

Required for Renovation, Alteration, Construction, Demolition, and Building Maintenance Work in Facilities with Asbestos-Containing Building Materials (ACBM) or in Facilities Where ACBM Presence Has Not Been Confirmed.

NOTE: In facilities where asbestos is present or its presence is not known, this form must be completed and submitted to the facility asbestos coordinator (FAC) for all construction and building maintenance work. An authorization must be signed before any work can proceed. Six-month blanket approvals may be issued for construction or building maintenance activities where no ACBM will be disturbed or for building maintenance activities covered by Postal Service™ approved work practices.

A. GENERAL INFORMATION *(Completed by person responsible for proposed work)*

1. Facility Finance/Sublocation No.	2. Date	3a. Facility Name	
3b. Facility Address			
4a. Project Manager Name	4b. Telephone No. <i>(Include Area Code)</i>	4c. Project No.	
5a. Contractor Name	5b. Contractor Street Address		
5c. City	5d. State	5e. ZIP™ Code	
5f. Contractor's Rep. Name	5g. Telephone No. <i>(Include Area Code)</i>		
6a. COR's Name	6b. Telephone No. <i>(Include Area Code)</i>		

B. WORK DESCRIPTION *(Completed by person responsible for proposed work)*

1. Location *(Include building number, room number, functional area or other description)*

2. Type of Work to Be Performed

3. Proposed Start Date	4. Proposed Completion Date
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C. ASSESSMENT OF WORK *(Completed by FAC or Installation Head (IH))*

1. Is ACBM present in the vicinity of the proposed work?	<input type="checkbox"/> Yes <i>(Go to C2)</i>	<input type="checkbox"/> No <i>(Go to F1)</i>
2. Will ACBM be disturbed or affected by the proposed work?	<input type="checkbox"/> Yes <i>(Go to C3)</i>	<input type="checkbox"/> No <i>(Go to F1)</i>
3. Is the work to be performed by Postal Service personnel?	<input type="checkbox"/> Yes <i>(Go to C4)</i>	<input type="checkbox"/> No <i>(Go to C5)</i>
4. Is the work based on an approved Postal Service work practice?	<input type="checkbox"/> Yes <i>(Go to D)</i>	<input type="checkbox"/> No <i>(Go to E)</i>
5. Is the work to be performed by a contractor using an approved scope of work?	<input type="checkbox"/> Yes <i>(Go to D)</i>	<input type="checkbox"/> No <i>(Go to E)</i>

D. PROJECT CONTACT *(If completed, go to section F)*

1. Name of Competent Person	2. Telephone No. <i>(Include Area Code)</i>
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E. WORK DENIAL

1. This Request Was Denied for the Following Reasons

2a. Printed Name	2b. Signature	
2c. Title	2d. Telephone No. <i>(Include Area Code)</i>	2e. Date

F. WORK AUTHORIZATION

Prior to authorization, the FAC or IH must review the asbestos survey, the operations and maintenance plan, section B of this form, and approved asbestos work practices.

1. Expiration Date for this Work Authorization *(Not to exceed 6 months)*

2a. Name of FAC or IH	2b. Signature of FAC or IH	2c. Date
3a. Name of Contracting Officer Representative	3b. Signature of Contracting Officer Representative	3c. Date

GENERAL INSTRUCTIONS

If the facility does not contain Asbestos-Containing Building Materials (ACBM), this form is not required. Sections A and B are to be completed by the person responsible for the proposed work. Sections C through F are to be completed by the facility asbestos coordinator (FAC), the installation head (IH), or the contracting officer, as appropriate.

A. General Information

Contractor information should be completed by the contractor, the contracting officer's representative (COR), the project manager, the FAC, or the IH. The project manager is the person responsible for overseeing the project and may be the COR.

B. Work Description

1. Information on the location of proposed work must be consistent with the information contained in the operations and maintenance (O&M) plan for the affected functional area.
2. Provide narrative description of work. If Postal Service maintenance personnel are to perform the work, then specify the work practices that will be used to complete the job, for example, hole drilling, tile removal, wall board cutting, ceiling tile removal.
3. The "proposed start date" is the date work is scheduled to start.
4. The "proposed completion date" is the date that the work should be completed.

C. Assessment of Work

1. Refer to O&M plan to determine if ACBM is present and will be disturbed.
2. Review the work procedures with the contractor or the appropriate Postal Service personnel assigned to the work to determine if ACBM will be disturbed or affected.
3. Postal Service personnel are only authorized to undertake Postal Service-approved work practices.
4. Approved work practices are established by the Postal Service and are applied to Postal Service personnel for asbestos work activities.
5. If the work disturbs or affects asbestos, the services of an approved asbestos contractor must be retained using an approved scope of work.

D. Project Contact

Insert the name and telephone number of the competent person for the project. The name of the competent person may be obtained from the project manager, the FAC, or the contracting officer.

E. Work Denial

Work denials usually include, but are not limited to the following:

- Proposed disturbance of asbestos without approved work practices, an approved contractor, or authorization from a contracting officer.
- Failure to provide information on the location and type of work to be performed.

Only the FAC or IH may sign if work is denied.

F. Work Authorization

In all cases, the FAC or IH will sign the form, whether or not a contracting officer signature is required.

1. The FAC or IH signs this section if all necessary information is provided in sections A through D. Approved Postal Service work practices are authorized for up to 6 months. Maintenance staff using Postal Service-approved work practices must be trained in those work practices.
2. The contracting officer representative will send PS Form 8210, *Work Authorization – Asbestos*, to the FAC or IH for signature prior to the proposed start date.