

GRACE Policy and Organization Guide

Subject Asbestos-Containing Materials in Grace Premises	Policy no 422	Page 5 of 6
	Date approved July 14, 1988	Approved by <i>[Signature]</i>

Asbestos Action Notification Information

1. Date of notification *OCTOBER 25, 1991 10:55 AM*
2. Group *EMERSON + CUMING INC. D + A CHEMICAL CO.*
3. Division *G. S. C. GRACE SPECIALTY CHEMICALS*
4. Facility involved
 - a. name *EMERSON + CUMING INC.*
 - b. street address *869 WASHINGTON ST.*
 - c. city *CANTON*
 - d. county *NORFOLK*
 - e. state *MASS.*
 - f. country *USA*
 - g. postal code *02021*
5. Facility Manager
 - a. name *THOMAS J. PHAIR*
 - b. business phone number *617-828-3300 x 157*
6. Primary Contact
 - a. name *GARY S. MOUNT*
 - b. business phone number *617-828-3300 x 204*
 - c. facsimile phone number *617-828-3104*
7. Type of material—check all applicable:
 - a. Fireproofing
 - b. Boiler insulation
 - c. Pipe insulation
 - d. Corrugated siding
 - e. Roofing shingles
 - ☒ f. Ceiling plaster
 - ☒ g. Ceiling tiles
 - h. Floor tiles
 - i. Wallboard
 - j. Other _____
8. Location within facility *BUILDING #2 BASEMENT*
9. Approximate date of installation (if known)



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10. Approximate quantity/extent of material
16' x 16' CEILING
11. Present condition; description of inspection/testing to date
OVERALL FAIR, 2 AREAS PULLED DOWN AND C2A
12. Action is (check one): not yet commenced, in progress, completed, not recommended
IN PROGRESS
13. Description of scope and cost of action taken/planned to be taken.
REMOVE CEILING PLASTER/ASBESTOS AND DISPOSE OFF SITE
14. Date(s) action taken/planned to be taken
11/30/91
15. Reason(s) for action (check-off with added description):
 - a. Product performance failure
 - b. Quality/appearance deterioration
 - c. Replacement of machinery
 - d. Building demolition
 - e. Renovation (ACM removal mandatory) ☒
 - f. Renovation (ACM removal optional)
 - g. Emergency repair
16. Other evidence attached (e.g. photographs, inspection reports, test results, etc.)
REPORT FROM CERTIFIED ENGINEERING + TESTING C.
17. Contractor(s) involved (name, address, phone, function of each)
*E+E REMOVAL
P.O. BOX 205
QUINCY, MA.
02169
617-471-6425*