

ASBESTOS MANAGEMENT PROGRAM

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) directive establishes the policy on the identification, management and control of hazards related to asbestos-containing materials (ACM) at Department of Veterans Affairs (VA) facilities.

2. SUMMARY OF MAJOR CHANGES: This VHA directive updates responsibilities for asbestos management to include:

a. Ensuring that asbestos monitoring and abatement activities within medical centers are led by designated personnel with the requisite training;

b. Differentiating between the survey requirements under the Asbestos Hazard Emergency Response Act (AHERA) (previously baseline or triennial survey) and the National Emission Standards for Hazardous Air Pollutants (NESHAP) (thorough inspection) protocol; and

c. Clarifying Operations & Maintenance (O&M) Plan requirements for thorough inspections prior to beginning work on ACM projects.

3. RELATED ISSUES: VA Directive 7700 and VHA Directive 7701.

4. RESPONSIBLE OFFICE: The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this directive. Questions may be directed to the Director, Occupational Safety, Health and Green Environmental Management System (GEMS) Programs (10NA8) at VHA10NA8Action@va.gov or 202-632-7889.

5. RESCISSIONS: VHA Directive 2010-036, dated August 12, 2010, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2022. This VHA directive will continued to serve as national VHA policy until it is recertified or rescinded.

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Acting Under Secretary for Health

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ASBESTOS MANAGEMENT PROGRAM

1. PURPOSE

This directive establishes the Veterans Health Administration (VHA) policy on the identification, management, and control of hazards related to asbestos-containing materials (ACM) at Department of Veterans Affairs (VA) facilities. It is the intent of this policy to assist facilities in developing a comprehensive building asbestos survey, Operations and Maintenance (O&M) plan, and local policies that comply with each of the federal regulations listed below. **AUTHORITY:** Title 38 United States Code 7301(b); 29 Code of Federal Regulations (CFR) 1910.1001; 29 CFR 1926.1101; 40 CFR Part 763, Subpart E; and 40 CFR 61.

2. BACKGROUND

a. Federal regulations for asbestos control have been established by the Occupational Safety and Health Administration (OSHA) and by the Environmental Protection Agency (EPA). Note that state and local regulations may be more stringent than federal regulations and those requirements should be included and clearly stated within a facilities local policy.

b. Title 29 CFR 1910.1001 - Asbestos - (General Industry). Applies to all occupational exposures to asbestos in all industries covered by the Occupational Safety and Health Act, which includes housekeeping practices and hazard communication/labeling requirements except those regulated under the shipyard (29 CFR 1915) or construction (29 CFR 1926) standards.

c. Title 29 CFR 1926.1101 - Asbestos - (Construction Industry). Regulates construction work, including demolition or salvage of structures; installation, removal or encapsulation of asbestos; construction, alteration, repair, maintenance or renovation of structures containing asbestos; spills and/or emergency cleanup; and transportation, disposal, storage or containment of asbestos. Requirements are based on class of asbestos work (Classes I through IV).

d. Title 40 CFR 61 - National Emission Standards for Hazardous Air Pollutants (NESHAP), Subpart M - National Emission Standard for Asbestos. Regulations for environmental protection from asbestos emissions, including milling; roadways; asbestos manufacturing, demolition and renovation; spraying; fabricating; insulating materials; waste disposal; and asbestos conversion operations.

e. Title 40 CFR 763 - Asbestos, Subpart E, Appendix C - Asbestos Model Accreditation Plan (MAP). Pursuant to the authority under the Asbestos School Hazard Abatement Reauthorization Act (ASHARA), the Asbestos Hazard Emergency Response Act (AHERA) asbestos training and accreditation requirements were extended to persons doing asbestos work in public and commercial buildings in the following disciplines: workers, supervisors, inspectors, management planners and project designers. This includes Federal employees on Federal property. The Model Accreditation Plan (MAP) specified minimum training requirements for asbestos

professionals (including any worker, contractor or supervisor, inspector, management planner, or project designer) working with asbestos-containing building materials (ACM) in a public or commercial building be accredited under a training program at least as stringent as the Environmental Protection Agency's (EPA) MAP.

3. DEFINITIONS

a. **Asbestos.** Asbestos is a generic term for a number of asbestiform hydrated silicates that, when crushed or processed, separate into flexible fibers made up of fibrils. Asbestos means chrysotile, cummingtonite-grunerite asbestos (amosite), crocidolite, anthophyllite asbestos, tremolite asbestos, and actinolite asbestos.

b. **Asbestos Containing Material.** Any material containing more than 1 percent asbestos. ACM can be divided into three major categories - thermal system insulation, surfacing and miscellaneous.

c. **Baseline Asbestos Hazard Emergency Response Act Survey (Asbestos Baseline Survey).** An Asbestos Hazard Emergency Response Act (AHERA) Survey is a building-wide or facility-wide inspection that provides the general location, type, quantity, and condition of ACM present. It is thorough in that most accessible functional spaces are inspected and bulk samples taken of suspect materials observed. The baseline survey provides information for long-term management of ACM and prioritization of response actions. The presence of asbestos in suspect materials may be assumed or presumed in some cases without bulk samples being taken or analyzed. The Baseline AHERA Survey is unobtrusive in that samples are not taken where doing so would result in objectionable damage to surfaces or where institutional barriers preclude access. Destructive testing is avoided in a Baseline AHERA Survey.

d. **Competent Person.** A person capable of identifying asbestos hazards in the workplace and selecting appropriate control strategies for exposure and who has the authority to take corrective measures to eliminate such hazards. Further, for Class I and Class II asbestos work, one who has met the EPA Model Accreditation Plan training requirements for supervisors. For Class III and Class IV asbestos work, one who meets EPA training requirements for local education agency maintenance and custodial staff.

e. **Facility Asbestos Operations and Maintenance Program.** The principal objective of a Facility Asbestos O&M program is to minimize exposure of all building occupants to asbestos fibers. To accomplish this objective, an O&M program includes work practices to (1) maintain ACM in good condition, (2) ensure proper cleanup of asbestos fibers previously released, (3) prevent further release of asbestos fibers, and (4) monitor the condition of ACM. Successful O&M programs include the following elements:

(1) **Notification.** A program to tell workers, tenants, and building occupants where ACM is located, and how and why to avoid disturbing the ACM. All persons affected should be properly informed.

(2) **Surveillance.** Regular ACM Surveillance to note, assess, and document any changes in the ACM's condition.

(3) **Controls.** Work control/permit systems to control activities which might disturb ACM.

(4) **Work Practices.** O&M work practices to avoid or minimize fiber release during the activities affecting ACM.

(5) **Recordkeeping.** Recordkeeping will be used to document O&M activities.

(6) **Worker Protection.** Worker protection will be used for medical and respiratory protection programs, as applicable.

(7) **Training.** Training will be conducted for custodial and maintenance staff.

f. **Facility Asbestos O&M Plans.**

(1) Facility Asbestos O&M Plans are required for the ongoing management of ACM and shall include provisions for comprehensive building asbestos surveys, asbestos removal and other response actions associated with renovations involving ACM. They are the written permanent record of the current status and condition of all ACM in a facility's inventory. The Facility Asbestos O&M Plan provides the documentation for all asbestos management efforts, and procedures for overseeing the entire facility asbestos management program, including procedures to ensure compliance with applicable OSHA, EPA, and state and local regulations.

(2) The Facility Asbestos O&M Plans must communicate how the VA medical facility will manage three types of projects:

- (a) Those that are unlikely to involve any direct contact or disturbance with ACM;
- (b) Those that may cause accidental disturbance of ACM; and
- (c) Those that will involve small-scale, short-duration disturbances of ACM.

(3) Facility Asbestos O&M Plans must be site-specific and tailored for all buildings. The plans should take into account use, function, and design characteristics of a particular building. At a minimum the plan must address:

(a) Organizational structure and assigned responsibilities for carrying out asbestos-related work.

(b) Response action capabilities and procedures.

(c) Worker protection and supply requirements.

(d) Project coordination and communication necessary for minor projects, construction and renovation work involving facilities containing asbestos.

(e) Procedures for interim control measures and extraordinary precautions.

(f) Explanation of applicable OSHA and EPA rules.

g. **Pre-Construction Asbestos Surveys (Pre-Construction Survey)**. A pre-construction asbestos survey is performed in anticipation of renovation or demolition where a Baseline AHERA Survey has not been conducted and there is no information, or insufficient information, as to the existence of ACM within the planned limits of construction. The Pre-Construction Survey requires destructive testing if concealed spaces are to be breached during construction. If ACM are found, a Project Design Asbestos Survey is conducted to provide information for preparing the plans and specifications. The Pre-Construction Asbestos Survey satisfies the EPA NESHAP requirements for renovation or demolition to “thoroughly inspect the affected facility” or the requirements of governmental agencies for issuance of a building permit. **NOTE:** *ASTM has published detailed guidance on how to conduct a comprehensive building asbestos survey; contact ASTM for more information.*

h. **Abatement Project Design**. If project meets definition of abatement project, the person doing abatement design must be accredited by the state as a project designer. The project designer must conduct a site evaluation and review the Pre-Construction asbestos survey to develop the abatement plans and specifications.

i. **Similar Exposure Group (SEG)**. A group of persons exposed to similar agents. You can use a similar exposure group (SEG) to identify the people who are exposed to similar agents in your organization and have a common exposure profile.

4. POLICY

It is VHA policy that all VHA facilities will comply with applicable EPA, Occupational Safety and Health Administration (OSHA), state, and local asbestos regulations for the safe management of ACM.

5. RESPONSIBILITIES

a. **Under Secretary for Health**. The Under Secretary for Health, or designee, is responsible for:

(1) Overseeing VHA Occupational Safety and Health (OSH) programs and policies.

(2) Establishing OSH program performance standards for the Deputy Under Secretary for Health for Operations and Management.

b. **Deputy Under Secretary for Health for Operations and Management**. The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Overseeing the development and implementation of VHA asbestos programs and policies.

(2) Establishing asbestos program performance standards for the Assistant Deputy Under Secretary for Health for Administrative Operations.

(3) Maintaining and overseeing OSH and Green Environmental Management System (GEMS) Programs.

c. **Assistant Deputy Under Secretary for Health for Administrative Operations.**

The Assistant Deputy Under Secretary for Health for Administrative Operations is responsible for:

(1) Overseeing the OSH and GEMS Programs.

(2) Ensuring staffing and funding are adequate to implement asbestos programs within the VHA OSH and GEMS Program Office.

d. **Chief Consultant, Occupational Health.** The Chief Consultant, Occupational Health is responsible for providing policy and guidelines on occupational health issues related to asbestos hazards and medical surveillance criteria.

e. **Director, Office of Capital Asset Management Engineering and Support.**

The Director of the Office of Capital Asset Management Engineering and Support is responsible for collaborating with the Director of OSH, and GEMS Programs in the development and distribution of directives, handbooks, and information letters regarding asbestos hazards.

f. **Director, Office of Occupational Safety, Health, and GEMS Programs.** The Director of the Office of Occupational Safety, Health and GEMS Programs is responsible for:

(1) Providing administrative consultative management and technical support to Veterans Integrated Service Networks (VISN) and VHA Facilities in complying with Federal, state, and local regulations.

(2) Developing asbestos-related training for VHA staff.

(3) Identifying metrics to ensure asbestos programs are effectively implemented.

g. **Veterans Integrated Service Network Director.** Each VISN Director is responsible for providing adequate resources for the implementation of this directive and:

(1) Ensuring that asbestos programs, projects, and evaluations meet VHA policies, and Federal and state regulations through annual workplace evaluations and other worksite activities.

(2) Ensuring that VA medical facilities manage asbestos to control and prevent VHA employee, volunteer, patient, and visitor exposure to asbestos.

(3) Ensuring that VA medical facilities asbestos abatement team members receive and document appropriate training from the regulatory agency.

(4) Ensuring that VISNs and the Department of Veterans Affairs Central Office (VACO) projects and activities within a facility comply with the Facility Asbestos O&M Plans and asbestos policies, and comply with the regulatory agency having jurisdiction over the facility.

h. **VA Medical Facility Director.** The VA medical facility Director is responsible for providing adequate resources for the implementation of a facility-level asbestos management program, and for ensuring:

(1) The designation of staff for Asbestos Program Coordinator(s)/Competent Person(s). One APC should be assigned with multiple competent persons providing support is recommended to provide adequate coverage across multiple departments, such as Safety, GEMS, or Facilities Maintenance.

(2) The scope of asbestos-related work and response actions that will be carried out by VA medical facility employees (e.g., asbestos abatements, building inspections, surveillance inspections, etc.) are defined and authorized.

(a) If the work identified within the scope of responsibilities requires a state issued license, the VA medical facility will bear the cost of training and licensure or provide for such a resource for the performance of this function.

(3) Office(s) tasked with managing asbestos projects and contractor oversight will ensure the Facility Asbestos O&M Plan is updated within 30 days of removal and abatement projects.

(4) The Asbestos Baseline Survey and Facility Asbestos O&M Plan will be updated when the VISN Occupational Safety and Health Manager or VISN Industrial Hygienist determines that abatement/ removal updates to the baseline have been inadequate during Annual Workplace Evaluations (AWE).

(5) The Facility Asbestos O&M Plan is provided to VISN Safety Office and the local Union Safety representatives upon request.

(6) The Facility Asbestos O&M Plan defines the scope of response actions (maintenance and operations, repair, removal, encapsulation and enclosure) that will be performed by VHA staff. The Facility Asbestos O&M Plan will:

(a) Prohibit the use of Compensated Work Therapy and Incentive Work Therapy participants in asbestos work.

(b) Require notification to Local Union Representatives when in-house abatement programs are submitted for approval.

(7) In addition to what is identified in the Facility Asbestos O&M Plan, the VA medical facility Director should ensure a pre-construction survey be performed prior to renovations, demolitions and other activities that may disturb ACM, and during project initiation or mobilization, as required.

(8) All ACM identified in the Facility Asbestos O&M Plan will undergo inspection and periodic surveillance every 6 months. When ACM is found to be damaged or friable during periodic condition assessments, management actions will be determined and carried out in accordance with federal (EPA, OSHA), state, and local requirements.

(9) VA medical facilities must remove ACM that cannot be reliably maintained, repaired, or isolated and that is likely to become friable or not remain intact.

(10) Leased facility contracts include a requirement to provide access to information on ACM, including types, locations, and condition of ACM in leased spaces and spaces VA employees may have access to if any exist within the structure or as statement from the owner that none are present.

(11) Asbestos project oversight and air monitoring contracts require separate asbestos abatement and industrial hygiene service activities. The following abatement site clearance and inspection tasks are prohibited from being sub-contracted through the ACM abatement contractor:

- (a) Pre-abatement (ambient) air samples and analysis;
- (b) Daily air monitoring samples exterior to containment;
- (c) Final clearance visual inspection; and
- (d) Final clearance air monitoring and analysis.

NOTE: *These requirements do not preclude the contractor's right to collect duplicate samples.*

(12) If applicable, all VHA-managed child care programs comply with AHERA regulations (40 CFR Part 763) as required by state-authorized programs. Under these circumstances, the following shall apply:

(a) VHA contracts issued for operation or leasing must contain any required AHERA notifications and requirements.

(b) Contracting officials will ensure any building materials asbestos-free documentation is obtained and forwarded to the facility coordinator or manager.

(13) A preplacement examination following 29 CFR 1926.1101 (subsection m.2 and appendices D and E, mandatory) is provided for all employees who will be assigned to a job that has the potential for asbestos exposures to airborne concentrations above the Time Weighted Average or Excursion Limits specified in 29 CFR 1910.1001 or 29 CFR

1926.1101, or will perform Class I, II, or III work as defined by the OSHA asbestos regulations.

i. **Asbestos Program Coordinator (Program Lead)/Competent Person (Program Support)**. The Asbestos Program Coordinator/Competent Person (APC) is responsible for:

(1) Ensuring the VA medical facility is in compliance with the Federal, state, and local legal requirements.

(2) Providing project development oversight, consultation, and technical expertise for contracts and in-house asbestos work.

(3) Developing a VA Facility Asbestos O&M Plan and maintaining an inventory of known ACM in of all facilities. Ensuring real property records are properly annotated in accordance with AHERA/Asbestos School Hazard Abatement Reauthorization Act (ASHARA) in coordination with Facilities Engineering.

(4) Attending an accredited EPA MAP training course (or equivalent) approved for the state(s) where the facility is located that contains a level of detail commensurate to the scope of activities overseen by VHA staff. Funding will be local or by VISN level. The minimum required training is VHA Asbestos Management 8-hr Webcast, TMS-28974, or equivalent. **NOTE:** *The intent of this section is to ensure the APC receives training on minimum program requirements, to enable them to detect deficiencies in management programs or asbestos work performed by facility staff or contract support. Initial attendance is required and subsequent training will be required when gaps are identified during AWE or if internal assessments by the facility determine knowledge gaps. A course which combines the above-mentioned training will be sufficient as long as all elements are covered.*

(5) Obtaining state licensure if duties will include carrying out any of the functions or response actions identified and required within the EPA MAP.

(6) Ensuring the Asbestos Baseline Survey for the VA medical facility (prepared following AHERA process) is accurate and includes all accessible ACM in the facility. It is recommended the surveys be prepared in an editable format so the facility can update both the survey and the Facility Asbestos O&M Plan following completion of ACM abatement activities.

(a) Ensuring all Asbestos Baseline Surveys will be performed by an EPA accredited and state-licensed (where required) Asbestos Building Inspector.

(b) Ensuring that when VISN Safety or Industrial Hygiene staff determines that the existing Asbestos Baseline Survey is unreliable in identifying existing locations and quantities of ACM, a new Asbestos Baseline Survey is performed.

(7) Ensuring that signs and labels are affixed appropriately on identified ACM, where feasible.

(8) Developing and implementing a comprehensive written Facility Asbestos O&M Plan.

(9) Ensuring a periodic surveillance survey (damage assessment) is performed every 6 months, as part of the Facility Asbestos O&M Plan, on ACM classifications designated in the survey as friable or with the potential for damage.

(a) Documenting the method of this periodic surveillance in the Facility Asbestos O&M Plan. Methods may include, but are not limited to, recurring rounds, a dedicated surveillance program, or a recurring contract.

(b) Ensuring that any employees performing the periodic surveillance will receive training from the APC, which shall include at a minimum:

1. Review of the Asbestos Management Plan;
2. How to assess the condition of ACM; and
3. How to ensure labeling is intact.

(10) Determining if response actions (repair, maintenance, or removal of the material) are necessary.

(11) Conducting and interpreting occupational exposure monitoring, if removal and repair actions are performed by Facility Maintenance Staff.

(a) Providing notification of results to:

1. Employees who removed ACM;
2. Other Facility Maintenance Staff within the Similar Exposure Group;
3. Occupational Health office; and
4. Employee Representatives.

(b) Maintaining a log of all occupational sampling, including over-exposures, regardless of any Personal Protective Equipment (PPE) use.

(c) Coordinating with Occupational Health for employee medical surveillance activities.

(d) Maintaining exposure records for employees.

(12) Providing advice to the facility Director regarding:

(a) Health issues associated with facility asbestos abatement and removal projects.

(b) Health risk to facility occupants based on the material's condition, use of the facility, the feasibility or frequency of repair, and cost-effectiveness when deciding whether to remove or repair non-friable, intact ACM.

(c) Determination of whether extraordinary precautions are necessary to protect personnel until recommended actions are completed (e.g., frequent monitoring, removal of personnel from the area, temporary controls, or other protective measures), including the establishment of regulated areas.

(13) Coordinating with the facility GEMS Program Manager for notification of demolition or renovation activities that meet notification requirements of the state or local regulatory agency. Overseeing the tracking, onsite temporary storage, labeling, shipping, and disposal of ACM waste.

(a) Coordinating with the GEMS Program Manager (if different from the APC) on the proper disposal of waste ACM and debris packaged in accordance with OSHA, EPA and Department of Transportation (DOT) requirements.

(b) Receiving and maintaining in a central location all records of asbestos activities in accordance with Federal, state, and local regulatory requirements. Location must be identified in the Facility Asbestos O&M Plans and maintained in project files.

(14) Evaluating and recommending training requirements, which shall include:

(a) Annual asbestos awareness training will be provided for VHA custodial and facility maintenance staff and supervisors who may work in a location that contains ACM. New employees must receive the training within 60 days of assignment. Awareness training will contain the following elements:

1. Health effects of asbestos;
2. Locations of ACM and Presumed Asbestos-Containing Material (PACM) in the building/facility;
3. Recognition of ACM and PACM damage and deterioration;
4. Requirements relating to housekeeping;
5. Proper response to fiber release episodes;
6. Name and contact information of the person responsible for training; and
7. Availability and location of the Facility Asbestos O&M Program Plan.

(b) Employees who will perform asbestos activities (e.g., inspectors, project designers, asbestos supervisors, asbestos workers, project monitors, and custodial and maintenance workers) will receive the level of training that is consistent with EPA and OSHA Class I through IV training. Training will be provided in accordance with state or local regulations.

(15) Maintaining records of training and licensures (as applicable) of assigned employees. Training will be recorded in the Talent Management System (TMS).

j. **Facility Management/Maintenance Managers and Supervisors.** Facility Management/Maintenance Managers and Supervisors are responsible for:

(1) Reviewing recommended training by the APC and assigning training for employees assigned to perform asbestos work.

(2) Maintaining training records for assigned employees and forwarding copies to the APC. Training will be recorded in the TMS.

(3) Carrying out the responsibilities defined in the Facility Asbestos O&M Plans.

(4) Ensuring employees are following proper asbestos practices and wearing appropriate PPE as defined in the Facility Asbestos O&M Plans.

(5) Overseeing maintenance activities that are known or have the potential to impact ACM as defined in the Facility Asbestos O&M Plan.

(6) Reporting upcoming/planned abatement projects to the APC.

(7) Coordinating with the APC to initiate a Pre-Construction survey during minor construction or repairs which may impact existing ACM in accordance with the Facility Asbestos O&M Plan. All in-house renovation projects, beyond O&M activities defined in the Facility Asbestos O&M Plan, must be reviewed and approved by the APC to determine impact on ACM (e.g., NESHAP Survey thorough inspection).

(8) Considering complete removal of ACM in budgets and when planning facility operations, maintenance, and construction projects whenever safety and budgetary considerations permit.

(9) Ensure that employees are following specific ACM safe work practices determined by the APC, as required by the local Facility Asbestos O&M Plan and all regulatory agencies having jurisdiction over ACM work where the facility is located.

(10) Notifying APC or other competent persons responsible for facility asbestos-related activities when ACM is damaged, deteriorated or otherwise released into the environment.

(11) Ensuring contractors are informed of VA medical facility ACM procedures and that their work activities are done to program requirements.

k. **Contracting Officer Representatives.** Contracting Officer Representatives (CORs), responsible for ACM contracts are responsible for:

(1) At minimum, completing initial asbestos awareness training and familiarization with the Facility Asbestos O&M Plans. Completing additional training as recommended by the APC.

(2) Asbestos site clearance contracts require separate asbestos abatement and industrial hygiene service activities.

(3) Contracting officials will ensure any building materials asbestos-free documentation is obtained and forwarded to the facility coordinator or manager.

(4) Holding pre-construction meetings with contractors to communicate contractor requirements described in the facility's O&M Plans. These meetings will include:

(a) Disclosure, including description and location, of known or suspected ACM located within the assigned work area.

(b) Process to follow if contractor encounters unexpected ACM (presumed or suspected).

(5) Coordinating with Contracting Officer (CO) to obtain locations of any asbestos containing building materials in VA leased facilities.

(6) Ensuring appropriate awareness information related to asbestos is communicated to the contractor.

(7) Consulting the plans and specifications prepared by the in-house or contract architects or engineers for all renovation or demolition projects to determine the need for and scope of a Pre-Construction Asbestos Survey (NESHAP Survey).

(8) Ensuring a thorough Pre-Construction Asbestos Survey is performed by a licensed inspector and includes all spaces within the limits of the construction project, as well as adjacent areas where ACM may be disturbed by construction activities.

(9) Communicating the specific locations of ACM identified during the Pre-Construction Asbestos Survey that will be impacted by the renovation or demolition requirements and detailing the ACM within those areas that will be disturbed by the work to the APC so that the Management Plan can be updated.

(10) Overseeing contractor and coordinating with the APC, GEMS Program Manager, or Facility Industrial Hygienist regarding notification of demolition or renovation activities that meet notification requirements of the state or local regulatory agency. Notification records will be sent to the APC.

(11) Overseeing the asbestos abatement project, with the support of the APC.

(12) Overseeing contractor and coordinating with the APC and GEMS Program Manager to ensure proper temporary storage, labeling, transportation, and disposal of ACM waste. Transportation and disposal records will be forwarded to the APC.

I. **Housekeeping Staff.** Housekeeping Staff (including custodial and maintenance staff) are responsible for:

(1) Completing annual asbestos awareness training.

(2) Following specific ACM safe work practices described in the Facility Asbestos O&M Plans.

(3) Notifying individuals responsible for facility asbestos-related activities such as Facilities Maintenance or APC, in accordance with the Facility Asbestos O&M Plan, when damaged or deteriorating ACM is suspected.

m. **Occupational Health Providers.** Occupational Health Providers are responsible for:

(1) Receiving and evaluating exposure monitoring information provided by Facility Occupational Safety and Health Staff to assist in the determination of employee participation in medical surveillance.

(2) Offering medical surveillance medical examinations to all employees who are or will be exposed to airborne concentration of fibers of asbestos at or above the TWA and or excursion limit identified in 29 CFR 1910.1001 and 1926.1101 or will perform Class I, II, or III work as defined by OSHA.

(3) Perform medical evaluation according to 29 CFR 1910.134.

(4) Providing the employee with the physician's medical opinion according to 29 CFR 1910.1001 and 1926.1101.

(5) Notifying Facility Occupational Safety and Health Staff when suspicion of an untoward health effect may be related to workplace hazards, controls, or practices.

(6) Maintaining all medical surveillance examination records and chest x-ray records in original state according to 29 CFR 1910.1001 and 1926.1101.

6. REFERENCES

a. 15 U.S.C. Title II Sections 2641 through 2656.

b. 29 CFR 1910.1001.

c. 29 CFR 1926.1101.

d. 40 CFR part 763, subpart E.

e. 40 CFR part 763, subpart E, Appendix E.

f. 40 CFR part 61.

g. Asbestos Abatement Design Manual for New Hospitals, Replacement Hospitals, Ambulatory Care, Clinical Additions, Energy Centers, Outpatient Clinics, Animal Research Facilities and Laboratory Buildings. VA Office of Construction & Facilities Management, July 2011 <http://www.cfm.va.gov/til/dManual/dmASBhosp.pdf>.

h. National Emission Standards for Hazardous Air Pollutants (NESHAP) <http://www.epa.gov/asbestos/asbestos-neshap>. **NOTE:** *This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

i. Building Asbestos Operations and Maintenance (O&M) Program <https://www.epa.gov/asbestos/what-operations-and-maintenance-om-program>. **NOTE:** *This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

j. Guidance for Controlling ACM in Buildings, June 1985 http://wbdg.org/ccb/EPA/epa_560585024.pdf. **NOTE:** *This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

k. Managing Asbestos in Place: A Building Owner's Guide to Operations and Maintenance Programs <https://www.epa.gov/green-book/green-book-national-area-and-county-level-multi-pollutant-information> **NOTE:** *This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

l. EPA guidance: "Protect Your Family from Asbestos-Contaminated Vermiculite Insulation" at <https://www.epa.gov/asbestos/protect-your-family-asbestos-contaminated-vermiculite-insulation> **NOTE:** *This linked document is outside of VA control and may or may not be conformant with Section 508 of the Rehabilitation Act of 1973.*