, TYVEKS, BAGS, PLASTIC, ENCAPSULATE, ETC., - ALL PURCHASED BY EHS).
- 2) THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY WILL ARRANGE FOR PICK-UP OF MATERIALS PRIOR TO COMMENCEMENT OF LEVEL II WORK (AS REQUIRED).
- 3) ADDITIONAL EQUIPMENT/SUPPLIES WILL BE REPLACED BY THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY.

Supplies are stored in the following location(s): (Use additional sheets as necessary)

- 1) GENERAL SERVICES – AUTOMOTIVE SHOP
- 2) ASBESTOS STORAGE BUILDING – NEAR THE TOWSON CENTER
- 3) DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY – PUBLIC SAFETY BUILDING ROOM 120

RECORDKEEPING SYSTEM

An asbestos recordkeeping system keeps relevant information available to those who need it for daily asbestos activities, provides information necessary for facility, departmental, and State level planning, meets the requirements of related laws and regulations, and provides legal documentation.

Type Of Record	Maintained By	Location of Records	Procedures for Access
1. Survey results- BCR's, FSR's, etc.	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
2. As Builts, Architectural Plans, Blueprints	ARCHITECTURE, CONSTRUCTION & ENGINEERING – FACILITIES MANAGEMENT	GENERAL SERVICES FACILITY	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
3. Maintenance Records	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY AND FACILITIES MANAGEMENT	GENERAL SERVICES FACILITY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
4. Medical Monitoring & Training Records	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
5. Equipment Logs	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
6. Management Plans	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
7. Abatement Contracts, Priorities, Log of Activities	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
8. Written O/M plan, activities, permits, sampling data, waste manifests, emergency	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
9. Periodic Surveillance Results	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
10. Respiratory Protection Program	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE
11. Consent/Refusal Status of Employees, Incentive Pay Logs	THE DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY	DEPARTMENT OF ENVIRONMENTAL HEALTH & SAFETY PUBLIC SAFETY BUILDING ROOM 120	WRITTEN/VERBAL REQUESTS SUBMITTED TWO (2) DAYS IN ADVANCE