

ASBESTOS REMOVAL FORM

Date of operation/maintenance (O&M) procedure: 12/2/96
Employee name Munsel, Peggy payroll number _____
Department where Asbestos is to be removed _____
Location of O&M procedure: _____
Type of material to be removed: _____
Amount of Asbestos removed (sq. feet or linear feet): _____
Friable or non-friable _____
Comments: Collecting Bulk Samples at Converter

Please return to the Industrial Hygiene Department

Air monitoring: 199 Pre-calibration
202 Post calibration

Pump K
38 min

ASBESTOS REMOVAL FORM

Date of operation: 12/11/96
Employee name: _____ payroll number 885
Department where Asbestos is to be removed: Powerhouse
Location of O&M procedure: Boiler feed water line above #2 forced air fan
Type of material to be removed: Asbestos pipe insulation
Amount of Asbestos removed (sq. feet or linear feet): 3 cu. ft.
Friable or non-friable: Friable
Comments: Removing insulation
close bag + Wet removal.

Please return to the Industrial Hygiene Department

Air monitoring: 1.97 Pre-calibration
1.97 Post calibration

C
109 mi
12:50 on
2:35 off

ASBESTOS REMOVAL FORM

Date of operation/maintenance procedure: 12-20-96
Employee name _____ payroll number 885
Department where Asbestos is to be removed Power House
Location of O&M procedure: Power House
Type of material to be removed: Asbestos
Amount of Asbestos removed (sq. feet or linear feet): 1 cu. ft.
Friable or non-friable Friable
Comments: 2" Steam Line, Behind #1 Gen Control Panel

Please return to the Industrial Hygiene Department

Air monitoring: 1.96 Pre-calibration Z
1.94 Post calibration

8:21 - 11:44