



COVID19 SHUTDOWN REPORT

PROJECT INFORMATION

Premise Address _____ Borough _____ Zip _____

Asbestos Project Notification TRU# _____ Variance # _____

Abatement Locations **ABATED**

FLOOR	ENTIRE	SECTION OF FLOOR	TYPE OF ACM	SQUARE FT	LINEAR FT	DATE OF SUTDOWN MONITOING	DATE OF FINAL INSPECTION	DOB JOB # IF APPLICABLE

Abatement Locations **NOT ABATED**

FLOOR	ENTIRE	SECTION OF FLOOR	TYPE OF ACM	SQUARE FT	LINEAR FT	DOB JOB # IF APPLICABLE



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TO BE COMPLETED BY PROJECT SUPERVISOR AND MONITOR

Asbestos Project Notification TRU# _____ Variance # _____

YES	NO	REQUIRED TASK DESCRIPTION
		All waste removed from holding area
		Plastic and isolation barriers are clean and intact
		Electric and water shut off and lock out
		Negative air machine to be shut off and lock out if remaining in the work area
		Integrity of the secured decontamination units and lockable door
		Notification to FDNY and/or NYCDOB
		Air monitoring conducted and results are at or below clearance levels

Project Supervisor/Monitor confirmation: yes _____ No _____ (If No, provide reason)

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COVID19 SHUTDOWN REPORT CERTIFICATION

Name and Signature of Project Supervisor: _____

Print name

DATE _____

Signature

Name and Signature of Project Monitor _____

Print name

DATE _____

Signature

Project Monitor Cert # _____ Expiration DATE _____

AIR MONITOR COMPANY NAME _____

Telephone # _____ EMAIL _____