

# 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.)*: \_\_\_\_\_

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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: \_\_\_\_\_