



**APPENDIX I**

**Certificate of Worker Acknowledgment for Asbestos Abatement Work**

Project Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Abatement Contractor: \_\_\_\_\_



**WORKING WITH ASBESTOS CAN BE DANGEROUS. INHALING ASBESTOS FIBERS HAS BEEN LINKED WITH VARIOUS TYPES OF CANCER, DISEASE, AND ASBESTOSIS. IF YOU SMOKE AND INHALE ASBESTOS FIBERS THE CHANCE THAT YOU WILL DEVELOP LUNG CANCER IS GREATER THAN THAT OF THE NON-SMOKING PUBLIC.**

Your employer's contract with properties owned or maintained by Western Kentucky University (WKU) for the above project requires that: **1)** You be supplied with the proper respirator and be trained in its use; **2)** You be trained in safe work practices and in the use of the equipment found on the job; **3)** You receive an annual medical examination. **4)** You abide by the Western Kentucky University Asbestos Operations and Maintenance Program. These things are to be done at no cost to you. By signing this certification, you are assuring Western Kentucky University that your employer has met these obligations to you and WKU.

**RESPIRATORY PROTECTION:** I have been trained annually in the proper use of respirators, and informed on the type respirator to be used on the above referenced project. I have a copy of the written respiratory protection manual issued by my employer. I have read this manual thoroughly, and I understand the proper use of respiratory protection. I have been equipped at no cost to me with the proper respirator to be used on the above referenced project. I agree to use this respirator properly.

**TRAINING COURSE:** I have been trained annually in the dangers inherent in handling and removing asbestos and in breathing asbestos dust. I have been trained in the proper work procedures and personal and area protective measures. This training has been provided by my employer at no cost to me. The topics covered in the course included the following:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>Physical characteristics of asbestos</b>                    | <input checked="" type="checkbox"/> <b>Negative air systems</b>                |
| <input checked="" type="checkbox"/> <b>Work practices including hands on and on-job training</b>   | <input checked="" type="checkbox"/> <b>Respiratory protection</b>              |
| <input checked="" type="checkbox"/> <b>Air monitoring, including personal, area, and clearance</b> | <input checked="" type="checkbox"/> <b>Personal decontamination procedures</b> |
| <input checked="" type="checkbox"/> <b>Health hazards associated with asbestos</b>                 | <input checked="" type="checkbox"/> <b>Use of protection equipment</b>         |

**MEDICAL EXAMINATION:** I have had an asbestos medical examination within the past twelve (12) months that was paid for by my employer. This examination included an evaluation of a chest x-ray.

**~ I UNDERSTAND AND AGREE WITH THIS CERTIFICATE OF WORKER ACKNOWLEDGMENT ~**

Typed or Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commonwealth of Kentucky DAQ Accreditation Number: \_\_\_\_\_

Revised 9/2/2010