

**WM. JENNINGS BRYAN DORN
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
COLUMBIA, SOUTH CAROLINA**

Medical Center Memorandum No. 544-150-7

February 26, 2015

LEAD HAZARD CONTROL PROGRAM

1. Purpose: To minimize exposure and hazards of lead to employees, patients, and visitors.

2. Scope: This program applies to all lead hazards with the exception of exposure to lead in drinking water.

3. Definitions:

a. Action Level (AL). As defined by Occupational Safety and Health Administration (OSHA) is an occupational airborne exposure level of $30 \mu\text{g}/\text{m}^3$, calculated as an 8-hour, time-weighted average (TWA).

b. Administrative Controls. Controls that reduce the duration or frequency and severity of the hazard. Examples include rotation, increased non-exposure periods, or job enlargement.

c. Clearance Standards. As adopted by Department of Housing and Urban Development (HUD) are post-abatement dust standards to confirm proper removal and abatement where compliance is determined by analysis of wipe samples. The lead-in-dust maximum allowable limits are:

Floors: $40 \mu\text{g}/\text{ft}^2$ ($0.43 \text{ mg}/\text{m}^2$)

Window Sills: $250 \mu\text{g}/\text{ft}^2$ ($2.7 \text{ mg}/\text{m}^2$)

Window Wells: $400 \mu\text{g}/\text{ft}^2$ ($4.3 \text{ mg}/\text{m}^2$)

d. Competent Person. As defined by OSHA is one who is capable of identifying existing and predictable lead hazards in the surroundings or working conditions and who has authorization to take prompt corrective measures to eliminate them. At Dorn VAMC the Chief, Safety & Emergency Management Service or designee fills this role.

e. Construction (Work). As defined by OSHA work consisting of construction, alteration, repair including painting and decorating. Further examples are demolition; removal or encapsulation of materials containing lead; renovation; installation of products containing lead; lead contamination/emergency cleanup; transportation, disposal, storage, or

containments of lead or materials containing lead on the site or location at which construction activities are performed and maintenance operations associated with construction activities.

f. Elevated Blood Lead (Adults). As defined by OSHA is 40 μg lead/dl whole blood. Medical removal protection is required at a blood lead level of 50 μg /dl.

g. Employee Exposure. Airborne exposure to lead without regard to the use of a respirator. Some provisions of this program and the OSHA standard begin at the AL, but others at the PEL. Also, exposure is defined where there is contact with certain lead compounds that can cause skin or eye irritation (e.g., lead arsenate and lead azide).

h. Engineering Controls. Equipment that is used or installed to reduce lead exposure. Examples include tools equipped with local exhaust ventilation, dust collection systems, and HEPA vacuum cleaners.

i. High Phosphate Detergent. Detergent that contains at least 5% tri-sodium phosphate (TSP).

j. Lead Based Paint (LBP). As defined by HUD (24 CFR 965.702) is a dried surface of 1 mg/cm^2 as determined by an X-ray fluorescence (XRF) analyzer or 0.5% (5000 ppm) by weight as determined by (flame) atomic absorption spectroscopy or AA (lab analysis can also be done by inductively coupled plasma-atomic emission spectroscopy (ICP-AES) or by graphite furnace atomic absorption spectroscopy (GFAA)), or 0.06% by weight in liquid paint (see the MSDS; however, because 1910.1200 only requires hazardous chemicals that comprise 1% or more of the composition of the product to be listed, verification that a paint does not contain lead should be made when acquiring paint or other products).

k. Lead Contaminated Soil. 500 ppm (0.05%).

l. Lead Waste. Waste that exhibits the Environmental Protection Agency (EPA) characteristic of toxicity; is an extract lead concentration of 5.0 mg/L (5 ppm) after Toxicity Characteristic Leaching Procedure (TCLP) testing. However, Publicly Owned Treatment Works (POTW) may consider wastewater (total facility effluent) at lead concentrations less than 5 mg/L to be lead contaminated. Lead waste would include lead paint debris from scraping, sanding, etc.; paint stripping sludge and solvents; and lead contaminated HEPA filters or other filters. Replaced components, such as LBP painted doors, framing, or wall board material is not considered hazardous waste.

m. Permissible Exposure Limit (PEL). As defined by OSHA is an occupational airborne exposure level of 50 $\mu\text{g}/\text{m}^3$ calculated as an 8-hour, time-weighted average (TWA).

n. Substrate. The underlying surface that is painted or that which remains after paint is removed.

o. Work Practice Controls. Changes in the way a job is performed that reduces lead exposure. Examples include manual painting instead of spray painting, or manual scraping

instead of using a power tool without exhaust ventilation (which would be an engineering control).

4. Authority/Responsibilities.

- a. Director has overall authority and responsibility to ensure program implementation and compliance.
- b. Chief, Safety & Emergency Management Service will oversee and manage the Lead Hazard Control Program.
- c. Logistics and all Purchase Card Holders will ensure that products received are lead free, unless unavoidable.
- d. Chief, Safety & Emergency Management or designee (Competent Person) will conduct hazard assessments, inspect work practices and controls, assist in training, complete work permits (Attachment A), and notify other affected employees, supervisors, and/or service chiefs of activity where lead exposure may occur, and the precautions to follow. The Chief, Safety & Emergency Management or Safety Representative will act as the competent person, depending upon experience and receipt of appropriate training.
- e. Employee Health will provide for blood lead sampling, analyses (only an OSHA approved lab can analyze samples), medical examination and consultation, written copies and notification to employees about medical surveillance, as described in this program; and maintain medical surveillance and examination records. Employee Health will verify medical surveillance regulatory requirements with the Chief, Safety & Emergency Management Service or designee as necessary. Employee Health will also perform medical clearance for employees required to wear respirators due to potential lead exposure.
- f. Employees will follow established rules and facility policies.
- g. Chief, Engineering and/or Chief Environmental Management Service (as applicable) will provide housekeeping for areas where Lead Based Paint (LBP) remains in place, and applicable training of housekeeping employees, assisted by the Chief, Safety & Emergency Management Service or designee. Will ensure lead assessments and appropriate abatement plans are completed prior to the commencement of any repair, maintenance, renovation, construction or demolition activities performed by either in-house or contract personnel; ensure contract and/or project specifications are appropriately developed and adhered to by contractors, develop and implement necessary standard operating procedures for in-house activities performed by Infrastructure personnel; develop and implement a viable operation and maintenance program to manage lead paint in place; and plan and execute projects to eliminate lead paint hazards requiring abatement.
- h. Chief, Safety & Emergency Management Service staff will assist in hazard assessments and training, completion of work permits, and will conduct exposure monitoring, select/issue respirators, provide respirator training and fit testing, and maintain records from

personal/environmental sampling, including notification to the Union Representative, maintain assessment records, and work permits.

i. Supervisors will require that employees comply with established rules and assist in completing the work permit.

j. Service chiefs will provide for training of those employees that will be exposed or potentially exposed during construction activities and, assisted by the Chief, Safety & Emergency Management Service or designee will provide for the transfer of hazardous waste containers to designated storage areas. Service chiefs will maintain training records.

5. Hazard Identification and Assessment.

a. LBP concentrations and locations are to be determined by a qualified individual or consulting firm. The following should be considered, assessed and documented during a lead survey:

(1) Priority given to child care centers, on-site residences, especially where children live, and psychiatric care facilities; other facilities to be assessed according to need; e.g., those facilities with deteriorating painted surfaces.

(2) Condition of the LBP including chipping, chalking, cracking, damaged, or other condition; and the extent of the deterioration.

(3) Potential for disturbance taking into account the possibility of water damage, abrasion, air erosion, work activity and use of the area, and any other potential disturbance.

b. Any areas, surfaces, substrates, etc., where lead contamination remains in question can be assessed or reassessed either by XRF analysis on site, or by sending a bulk or wipe sample to a qualified analytical laboratory; i.e., successful participant in the EPA National Lead Laboratory Accreditation Program (NLLAP).

c. Prior to the start of any construction or maintenance activity that could disturb lead based material, or result in lead exposure to patients, visitors, or employees, an evaluation of the work site, work practices, and previous assessment will be done as a part of project design or by a Competent Person (in-house) if it is an in-house activity. If there is the potential for lead exposure above the PEL, a work permit (as described in paragraph 9.d.) will be completed by the Competent Person. The following will be considered in determining the need for completing a work permit:

(1) The presence of LBP, as determined by the XRF Lead Survey or by lab analysis; or other lead containing material; e.g., a lead alloy being welded or cut upon.

(2) Past personal sampling data (According to OSHA, objective data within the previous 12 months and from closely similar work conditions, can be used to satisfy personal sampling requirements. This data can also be used to evaluate the need for lead exposure controls).

(3) The condition of the LBP (for example, if the LBP is in good condition and the work to be done consists of enclosing the surface or removing pieces of material; e.g., molding or framing, little exposure would be expected).

d. When the following lead related tasks or work is to be performed, OSHA has presupposed a hazard assessment and has defined that specific protection measures will be provided as listed in paragraph 9.a.(6) and; therefore, a work permit is to be completed (unless objective data and other conditions can show that exposure would be below the PEL):

- (1) Manual demolition of structures; e.g., dry wall.
- (2) Manual scraping or sanding.
- (3) Heat gun applications.

Note: Use of non-temperature controlled heat guns is not deemed acceptable.

- (4) Power tool cleaning with (or without) a dust collection system.
- (5) Burning, welding, cutting, or abrasive blasting.
- (6) Any task where there is reason to believe that hazardous airborne lead levels may exist.

e. Periodic Surveillance and assessment of LBP surfaces should be conducted by the Competent Person as the need arises; e.g., prior to renovation or other planned construction activity. At that time such assessment as wipe or other sampling might be done to determine appropriate work practice needs or maintenance. Special consideration needs to be given to potential exposure to patients, and visitors where LBP has not been removed but remains in place. Where in-place management is occurring, periodic inspection and timely maintenance can prevent significant deterioration and an exposure hazard.

6. Information & Training.

a. Training will be provided prior to the work assignment for all employees exposed or potentially exposed to lead at or above the AL.

b. Training will consist of:

- (1) Content of the OSHA Standard and Appendices (1910.1025 and 1926.62).
- (2) The AL, PEL, and personal sampling requirements.
- (3) Work practices that could result in lead exposure above the AL.

(4) PPE including respirators and their purpose, selection, limitations, fit testing, and use.

(5) Medical surveillance and medical removal protection.

(6) Engineering, work practice, and administrative controls.

(7) Review of this medical center Lead Program (Compliance Plan).

(8) Chelation.

(9) Right of access to medical and exposure records, OSHA standards and the Dorn VA Medical Center Lead Program.

(10) Review of applicable Material Safety Data Sheets.

(11) Labeling and signs associated with lead construction work.

(12) Informing staff members that lead is a chemical and health hazard covered under the Hazard Communication Program.

(13) Hygiene practices and facilities.

(14) Copies of Appendices A & B

c. Signs will be legibly posted in work areas where exposure is greater than the PEL with the following wording:

WARNING: Lead Work Area, Poison, No Smoking or Eating.

d. Training should be updated annually for employees exposed or potentially exposed to lead at or greater than the AL.

e. An appropriate Union Representative should be afforded the opportunity to attend this training.

f. When work is to be done which may result in exposure or contamination of the Medical Center, affected employees, besides those performing the work; will be notified and provided information to prevent exposure to patients, visitors and other employees. Affected employees might include Service Chiefs and Supervisors of the Services where work is to be performed, and their employees; and Housekeeping employees. Information could include:

(1) When work is to be done.

(2) Duration of the work.

(3) Barrier and information signs.

g. If medical center laundry employees are to launder contaminated clothing, appropriate training to prevent exposure to themselves or contamination of the laundry facility will be provided. Also, Housekeeping employees transferring containers will be provided appropriate training and PPE to prevent exposure.

h. All training will be documented including names, instructor, and content of training. Service will maintain records with documentation forwarded to the Safety Office for compliance monitoring.

7. Medical Surveillance.

a. Medical surveillance will be provided to any employee exposed to lead at or greater than the AL. This surveillance will consist of blood sampling and analysis for lead and zinc protoporphyrin levels.

b. Medical surveillance will be provided in accordance with OSHA standards 1910.1025 and 1926.62.

8. Personal Protective Equipment (PPE).

a. Respirators will be used according to medical center memorandum 544-150-16, Respiratory Protection Policy program including fit-testing, cleaning, maintenance, storage, and training.

b. The following minimum level of respiratory protection will be required when OSHA predetermined work tasks are performed; or the following airborne levels are exceeded [as defined by 1926.62(f)], and until objective data can show what level of protection is required, or that exposure would be below hazardous levels:

(1) Half mask air purifying respirator with HEPA filters during manual demolition of structures, manual scraping or sanding, heat gun applications, power tool cleaning with a dust collection system, spray painting; or levels of $50 \mu\text{g}/\text{m}^3$ but less than $500 \mu\text{g}/\text{m}^3$.

(2) Full face air purifying respirator with HEPA filters, any PAPR with HEPA filters, or any Supplied Air Respirator (SAR) operated in continuous flow mode during lead burning, power tool cleaning without a dust collection system; or levels of $500 \mu\text{g}/\text{m}^3$ but less than $1250 \mu\text{g}/\text{m}^3$.

(3) Full face respirator, tight fitting PAPR, tight fitting SAR in continuous flow mode, during blasting, welding, cutting, torch burning; or levels of $1250 \mu\text{g}/\text{m}^3$ but less than $2500 \mu\text{g}/\text{m}^3$.

c. To prevent employee (or clothing) contamination to lead or to irritating lead compounds, and to prevent facility contamination when an employee is exposed to levels above the PEL; or when performing work tasks described in paragraph 5.d., appropriate

clothing and equipment will be provided, such as: coveralls, gloves, eye/face protection, and shoes or shoe coverings.

d. Employees will remove PPE at the completion of a work shift only in change areas provided for that purpose.

e. Employees are not to clean or attempt to remove dust by blowing, shaking, or other dust generating means.

f. Disposable PPE will be placed in a labeled container and discarded according to local, state, or federal environmental protection requirements. Internal handling of containers will be conducted according to the medical center memorandum 544-830, Hazardous Material & Waste Management Plan.

g. Non-disposable PPE clothing will not be taken from the workplace. Contaminated PPE to be cleaned will be placed in a provided container, properly labeled in the change area, and laundered on or off site as determined by the medical center.

9. Work Practices and Control of Hazards Associated with Lead.

a. When LBP remains in place, various methods of controlling exposure will be used during operations and maintenance activities. Even if elevated lead exposure is not expected; but lead contamination could occur, appropriate equipment and work practices should be used (as described below):

(1) As described in paragraph 5, hazard identification and assessment will have previously been done in high priority areas. Where work is to be performed and a lead assessment has not been done; but lead containing material is suspected, before proceeding, the Chief, Safety & Emergency Management Service or designee should be notified for an assessment to be made.

(2) If unplanned disturbances of known or suspected lead containing material occurs to such an extent that exposure at or above the PEL may occur, then the Supervisor, Chief, Safety & Emergency Management Service or designee should be notified.

(3) Housekeeping is of primary importance in reducing exposure. Where LBP remains in place, dust levels should be routinely controlled on a scheduled basis by wet wiping, vacuuming, use of TSP detergent for significant lead dust accumulation or contamination, and use of disposable cleaning items. Periodic wipe sampling; e.g., annually, could be used to verify (comparison to the Clearance Standards) proper housekeeping. Maintenance of LBP; e.g., repainting, will prevent significant deterioration and an exposure hazard.

(4) Where work is performed near LBP, care will be taken to avoid its disturbance. Prior to performing construction work, the assessment as described in paragraph 5, should be reviewed.

(5) When small scale maintenance work is performed; e.g., wall patching, replacing or installing fixtures, or working on window or door framing, and airborne lead levels are known (objective data) or expected to be below the PEL, debris should be collected on polyethylene sheeting. Any remaining contaminated surfaces should be cleaned by HEPA vacuuming and/or with TSP detergent. Appropriate PPE may be used to avoid contamination.

(6) As described in paragraph 5.d., during manual scraping or sanding, temperature controlled heat gun application, power tool cleaning with a dust collection system, burning/welding/cutting, or demolition and remodeling; e.g., removal of a wall with LBP, the following controls and work practices will be used unless objective data can show that exposure would be below the PEL:

- (a) Moistening of the surface to be worked on (if applicable).
- (b) Wet method removal.
- (c) Brush/roller application of LBP instead of spraying.
- (d) Hydraulic shears (if available) instead of torch cutting.
- (e) Heat gun with temperature controlled below 700 °F.
- (f) Appropriate respiratory protection and PPE.
- (g) Change areas (as described in 10).
- (h) Available hand washing facilities.
- (i) Collection of debris on polyethylene sheeting.
- (j) Complete cleanup by HEPA vacuuming and/or with TSP detergent.
- (k) Demarcating the work area to prevent cross contamination of lead dust.

(l) Wipe sampling where work is performed in child care or living areas (wipe sampling should be performed to verify dust levels below the clearance standards, regardless of objective data assessment whenever significant dust and debris has been generated in child care and living facilities).

(7) Where exposure is known or expected to exceed the PEL, controls in addition to those described in paragraph 9.a.(6) above should include one or more of the following:

- (a) Installation of a polyethylene sheeting containment.
- (b) Covering room ventilation exhaust and inlets after turning off the system.

(c) Use of local exhaust on equipment, such as power tools or welding.

b. When more extensive construction activity occurs that includes LBP abatement or that involves demolition/remodeling of LBP materials; applicable engineering and work practice controls will be selected and used depending on determination of dust sources.

(1) Abatement methods may include:

(a) Replacement (removing and replacing building components; e.g., windows, doors, etc.).

(b) Encapsulation (covering or sealing LBP).

(c) LBP or lead containing material removal including the use of chemical, manual wet scraping, or power tools with local exhaust.

(2) When the duration of work is greater than 1 day, the Supervisor/COTR will inspect daily utilizing the Lead Work Inspection Checklist (Attachment B).

c. Cleanup will be done upon completing maintenance operations.

(1) Surfaces such as floors, walls, window sills, etc., will be HEPA vacuumed and/or wet wiped/mopped with TSP detergent.

(2) Lead-containing debris, scrapings, dust, and HEPA filters (to be disposed of) will be collected and placed in labeled containers.

(3) Materials such as polyethylene sheeting may be vacuumed and wet wiped for reuse or for disposal as non-hazardous waste; or lead-containing debris might be collected within sheeting, placed in a labeled container, and disposed of as hazardous waste.

(4) If airborne dust above the AL has not been generated or has not been contaminated, it should not be treated as hazardous. If levels have exceeded the AL or PPE has been contaminated, then it will be included in labeled hazardous containers, and disposed of or laundered.

(5) Internal handling of hazardous waste containers or PPE to be laundered will be according to medical center memorandum 544-150-20 Hazardous Materials & Waste Management.

d. A work permit will be completed before construction work on LBP or other lead-containing material; such as but not limited to, manual scraping or sanding, heat gun application, power tool cleaning with or without local exhaust, burning/welding/cutting lead-containing materials, demolition, or remodeling (as described in paragraph 5.d.); when LBP or lead-containing materials are to be worked on and potential exposure will be at or greater than the PEL, unless objective data can show that exposure would be below the PEL.

(1) Prior to the start of each job the Competent Person will complete the Lead Work Permit Request (Attachment A) assisted by the supervisor after determining applicable work practices and controls are in accordance with this program.

(2) Prior to the job, the Supervisor will arrange for personal sampling with the Chief, Safety & Emergency Management Service or designee.

(3) The Union Representative will be contacted by the Chief, Safety & Emergency Management Service or designee to be given an opportunity to observe sampling.

(4) The Chief, Safety & Emergency Management or designee will maintain work permit records.

e. Only properly trained employees will perform work when lead exposure may occur including incidental exposure or uses of lead-containing materials: such as, within occupational therapy, radiation therapy, or use of lead solder.

f. The Competent Person will oversee work and assessments where lead exposure could occur.

g. When lead exposure could occur or lead-containing materials are used and an ingestion hazard exists, proper personal hygiene will be followed.

(1) Employees will not eat, drink, smoke, or apply cosmetics within a lead exposure work area.

(2) Upon leaving a lead exposure work area employees will vacuum and change clothing if to be reused, or dispose of clothing; and wash hands and face prior to eating, drinking, smoking, etc.

(3) The Competent Person will ensure that eating areas, used by lead exposed employees, are not cross contaminated with lead. Wipe sampling may be used for assessment.

10. Personal Sampling.

a. Whenever work is performed on lead-containing material and exposure might exceed the AL; full shift personal sampling representative of each job classification and work area during each shift, or the shift with the highest expected exposure will be conducted by the Chief, Safety & Emergency Management Service or designee or other trained safety representative (for example, an electrician and carpenter exposed would require 2 separate samples; one carpenter or painter performing manual scraping and one using a power tool would require separate samples).

b. Personal sampling data may be used as objective data to satisfy sampling requirements for subsequent work performed within 12 months of the objective data. Sampling data will be entered on VA Form 10-0018.

c. The Union Representative will be given the opportunity to observe personal sampling. Written notification and documentation will be provided by the Chief, Safety & Emergency Management Service or designee.

d. Within 5 days of receiving personal sampling results, written notification will be provided to employees. This can be done by posting. If exposure is at or above the PEL, the notification will include a statement that the PEL was reached or exceeded and any corrective action to be taken to lower the exposure.

11. Personnel Hygiene Facilities.

a. Where employees are exposed to levels above the PEL, or perform tasks listed in paragraph 5.d, until objective data can show exposure to be less than the PEL, the following will be provided:

(1) Clean change area, equipped with separate storage facilities for contaminated PPE and clothing to be worn home.

(2) Shower facilities.

b. Where employees are exposed to levels below the PEL, change areas and practices should be used, as applicable, to prevent the contamination of employees' clothing or the facilities.

12. Waste Disposal:

a. All applicable federal, state, and local environmental regulations will be followed. Cost of hazardous waste disposal and hazardous waste generator status (i.e., small quantity vs. Large quantity) should be considered when deciding on the type of work or abatement and cleanup to be done.

b. Lead contaminated waste includes: lead paint (or lead-containing material) debris, paint stripping solvents and sludge, lead contaminated HEPA filters or other lead filtering material.

c. Replaced components such as LBP painted doors, framing, wall sections, etc., are not considered hazardous waste; however, South Carolina Department of Health and Environmental Control requires that all waste painted with lead-based paint be disposed of in a Municipal Solid Waste Landfill.

d. Disposable PPE may be considered hazardous waste (refer to paragraph 8.c.).

e. Polyethylene sheeting can be vacuumed and/or wet mopped to be reused or disposed of in regular trash to avoid generating extra hazardous waste. If cleaned, the Chief, Safety & Emergency Management Service or designee will take representative wipe samples using NIOSH approved methods and guidance from the accredited laboratory analyzing the samples. A result of 200 $\mu\text{g}/\text{ft}^2$ or less (HUD's Clearance Standard) will clear the sheeting as nonhazardous for regular trash or reuse. Until the results are received, the sheeting will be folded inward and stored.

f. Rags, mop heads, etc., should be rinsed in clean water two or more times to prevent contamination or disposed as hazardous waste. Until methods have been established to determine the number of rinses required and the cleaning item as nonhazardous, a sample (approximately 5 g) of the material, should be sent to an accredited laboratory for analysis. A result of 5 ppm or less [EPA's Toxicity Characteristic Regulatory Level (TCLP)] will clear the material as nonhazardous.

g. Wastewater generated from wet wiping/mopping should be minimized as much as possible. Contaminated wastewater, if it is passed through a filter to remove the visible particles, should be able to be disposed of within the sewer system. Until methods have been established to determine the amount of filtration necessary for meeting POTW requirements, a sample of approximately 10 mL should be collected and sent to an accredited laboratory. The results will be compared to total facility effluent and the levels acceptable to the local POTW. The local POTW will be contacted to determine limits.

13. Recordkeeping.

a. Exposure monitoring data including objective data is to be documented on VA Form 10-0018 and kept for at least 30 years. Assessment records will also be kept as exposure monitoring data. The Chief, Safety & Emergency Management Service or designee will be responsible for maintaining the records.

b. Medical surveillance records will be kept for the duration of employment plus 30 years. These records will be maintained by Employee Health and will include:

- (1) The name, social security number, and description of the duties of the employee.
- (2) A copy of the physician's written opinion(s).
- (3) Results of any airborne exposure monitoring done on or for that employee and provided to the physician.
- (4) Any employee medical complaints related to lead exposure.
- (5) A copy of the medical examination results including medical and work history.
- (6) A description of the laboratory procedures and a copy of any standards or guidelines used to interpret the test results.

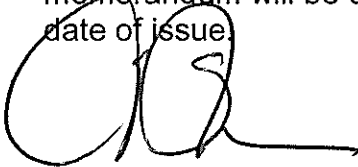
(7) A copy of the results of biological monitoring.

14. References.

- a. HUD. Lead-Based Paint Risk Assessment Protocol.
- b. OSHA. 29 CFR 1910.1025. General Industry Lead Standard
- c. OSHA. 29 CFR 1926.62. Lead Construction Standard.

15. Rescission Date. Medical Center Memorandum 544-812-13 dated August 27, 2010.

16. Follow-up Responsibility. Chief, Safety & Emergency Management Service. This memorandum will be updated as program requirements change, but no later than 3 years from date of issue.



Timothy B. McMurry
Medical Center Director

Attachments:

Attachment A: Lead Work Permit Request
Attachment B: Inspection Form

**WM. J. B. DORN VAMC
LEAD WORK PERMIT REQUEST**

Supervisor: Type or print neatly. Complete all information in Section 1 at least 5 days in advance and send the completed form to the Chief, Safety & Emergency Management Service (150). Incomplete permit requests will NOT be processed. Work may not begin until the Safety Manager or his/her designee has approved the permit.

SECTION I

Building: _____ Room/Area: _____

Beginning Date: _____ Ending Date: _____

Explain type of work or activity: _____

QUESTION

	Y	N	N/A
Is abatement scheduled as part of this work			
If yes, Contractor / Engineering Staff will perform (circle one)			
Contractor Name:			
Foreman or POC: Phone:			
Station Project Number:			
Engineering POC: Phone:			
Has monitoring been conducted for this type of activity?			
If yes, when? Who performed?			
Lead exposure assessment has been completed for this area/task?			

Specify engineering/administrative controls and personal protective equipment to be used:

Supervisor Signature/Date: _____

SECTION II:

Work area review:	Work procedure review:	Waste disposal:
Air sampling required?	Type and Frequency:	
Work authorized:	Permit expires:	Work not authorized:
Permit request incomplete:		

Chief, Safety & Emergency Management Service:

**WM. J. B. DORN VAMC
LEAD WORK INSPECTION CHECKLIST**

Supervisor: Type or print neatly. All work areas issued a lead work permit must be inspected DAILY. Completed form must be sent to the Chief, Safety & Emergency Management Service (137S). The Supervisor and the Chief, Safety & Emergency Management Service must inspect work continuing for two or more consecutive days. Mark "N/A" for all questions not related to the work.

SECTION I

Building: _____ Room/Area: _____ Beginning Date: _____

Inspection #: _____ Supervisor: _____

Workers: _____

QUESTIONS

	Y	N	N/A
Work/abatement area secure / Critical barriers visually intact			
Window installed as necessary			
Critical barriers pass smoke test			
Air machine(s) operating without interruption			
Barrier signs posted at all approaches and contain correct wording			
Building HVAC system/units secure or intakes protected			
Air monitoring scheduled – personal/environmental (Union notified)			
"Clean" room visually clean			
Shower water supply operational, comfortable and visually clean			
No loose debris on floor, above ceiling, on lights, pipes or conduits			
Bags sealed and labeled			
Fire exit and fire extinguisher provided			
Dust control measures in place and used			
PPE provided			
Emission compliance in place			
Work permit displayed			

Describe any identified deficiencies. Work may not begin/continue until all items are corrected:

Supervisor Signature/Date: _____

Chief, Safety & Emergency Management Service: _____