

 <p style="text-align: center;"><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	Policy Number	Total Pages
	Date Filed	Effective Date
References/Authority KRS 196.035, 197.020	Subject	
	7.2	2
	*	April 29, 2016
	<b>ASBESTOS ABATEMENT</b>	

## I. DEFINITIONS

"Asbestos abatement" means any procedure designed to control the release of asbestos into the atmosphere that includes removal, enclosure or encapsulation.

"Certified asbestos abatement contractor" means the individual or entity responsible for the onsite supervision of the removal, encapsulation, or enclosure of the friable asbestos containing material (ACM). An asbestos abatement contractor may also perform the duties of an asbestos abatement supervisor, asbestos project designer or asbestos abatement worker.

"Asbestos containing materials" means any material containing more than one (1) percent asbestos by weight, like cement products, ceiling tiles, floor tiles, wallboard, acoustical plaster, fireproofing textiles, pipe lagging (thermal insulation), and other building materials.

"Certified correctional staff" means a certificate issued by the Commonwealth of Kentucky Environmental Protection Division for Air Quality attesting to the training qualifications of an individual to perform specified asbestos abatement projects.

"Friable asbestos material" means any asbestos containing material that may be crumbled, pulverized, or reduced to powder by hand pressure.

## II. POLICY and PROCEDURE

Corrections shall meet all state and federal regulations regarding asbestos exposure and abatement. All institutional maintenance repair, renovation, or demolition projects that involve asbestos disturbance shall be performed only by qualified and certified correctional staff or a certified asbestos abatement contractor and must be coordinated through the Capital Construction Management Branch.

### A. Abatement

Institutions shall take appropriate and reasonable precautions to ensure that asbestos or asbestos containing materials are not disturbed in the course of any maintenance, repair or renovation work being accomplished.

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B. Asbestos and Asbestos Containing Materials Recognition and Verification

Prior to commencing any maintenance, repair, renovation, or demolition work which may involve disturbing asbestos or asbestos containing materials, all these materials or suspicious materials shall be analyzed and tested for content by a qualified laboratory. Only qualified and certified correctional staff or a certified asbestos abatement contractor shall be allowed to take an asbestos sample using approved sampling methods. Trained staff or other trained personnel shall conduct a thorough inspection of the proposed work site to determine the presence or absence of suspected asbestos or asbestos containing materials, unless its presence or absence has been previously documented through construction records or previous surveys and verifications. The verification shall be accomplished by a qualified testing laboratory.

C. Warning Labels

Once ACM has been identified in the building, labels or signs shall be affixed or posted so that employees shall be notified of what materials contain ACM. The institution shall attach the labels or signs in areas if these may be clearly noticed by employees or inmates who are likely to be exposed.

D. Abatement Procedures

1. Asbestos abatement activity shall be coordinated through the Capital Construction Management Branch, Adult Institutions, and shall be accomplished by qualified and certified correctional staff or a certified asbestos abatement contractor or certified institutional staff qualified to accomplish the activity.
2. If an activity (maintenance, repair, renovation, or demolition) requiring asbestos abatement occurs, the institution or activity affected shall notify the Capital Construction Management Branch, Adult Institutions.
3. If an emergency asbestos abatement project exists (for example, removal of small amount of pipe lagging to repair steam line, replace control valve, and others), the affected institution shall complete an Emergency Asbestos Abatement form (attachment 1) and forward it within twenty-four (24) hours after the emergency has been declared to the Capital Construction Management Branch, Adult Institution. This form shall be signed by the Warden or designee.
5. In cases of emergency, any materials suspected to be asbestos containing materials shall be treated as asbestos if testing has not been performed.

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Removal shall be accomplished by qualified and certified correctional staff or a certified asbestos abatement contractor.

**EMERGENCY ASBESTOS ABATEMENT**

**CAPITAL CONSTRUCTION MANAGEMENT BRANCH  
DEPARTMENT OF CORRECTIONS  
P. O. Box 2400  
Frankfort, Kentucky 40602-2400**

Reporting Institution: \_\_\_\_\_ / \_\_\_\_\_  
(Warden's Signature)

Report Submitted By: \_\_\_\_\_  
(Name) (Title)

Date and Time Report Received: \_\_\_\_\_  
(Central Office Use)

Building and Identification Number Where Corrective Action is to Take Place:

Age of Bldg.: \_\_\_\_\_ Use of Bldg.: \_\_\_\_\_

Type of Abatement Method Required:  
Removal: \_\_\_\_\_  
Encapsulation: \_\_\_\_\_  
Enclosure: \_\_\_\_\_

Reason for Abatement: (What precipitated the emergency?)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and Time Corrective Action Initiated: \_\_\_\_\_

Date and Time Completed: \_\_\_\_\_

Amount of Asbestos Containing Material Requiring Removal: \_\_\_\_\_ Linear Ft. \_\_\_\_\_ Sq. Ft.

**Abatement Performed by In-house Correctional Staff:**

Name : \_\_\_\_\_  
Asbestos Abatement Experience \_\_\_\_\_ years License Number : \_\_\_\_\_  
License Expiration Date \_\_\_\_\_ License Issued Agency & Phone number \_\_\_\_\_

Disposal Site: \_\_\_\_\_ Disposal Date: \_\_\_\_\_  
Site Name: \_\_\_\_\_ Owner/Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Abatement Performed by Private Contracting Firm:**

Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_  
License Expiration Date \_\_\_\_\_ License Issued Agency & Phone number \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Disposal Site: \_\_\_\_\_  
Site Name: \_\_\_\_\_ Owner/Operator Name \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ City, State: \_\_\_\_\_  
Phone( ) \_\_\_\_\_ Phone( ) \_\_\_\_\_

**NOTE:** This form shall be completed and faxed to the Capital Construction Management Branch within 24 hours after the emergency is declared with an original copy mailed immediately.