

STATE-OWNED  
FACILITY  
ASBESTOS  
MANAGEMENT  
PLAN

FY 2004

**SALISBURY UNIVERSITY**

1101 Camden Avenue  
Salisbury, MD 21801

Environmental Health & Safety  
Office

**REVIEWED AND APPROVED BY:**

Wayne Shelton  
ASBESTOS PROGRAM MANAGER

September 09, 2004  
*DATE*

**REVIEWED AND APPROVED BY:**

\_\_\_\_\_  
FACILITY SUPERINTENDENT/AGENCY HEAD

September 09, 2004  
*DATE*

## PROGRAM PERSONNEL

### ASBESTOS PROGRAM MANAGER:

Name <b>Wayne Shelton</b>	
Title <b>Environmental Health &amp; Safety Manager</b>	
Phone # <b>410-546-6485</b>	Ext.
Bldg Insp/Mgmt Planner Accreditation # <b>069289</b>	
Date of Training/Recert Training <b>Recert = 10/03</b>	

### PROJECT DESIGNER:

Name <b>Wayne Shelton (in consultation with certified designer)</b>	
Phone # <b>410-546-6485</b>	Ext.
Project Designer Accreditation #	

### AGENCY SAFETY & HEALTH SPECIALIST:

Name <b>Wayne Shelton</b>	
Phone # <b>410-546-9647</b>	Ext.
Bldg Insp/Mgmt Planner Accreditation # <b>069289</b>	
Date of Training/Recert Training <b>Recert = 10/03</b>	
Supervisor Accreditation # <b>072266</b>	
Date of Training/Recert Training <b>Recert = 4/04</b>	

### DEPARTMENTAL COORDINATOR:

Name <b>Steve Deck</b>	
Phone # <b>301-746-3490</b>	Ext.

### PHYSICAL PLANT MANAGER:

Name <b>Kevin Mann</b>	
Phone # <b>410-543-6202</b>	Ext.

### FACILITY PLANNER:

Name <b>Kevin Mann</b>	
Phone # <b>410-543-6202</b>	Ext.

### DEPARTMENT PLANNER:

Name <b>Mark Beck</b>		
Phone # <b>410-445-1985</b>	Ext.	
Address <b>3300 Metzert Road</b>		
City <b>Adelphi</b>	State <b>MD</b>	Zip <b>20783</b>

### 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 <b>Wayne Shelton</b>	
Phone # <b>410-546-6485</b>	Ext.
Accreditation # <b>069289</b>	
Training/Recert Date Recert = <b>10/03</b>	

Name	
Phone #	Ext.
Accreditation #	
Training/Recert Date	

Name	
Phone #	Ext.
Accreditation #	
Training/Recert Date	

### MANAGEMENT PLAN PREPARED BY:

Name <b>Wayne Shelton</b>	
Title <b>Environmental Health &amp; Safety Manager</b>	
Phone # <b>410-546-6485</b>	Date <b>9/09/04</b>

**ACCREDITED SUPERVISORS AS OF**

**Date Sept. 9, 2004**

(Use additional pages as need)

NAME	SUPERVISOR ACCREDITATION #	DATE OF SUPERVISOR TRAINING/RECERT TRAINING
Wayne Shelton	072266	4/04

### FACILITY ASBESTOS OVERVIEW

BUILDINGS CLASSED BY ASBESTOS CONTENT		NO. OF BUILDINGS
Class A	Asbestos free	44
Class B	Misc. Asbestos Only in Good Condition	13
Class C	Surface/Thermal in Good Condition	0
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	0

<b>TOTAL NUMBER OF BUILDINGS WITHOUT RESTRICTED AREAS:</b> These buildings do not have <b>any</b> restricted areas.	57
---	----

<b>RESTRICTED AREAS</b> 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	0
(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

<b>BUILDING USE CHANGES:</b>		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

**BUILDING**

--

<b>CLASS A:</b>	<b>Amount</b>
Asbestos Free	

<b>CLASS B: Good Condition</b> (≤1% area; ≤1% local)	<b>Amount</b>
VAT	
Ceiling Tiles	
Transite Materials	
Roofing Felt	
Other Misc. ACM	

Comments	
----------	--

<b>CLASS C: Good Condition</b> (≤1% area; ≤1% local)	<b>Amount</b>
Surfacing	
Thermal System	

<b>CLASS C-1: Moderate Damage</b> (>1% area to ≤10% area) (>1% to ≤ 25% local)	<b>Amount</b>
VAT	
Ceiling Tile	
Transite Materials	
Other Misc. ACM	

Comments	
----------	--

<b>CLASS D: Moderate Damage</b> (>1% area to ≤10% area) (>1% to ≤ 25% local)	<b>Amount</b>
Surfacing	
Thermal System	

<b>CLASS D-1: Significant Damage</b> (>10% area; >25% local)	<b>Amount</b>
VAT	
Ceiling Tile	
Transite Materials	
Other Misc. ACM	

Comments	
----------	--

<b>CLASS D-2: Significant Damage</b> (>10% area; >25% local)	<b>Amount</b>
Surfacing	
Thermal System	

<b>RESTRICTED AREA(S):</b>	
None	Check if none <input type="checkbox"/>
Entire Building	Check if entire bldg. <input type="checkbox"/>

	No.	Total Amt
Boiler Room		
Crawl Space		
Basement		
Attic		
Space between Ceiling Deck & Suspended Ceiling		
Pipe Chase		
Steam Tunnels		
Classroom/Office/Residential		
Auditorium/Cafeteria/Gym		

Other (List)


	<b>DATE</b>
Demolished, Sold or Transferred	
Closed for Reasons Other than Asbestos	

**List Reason for closure:**

**Building Inspector:**

<b>Accreditation #</b>	

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

<b>NAME OF BUILDING</b>	<b>AREA</b>	<b>TYPE OF PROJECT</b>	<b>ASBESTOS IN AREA</b> (Type i.e. Surface, TSI or Misc. and estimated amount)
FY 05  <b>None</b>		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 06  <b>None</b>		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 07  <b>None</b>		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 08  <b>None</b>		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	
FY 09  <b>None</b>		Capital Renovation <input type="checkbox"/> Maintenance Renovation <input type="checkbox"/>	

Facility Planner  
**Kevin Mann**

Asbestos Program Manager  
**Wayne Shelton**

Department Planner  
**Mark Beck**

Date  
**September 9, 2004**

**PLANNED RENOVATION PROJECTS & EMERGENCY RESPONSES DURING FY 2004  
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
<b>Community Outreach</b>	<b>Basement</b>	Capital Renovation <input type="checkbox"/>	<b>Floor Tiles</b>	<b>N/A</b>	Start <b>11/19/2003</b>
		Maintenance Renovation <input checked="" type="checkbox"/>			Finish <b>11/21/2003</b>
Asbestos Contractor	<b>Tri State Insulation</b>				License # <b>M-21-22-001</b>
<b>NONE</b>		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
<b>NONE</b>		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
<b>NONE</b>		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
<b>NONE</b>		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #
<b>NONE</b>		Capital Renovation <input type="checkbox"/>			Start
		Maintenance Renovation <input type="checkbox"/>			Finish
Asbestos Contractor					License #

**MONEY SPENT ON IN-HOUSE ASBESTOS WORK**

<b>MONTH</b>	<b>YEAR (FY)</b>	<b>SUPPLIES</b>	<b>LABOR</b>	<b>EQUIPMENT</b>	<b>TOTAL</b>
July	2004	\$	\$	\$	\$ NONE
August	2004	\$	\$	\$	\$ NONE
September	2004	\$	\$	\$	\$ NONE
October	2004	\$	\$	\$	\$ NONE
November	2004	\$	\$	\$	\$ NONE
December	2004	\$	\$	\$	\$ NONE
January	2004	\$	\$	\$	\$ NONE
February	2004	\$	\$	\$	\$ NONE
March	2004	\$	\$	\$	\$ NONE
April	2004	\$	\$	\$	\$ NONE
May	2004	\$	\$	\$	\$ NONE
June	2004	\$	\$	\$	\$ NONE
<b>TOTAL</b>		\$ NONE	\$ NONE	\$ NONE	\$ NONE

*Comments:*



## EQUIPMENT USAGE AND MAINTENANCE SYSTEM

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

Name	Position/Title	Phone #
Wayne Shelton	Environmental Health & Safety Manager	410-546-6485

*The asbestos related equipment is kept in the following location(s):*

**In a locked room in the basement storage area of the University Police building on the campus. The room has a sign on the door indicating asbestos equipment storage area. Only level II personnel will have access to the storage area in the basement of the University Police building.**

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)*

**In the event a project is identified that requires level II work, Wayne Shelton will be notified. The project characteristics will be discussed including equipment necessary to accomplish the job properly. All equipment will be checked out of the University Police storage area under the supervision of Wayne Shelton.**

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	Position/Title	Phone #
Wayne Shelton	Environmental Health & Safety Manager	410-546-6485

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.) *Only Level II employees can handle equipment.*

**All equipment that is not in safe working condition will be tagged and Wayne Shelton will be notified of the need for repairs. Wayne Shelton will make the necessary repairs or arrange for them. Once the repairs have been made, the equipment tag will be removed and the equipment will return to service.**

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

Name	Position/Title	Phone #
Wayne Shelton	Environmental Health & Safety Manager	410-546-6485

---

**EQUIPMENT USAGE AND MAINTENANCE SYSTEM** (continued)

Copies of the manufacturer's user's manuals and maintenance manuals 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	Position/Title	Phone #
Wayne Shelton	Environmental Health & Safety Manager	410-546-6485

and located

**In the University Police basement storage area**

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)

**Equipment is inspected for operation in advance of each use. Also, equipment is inspected annually. Equipment is inspected for proper operation and condition; suspect or defective parts will be replaced before 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?)
PAPR Respirator	1998	Yearly	9/2004	Yes	Unknown

**PLANS FOR REPLACEMENT/OVERHAUL**  
 When will device be replaced or overhauled?  
 What will replace it? Has/will funds be available for replacement/overhaul?

**No plans to replace**

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
PAPR Respirator	1998	Yearly	9/2004	Yes	Unknown

**PLANS FOR REPLACEMENT/OVERHAUL**  
 When will device be replaced or overhauled?  
 What will replace it? Has/will funds be available for replacement/overhaul?

**No plans to replace**

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
HEPA Vacuum	1985	Yearly	9/2004	Yes	Unknown

**PLANS FOR REPLACEMENT/OVERHAUL**  
 When will device be replaced or overhauled?  
 What will replace it? Has/will funds be available for replacement/overhaul?

**Used as a spare as long as functional; no plans to replace. Will remove from inventory next FY.**

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
NONE					

**PLANS FOR REPLACEMENT/OVERHAUL**  
 When will device be replaced or overhauled?  
 What will replace it? Has/will funds be available for replacement/overhaul?

**Used as a spare as long as functional; no plans to replace. Will remove from inventory next FY.**

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
NONE					

**PLANS FOR REPLACEMENT/OVERHAUL**  
 When will device be replaced or overhauled?  
 What will replace it? Has/will funds be available for replacement/overhaul?

**No plans to replace; will add a smaller HEPA unit for increased portability next FY.**

Item	Age/Year	Maintenance	Inspected	Functional	Life Cycle
NONE					

**PLANS FOR REPLACEMENT/OVERHAUL**  
 When will device be replaced or overhauled?  
 What will replace it? Has/will funds be available for replacement/overhaul?

---

## 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	Position/Title	Phone #
<b>Wayne Shelton</b>	<b>Environmental Health &amp; Safety Manager</b>	<b>410-546-6485</b>

The back up contact person is:

Name	Position/Title	Phone #
<b>Jim Miller</b>	<b>Assistant Director of Physical Plant</b>	<b>410-548-2532</b>

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)

**University Police building basement storage area for asbestos equipment**

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

**Sign out equipment and inform Wayne Shelton as soon as possible**

**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)

**Physical Plant Building – Debbie Bailey**

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

**Contact Debbie Bailey or Wayne Shelton**

*This list will be reviewed annually by: Wayne Shelton/Safety Manager at 410-546-6485*

*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

**Wayne Shelton**

The accredited project designer that this facility will use is

Name <b>Wayne Shelton (in consultation with an accredited project designer)</b>	Phone # <b>410-546-6485</b>
--	--------------------------------

### WASTE STORAGE & DISPOSAL PROGRAM

Asbestos waste, including both actual ACM, plastic used for containment barriers, glovebags, 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 <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

**CONTROLLED ACCESS TEMPORARY STORAGE SITE(S):** [Give detailed description of each location. Use additional sheets if necessary]

**Projects performed by Level II employees will temporarily store waste materials in a locked waste storage area within Henson Building (162D). Access is controlled by key card locks and will be restricted to Level II employees. Projects performed by outside contractors will store waste in tractor trailers that are locked and controlled by the contractor.**

**MANIFESTS:** Chain of Custody manifests are kept at:

Location <b>Physical Plant Building – Environmental Health &amp; Safety Office</b>
---

by:

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

*Manifests shall be received in 30 days from the waste hauler.*

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

**Asbestos waste will be properly bagged, labeled, sealed and secured. A local licensed asbestos hauler will be contacted to provide transportation to an approved waste facility.**

***These procedures will be reviewed annually by: Wayne Shelton/Safety Manager at 410-546-6485***  
*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 Wayne Shelton or contractor's asbestos project supervisor**

**WASTE STORAGE INVENTORY:**

	<b>Date</b>	<b>Quantity</b>
Quantity of Asbestos Waste Stored as of	<b>7-01-03</b>	<b>One ton of VAT</b>
Quantity of Asbestos Waste Generated during reporting period		<b>None</b>
Quantity of Asbestos Waste Disposed during reporting period		<b>One ton of VAT</b>
Quantity of Asbestos Waste Still in Storage as of	<b>6-30-04</b>	<b>None</b>

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

<b>DATE</b>	<b>AMOUNT</b>	<b>HAULER</b> (Name of Person, Firm, Address, and Phone Number. If done by Asbestos Contractor - Give license #)	<b>LANDFILL</b> (Name, Address, Landfill Permit Number)																				
		<table border="0"> <tr><td>Name</td><td>Wayne Shelton</td></tr> <tr><td>Company</td><td>Salisbury University</td></tr> <tr><td>Address</td><td>1101 Camden Avenue Salisbury, MD 21801</td></tr> <tr><td>Phone</td><td>410-546-6485</td></tr> <tr><td>License No.</td><td>N/A</td></tr> </table>	Name	Wayne Shelton	Company	Salisbury University	Address	1101 Camden Avenue Salisbury, MD 21801	Phone	410-546-6485	License No.	N/A	<table border="0"> <tr><td>Name</td><td>Wicomico County Landfill</td></tr> <tr><td></td><td>Brick Kiln Road</td></tr> <tr><td>Address</td><td>Salisbury, Maryland 21801</td></tr> <tr><td>Phone</td><td>410-548-4810</td></tr> <tr><td>Permit No.</td><td>2000-wmf-0283</td></tr> </table>	Name	Wicomico County Landfill		Brick Kiln Road	Address	Salisbury, Maryland 21801	Phone	410-548-4810	Permit No.	2000-wmf-0283
Name	Wayne Shelton																						
Company	Salisbury University																						
Address	1101 Camden Avenue Salisbury, MD 21801																						
Phone	410-546-6485																						
License No.	N/A																						
Name	Wicomico County Landfill																						
	Brick Kiln Road																						
Address	Salisbury, Maryland 21801																						
Phone	410-548-4810																						
Permit No.	2000-wmf-0283																						
		<table border="0"> <tr><td>Name</td><td>_____</td></tr> <tr><td>Company</td><td>_____</td></tr> <tr><td>Address</td><td>_____</td></tr> <tr><td>Phone</td><td>_____</td></tr> <tr><td>License No.</td><td>_____</td></tr> </table>	Name	_____	Company	_____	Address	_____	Phone	_____	License No.	_____	<table border="0"> <tr><td>Name</td><td>_____</td></tr> <tr><td>Address</td><td>_____</td></tr> <tr><td>Phone</td><td>_____</td></tr> <tr><td>Permit No.</td><td>_____</td></tr> </table>	Name	_____	Address	_____	Phone	_____	Permit No.	_____		
Name	_____																						
Company	_____																						
Address	_____																						
Phone	_____																						
License No.	_____																						
Name	_____																						
Address	_____																						
Phone	_____																						
Permit No.	_____																						

Further Information/Comments: *(Identify how much ACM is Left)*

**None remaining in storage**

## 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)

**Staff meetings, annual training events. However, the University consists of Class A and Class B buildings – not Class C.**

Number of days maintenance and custodial employees will receive this notification within their initial hire and annually thereafter. <i>(Within 10 working days maximum)</i>	No. of Days <b>10</b>
--	--------------------------

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)

**Occupants will be notified within 10 days and annually thereafter**

Number of days building occupants will receive this notification within their initial occupancy and annually thereafter. <i>(Within 10 working days maximum)</i>	No. of Days <b>10</b>
--	--------------------------

The person or position responsible for providing this notification is

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------



---



---

## 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 <b>Debbie Bailey</b>	Position/Title <b>Program Management Specialist</b>	Phone # <b>410-543-6201</b>
------------------------------	--	--------------------------------

The Department Coordinator's Training Contact at the facility is:

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

Employees will be notified of their scheduled training dates by:

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

No. of days within scheduled training date notification of training will be made to employees.	No. of Days <b>21</b>
--	--------------------------

Procedures for access to training records involves: (Use additional sheets as necessary)

**Training records are maintained by Wayne Shelton in Holloway Hall Room 141. Contact Wayne Shelton for access.**

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

**Scheduling is confirmed by Debbie Bailey including appointments, no-shows, and proper cancellation.**

**SUMMARY OF ASBESTOS TRAINING ACTIVITIES AT THE FACILITY  
FOR THE REPORTING PERIOD 07/01/02 TO 06/30/03**

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

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. <b>DATE</b> (If several courses were given on same day, list each separately)</li> <li>2. <b>NATURE OF TRAINING AND COURSE TITLE</b></li> <li>3. <b>TIME EXPENDED FOR TRAINING COURSE</b> (For example, 2 hours minimum for Level I training course)</li> <li>4. <b>INSTRUCTOR</b> (Name -- If person is from outside agency, give name, agency and address)</li> <li>5. <b>LOCATION WHERE COURSE RECORDS AND DOCUMENTS ARE FILED</b> (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)</li> </ol> |
|---|

DATE	NATURE OF TRAINING AND COURSE TITLE	TIME EXPENDED <i>(Min. 2hrs.)</i>	INSTRUCTOR	LOCATION OF COURSE RECORDS
<b>January 2003</b>	Nature <b>Asbestos Awareness</b>	<b>2 hours</b>	Name <b>Wayne Shelton</b>	<b>Physical Plant Building; Environmental Health &amp; Safety Office</b>
	Title <b>Asbestos Awareness for Housekeeping and Maintenance Staff</b>		Agency <b>Salisbury University</b>	
			Address <b>1101 Camden Ave</b>	
			City, State, Zip <b>Salisbury, MD 21801</b>	

	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	

	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	

	Nature		Name	
	Title		Agency	
			Address	
			City, State, Zip	

---



---

## 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 <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-543-6485</b>
------------------------------	--	--------------------------------

The Departmental Coordinator's Medical Monitoring Contact at the facility is:

Name <b>Debbie Bailey</b>	Position/Title <b>Program Management Specialist</b>	Phone # <b>410-543-6201</b>
------------------------------	--	--------------------------------

Employees will be notified of their medical monitoring appointments by:

Name <b>Debbie Bailey</b>	Position/Title <b>Program Management Specialist</b>	Phone # <b>410-543-6201</b>
------------------------------	--	--------------------------------

No. of days within scheduled appointment date notification of appointments will be made to employees.	No. of Days <b>21</b>
---	--------------------------

The following procedures are instituted to ensure individuals keep appointments and to track cancellations: (Use additional sheets as needed)

**Contact Debbie Bailey for appointments and cancellations.**

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

**All current and former Level II employees are evaluated annually unless they sign a waiver requesting that the process is not continued. Medical monitoring notifications originate in MDE and are reviewed multiple times per year as they arrive from the MDE. Appointments are established through the MDE.**

**ASBESTOS MEDICAL MONITORING PROGRAM** (continued)

Medical monitoring records will be maintained at the following location:

Location

**Environmental Health & Safety Office (Physical Plant Building)**

by

Name

**Wayne Shelton**

Position/Title

**Environmental Health & Safety Manager**

Phone #

**410-546-6485**

The following procedures are in place for access to medical monitoring records: (Use additional sheets as needed)

**Contact Wayne Shelton or Debbie Bailey**

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 <b>Kevin Mann</b>	Position/Title <b>Director, Physical Plant</b>	Phone # <b>410-543-6202</b>
---------------------------	---	--------------------------------

Name <b>Jamal Baassiri</b>	Position/Title <b>Facilities Construction Engineer</b>	Phone # <b>410-546-6266</b>
-------------------------------	---	--------------------------------

**OR**

- B. The Asbestos Program Manager

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

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 <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

Copies of the work permits will be kept at:

Location <b>Physical Plant</b>
-----------------------------------

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

**Contact Physical Plant employee coordinating the job prior to work being done by outside contractor; work initiation meetings will be conducted. The scope of the project, plan and time schedules are discussed during the work initiation meetings.**

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).

**A sample document has been included with this submittal**

## 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 <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

*under the authority of the Asbestos Program Manager*

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

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 <b>Robert Maddux</b>	Position/Title <b>A/C Maintenance Chief</b>	Phone # <b>410-548-5992</b>
Name <b>Terry Bennett</b>	Position/Title <b>Maintenance Chief</b>	Phone # <b>410-543-6219</b>
Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>

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

Location <b>Physical Plant-accessed via contacting Debbie Bailey in room 101 of the Maintenance Building. The primary record storage resides with Environmental Health &amp; Safety Office-accessed via contacting Wayne Shelton in Holloway Hall room 140.</b>
--

by

Name <b>Debbie Bailey</b>	Position/Title <b>Program Management Specialist</b>	Phone # <b>410-543-6201</b>
------------------------------	--	--------------------------------

Number of times periodic surveillance will be performed at this facility each year but not less than once every six months.	No. of Times <b>2</b>
---	--------------------------

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

<b>Samples will be collected during off-use hours or while access to the area is secured and appropriate signage is posted at the door.</b>
---

**PERIODIC SURVEILLANCE PROGRAM** (continued)

Records pertaining to surveillance activities are kept at

Location

**Physical Plant Building**

Supplies necessary to perform periodic surveillance can be obtained at

Location

**University Police and Physical Plant Building**

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)

**Contact Kevin Mann or Wayne Shelton**

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.

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

Name	Position/Title	Phone #
<b>Wayne Shelton</b>	<b>Environmental Health &amp; Safety Manager</b>	<b>410-546-6485</b>

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 <b>10</b>
---	--------------------------

## 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	Position/Title	Phone #
<b>Wayne Shelton</b>	<b>Environmental Health &amp; Safety Manager</b>	<b>410-546-6485</b>

He/She will be assisted by

Name	Position/Title	Phone #
<b>No Assistant is available</b>		

Number of times per year employee asbestos exposures, job tasks, etc. shall be evaluated to see if conditions have changed.

**Minimum of 1**

*The following procedures will be used to evaluate employee job tasks:*

- 1) **Annually, during a meeting with Level II employees to assess exposures;**
- 2) **Prior to any operations in an area that may present an exposure due to the nature of intended operations (i.e., drilling, sanding, scraping); and**
- 3) **Observing employees working on jobs in buildings with ACM.**

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	Position/Title	Phone #
<b>Wayne Shelton</b>	<b>Environmental Health &amp; Safety Manager</b>	<b>410-546-6485</b>

Name	Position/Title	Phone #
<b>N/A</b>		

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
<b>University Police building/The Environmental Safety website/Physical Plant building</b>

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

Contact
<b>Wayne Shelton</b>



---

**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)

**Level II employees attend annual respirator training and have access to the Respiratory Program. The respirator training program addresses use and care of respirators at the University.**

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

**Respirators are inspected prior to and after each use. Respirators are stored in plastic bags and away from temperature extremes after they have been cleaned and sanitized. Replacement filter cartridges and related equipment are stored in an area free from hazardous materials.**

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)

**The Level II employee will disinfect the respirator prior to each use. The Level II employee will clean and disinfect the respirator after each use and place the respirator in a sanitary plastic bag once it has properly dried. Sanitary bags are stored in the equipment room.**

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)

**Batteries remain connected to chargers in the storage area. Battery operated equipment is tested annually and before use - if required.**

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)

**Flow testing device is available in the storage area.**

**The following procedures apply: 1) verify tightness of cartridges 2) insert the flow meter and hold vertical 3) start the blower using the on/off switch 4) Verify the airflow is greater than 170 LPM (6 CFM) and will ensure 115 LPM for the full facepiece. Read instructions manual if flow does not meet 170 LPM.**

**RESPONSE ACTION SUMMARY FOR THE REPORTING PERIOD (Level II Work)**

07/01/03 TO 06/30/04

(Use additional sheets as necessary)

<b>Date</b> 4/29/03	<b>Work Location</b> Devilbiss Hall (various areas over several weeks of accumulation)	
<b>Response Action (Include the amounts of ACM removed/disturbed)</b>  Approximately one ton of loose VAT was removed from multiple rooms in conjunction with a significant renovation project in that building. The tiles were loose and could be easily lifted from all locations due to moisture and age of mastic. All loose tiles were collected, bagged and stored for proper disposal.		
<b>Hazard Assessment Made By</b> Name Wayne Shelton	<b>Project Designer (If Used)</b> Name N/A	<b>Level II Supervisor Or Outside Firm</b> Name Wayne Shelton

<b>Date</b>	<b>Work Location</b>	
<b>Response Action (Include the amounts of ACM removed/disturbed)</b>  NONE		
<b>Hazard Assessment Made By</b> Name	<b>Project Designer (If Used)</b> Name	<b>Level II Supervisor Or Outside Firm</b> Name

<b>Date</b>	<b>Work Location</b>	
<b>Response Action (Include the amounts of ACM removed/disturbed)</b>  NONE		
<b>Hazard Assessment Made By</b> Name	<b>Project Designer (If Used)</b> Name	<b>Level II Supervisor Or Outside Firm</b> Name

<b>Date</b>	<b>Work Location</b>	
<b>Response Action (Include the amounts of ACM removed/disturbed)</b>  NONE		
<b>Hazard Assessment Made By</b> Name	<b>Project Designer (If Used)</b> Name	<b>Level II Supervisor Or Outside Firm</b> 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	Position/Title	Phone #
Wayne Shelton	Environmental Health & Safety Manager	410-546-6485

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 State Employees Asbestos Program (410) 537-3801.

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

Location
Physical Plant Building ; Environmental Safety Office

and may be accessed by contacting :

Name	Position/Title	Phone #
Wayne Shelton	Environmental Health & Safety Manager	410-546-6485

### PURCHASE AND SUPPLY INVENTORY SYSTEM

*(This includes consumable items only i.e. – Glovebags, duct tape, suits etc.)*

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

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

Specifications and requisitions for supplies have been developed by:

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

Copies of supply specifications can be obtained from:

Name <b>Wayne Shelton</b>	Position/Title <b>Environmental Health &amp; Safety Manager</b>	Phone # <b>410-546-6485</b>
------------------------------	--	--------------------------------

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)

**Annual inventory and review of materials after any usage.**

**The following materials are on-hand: 7 XL tyvek coveralls; 1 box of respirator disinfectant wipes; 1 roll 6 mil poly (unknown length); 1 roll asbestos labels; 1 spray quaternary disinfectant; 1 roll duct tape; 1 case (approx 45) 35 mm air sampling cartridges; approx. 90 sterile respirator bags; 1 5-gallon bucket lock-down encapsulant; approx. 20 glovebags; one case (approx 50) HEPA cartridges.**

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

**Contact Wayne Shelton**

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

**University Police basement storage area**

---

**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.

<b>Type Of Record</b>	<b>Maintained By</b>	<b>Location of Records</b>	<b>Procedures for Access</b>
1. Survey results- BCR's, FSR's, etc.	<b>Wayne Shelton</b>	<b>University Police</b>	<b>Contact Wayne Shelton</b>
2. As Builts, Architectural Plans, Blueprints	<b>Jamal Baassiri</b>	<b>Physical Plant</b>	<b>Contact Jamal Baassiri</b>
3. Maintenance Records	<b>Kevin Mann</b>	<b>Physical Plant</b>	<b>Contact Kevin Mann</b>
4. Medical Monitoring & Training Records	<b>Debbie Bailey</b>	<b>Physical Plant</b>	<b>Contact Debbie Bailey</b>
5. Equipment Logs	<b>Wayne Shelton</b>	<b>University Police</b>	<b>Contact Wayne Shelton</b>
6. Management Plans	<b>Wayne Shelton</b>	<b>Physical Plant</b>	<b>Contact Wayne Shelton</b>
7. Abatement Contracts, Priorities, Log of Activities	<b>Kevin Mann</b>	<b>Physical Plant</b>	<b>Contact Kevin Mann</b>
8. <i>Written O/M plan, activities, permits, sampling data, waste manifests, emergency</i>	<b>Wayne Shelton</b>	<b>Physical Plant</b>	<b>Contact Wayne Shelton</b>
9. Periodic Surveillance Results	<b>Kevin Mann</b>	<b>Physical Plant</b>	<b>Contact Kevin Mann</b>
10. Respiratory Protection Program	<b>Wayne Shelton</b>	<b>Physical Plant</b>	<b>Contact Wayne Shelton</b>
11. Consent/Refusal Status of Employees, Incentive Pay Logs	<b>Donna Keener</b>	<b>Human Resources</b>	<b>Contact Donna Keener</b>