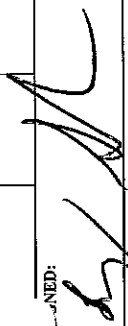


TO: Jennifer Xu		COMPANY: Brown Daniels		CONTACT INFORMATION (MAIL/EMAIL/FAX):			
Sean Thibeault		York University					
Peter Bensley		Highpoint Environmental					
PROJECT: Winters College - York University				PINCHIN FILE NUMBER: 40323			
PROJECT ADDRESS:				NUMBER OF WORKERS: 6			
INSPECTOR: B Guindon		TIME IN: 14:30		TIME OUT: 15:30			
WORK AREA / WORK IN PROGRESS: Type 3 Pre-contamination Inspection of work area prior to plaster Ceiling Removal and ASBESTOS-CONTAINING Parking Cement Removal ACCEPTABLE INSIDE MUSIC ROOMS.							
NO Air samples were collected this shift.							
CASSETTE / SAMPLE NO.	PUMP NO.	START TIME	DURATION (Minutes)	FLOW RATE (L/min)	SAMPLE VOLUME (Litres)	DESCRIPTION OF SAMPLE	RESULT
SIGNED: 		DATE (YEAR / MONTH / DAY): 07/04/18		REPORT NUMBER: 07		PAGE: 1 OF 3	

ITEM	DESCRIPTION	ACTION BY		
		7. WASTE HANDLING	8. CLEANING	9. OTHER
1. AIR MONITORING	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SITE ISOLATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. FACILITIES/EQUIPMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	Workers Constructed a Type 3 enclosure using Rip proof Poly to Isolate all walls and floors.			
2.2	All Polyethylene edges + Seams were sealed with Glue + Tape.			
2.3	Asbestos warning Sign was posted at entrance to work area.			
3.1	3 Chamber Decontamination facility was constructed with Hot/Cold Shower for water.			
4.1	Two negative Air units were observed to be creating adequate negative Air pressure inside the music Room Type 3 enclosure.			
5.1	Workers are to FOLLOW ALL PRESCRIBED Type 3 entry / exit procedures as outlined by Ontario Regulation 278/05.			
5.2	Workers are to wear Powered AIR Purifying Respirators w HEPA Filters and full Body disposable Coveralls.			
6.1	An Airless Sprayer is on site to be used to AIDE WITH DUST SUPPRESSION INSIDE the work Area by applying water.			
NEED:	<i>[Signature]</i>	DATE (YEAR / MONTH / DAY): 07/04/18	PINCHIN FILE NUMBER: 40323	REPORT NUMBER: 07
			PAGE: 2	OF 3

