Pre-work Dust Mitigation Checklist

**Project Identification** *(Fill in project’s identifying information.)*

Building code: ____________________________________________________________

Building address: ________________________________________________________

Anticipated start date of work: ____________________________________________

Anticipated date of completion of work: ______________________________________

Project Classification: □ Large Scale Job □ Minor Scale Job

Location(s) of work to be performed: ________________________________________

Scope of work *(Include a short description of work to be done.)*: ________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature: ______________________________________________________________________ Date: __________________________

Approvals *(Fill in the following contact information for the project’s administrators.)*

Project Supervisor

Name: ____________________________________________

Phone: ___________________________________________

E-mail: ________________________________

Custodian Engineer

Name: ____________________________________________

Phone: ___________________________________________

E-mail: ________________________________

Deputy Director of Facilities

Name: ____________________________________________

Phone: ___________________________________________

E-mail: ________________________________

School Administration

Name: ____________________________________________

Phone: ___________________________________________

E-mail: ________________________________

Signature: ___________________________ Date: ___________________________
Affirmations (Sign your initials after each affirmation.)

Affirmation 1: The Project Supervisor has read, understands and agrees to implement the DOE’s Dust Control Procedures for all work performed.

Initials:____________________

Affirmation 2: The Project Supervisor agrees to ensure all Personnel performing work for this project will be trained in the DOE’s Dust Control Procedures.

Initials:____________________

Affirmation 3: The Project Supervisor agrees to ensure all Personnel performing work for this project will do so in adherence to the DOE’s Dust Control Procedures.

Initials:____________________

Affirmation 4: Workers/contractors have been made aware of the requirement that photo identification badges must be displayed while on school property?

Initials:____________________

Affirmation 5: All responses are true and accurate to the best of the Project Supervisor’s knowledge.

Initials:____________________

Signature:_________________________________________ Date:________________________