



Salt Lake Valley Health Department
 788 E Woodoak Lane
 Murray, UT 84107
 Phone 313-6641 FAX 313-6669
 www.slvhealth.org

**ENVIRONMENTAL HEALTH DIVISION
 BUREAU OF SANITATION AND SAFETY**

Work Plan Application

Submission date: ___/___/___ Case Number: _____

Property Identification Information [R392-600-4(1)(a); SLVHD HR 32 4.6.1(i)]

Street Address:		
City:	State:	Zip:
Parcel ID Number:		
VIN (if applicable):		

Owner Identification Information [R392-600-4(1)(a); SLVHD HR 32 4.6.1(ii)]

Owner of Record:		
Owner of Record's Representative:		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Phone Number 1:	Phone Number 2:	

List owners of record authorized to be present during any and all aspects of the decontamination process [SLVHD HR 32 4.6.1(iv)]:

_____	_____
_____	_____
_____	_____

NOTE: LAW ENFORCEMENT MAY ARREST ANYONE ON THE PROPERTY WHO IS NOT LISTED ON THIS APPLICATION.

Decontamination Specialist Information

Company Name:		
Address:		
City:	State:	Zip:
Phone Number 1:	Phone Number 2:	
Business License Number [SLVHD 32 4.6.1(iii)]:	Issuing Agency:	
Certification Number [R392-600-4(1)(b); SLVHD HR 32 4.6.1(iii)]:		

List decontamination personnel authorized to be present during any and all aspects of the decontamination process [HR 32 4.6.1(iv)]:

NOTE: LAW ENFORCEMENT MAY ARREST ANYONE ON THE PROPERTY WHO IS NOT LISTED ON THIS APPLICATION.

Personal Protective Equipment (PPE) [R392-600-4(h), SLVHD HR 32 4.6.1(xi)]

Check which PPE will be used while in or on the contaminated property:

Respiratory Protection:	Skin Protection:	Eye Protection:
<input type="checkbox"/> SCBA	<input type="checkbox"/> Latex Gloves	<input type="checkbox"/> Safety glasses
<input type="checkbox"/> Full-face respirator	<input type="checkbox"/> Cloth and/or leather gloves	<input type="checkbox"/> Safety goggles
<input type="checkbox"/> Half-face respirator	<input type="checkbox"/> Vinyl gloves	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Liquid-proof shoes/boots	
	<input type="checkbox"/> Full-body liquid-proof suit	
	<input type="checkbox"/> Other	

Describe the health and safety procedures that will be followed in performing the decontamination of the property [R392-600-4(1)(i); SLVHD HR 32 4.6.1(xii)]:

IF NECESSARY, ATTACH ADDITIONAL PAGES.

Chemicals and Contamination [R392-600-4(1)(g); SLVHD HR 32 4.6.1(ix)]

Describe all locations where illegal drug manufacturing was performed, hazardous materials were stored, disposed, or suspected of being used to manufacture illegal drugs, stained materials and surfaces were observed, visible or olfactory signs indicative of the presence of contamination, and areas linked to processing, disposal, and storage areas by way of the ventilation or plumbing systems (include septic systems and possible outdoor disposal)

[R392-600-4(1)(e), SLVHD HR 32 4.6.1(vii)]:

Check which method of methamphetamine manufacture was employed:

- "Red, White, and Blue"
 "Nazi," "Birch,"
 *"Biker Method" *"P-2-P"
 "Red Phosphorous/Red P"
 "Cold Cook," "Anhydrous
 Ammonia"

*Testing for Mercury and Lead is required

List chemicals and equipment present at this site that indicate which method of methamphetamine manufacture was employed [R392-600-4(1)(f), SLVHD HR 32 4.6.1(viii)]:

Were any tests conducted during initial entry by the Decontamination Specialist for the following atmospheres? [R392-600-4(1)(g), SLVHDHR 32 4.6.1(ix)]

Atmosphere:	Locations tested:	Date of tests:	Results:
Corrosive <input type="checkbox"/> Yes <input type="checkbox"/> No			
Flammable <input type="checkbox"/> Yes <input type="checkbox"/> No			
Combustible <input type="checkbox"/> Yes <input type="checkbox"/> No			
Toxic <input type="checkbox"/> Yes <input type="checkbox"/> No			

Decontamination

List all surfaces, materials or articles to be removed (i.e. carpet, carpet padding, upholstered furniture, etc.) [R392-600-4(1)(j)(i), SLVHD HR 32 4.6.1(xiii)(a)]:

List all surfaces, materials or articles to be decontaminated and retained on site [R392-600-4(1)(j)(ii), SLVHD HR 32 4.6.1(xiii)(b)]:

Summarize all decontamination and removal procedures to be employed for all areas of the site [R392-600-4(1)(j)(iii), SLVHD HR 32 4.6.1(xiii)(c)]:

List all locations on this site where decontamination will occur [R392-600-4(1)(j)(iv), SLVHD HR 32 4.6.1(xiii)(d)]:

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Describe all containment and negative pressure enclosure plans [R392-600-4(1)(j)(v), SLVHD HR 32 4.6.1(xiii)(e)]:

Waste Disposal

Name the anticipated disposal facility [R392-600-4(1)(n), SLVHD HR 32 4.6.1(xviii)]:

All waste will be identified as "special waste" and all verifying documents from the disposal facility will be attached to the final report [R392-600-4(1)(n), SLVHD HR 32 4.6.1(xviii)].

Confirmation Sampling

List all proposed post-decontamination confirmation sampling locations [R392-600-4(1)(l), SLVHD HR 32 4.6.1(xiv)]:

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IF NECESSARY, ATTACH ADDITIONAL PAGES.

List the names of individuals who will gather samples [R392-600-4(1)(m), SLVHD HR 32 4.6.1(xvii)]:

Name the analytical laboratory expected to perform testing on samples [R392-600-4(1)(m), SLVHD HR 4.6.1 (xvii)]:

Estimate the timeline of decontamination process [R392-600-4(1)(o), SLVHD HR 32 4.6.1(xix)]:

List any additional information relating to the contamination and the property based on findings and conclusions of the preliminary assessment [R392-600-4(1)(p), SLVHD HR 32 4.6.1 (xx)]:

The Salt Lake Valley Health Department will be randomly monitoring conformation sampling by the Certified Decontamination Specialists. Please contact the inspector of the case before conformation sampling to set up an appointment to determine areas that will be sampled and a monitoring time.

Subcontractor Information

Subcontractors not directly involved in decontamination (i.e. asbestos removal, plumbing, electrical) [HR 32 4.6.1(x)]:

Company Name:		
Address:		
City:	State:	Zip:
Phone Number 1:	Phone Number 2:	
Business License Number [HR 32 4.6.1(iii)]:		
Certification Number [R392-600-4(1)(c), HR 32 4.6.1(iii)]:		

List all persons employed by subcontractors who will enter areas of this site [HR 32 4.6.1(x)]:

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Attach documentation of any applicable subcontractor training and certification [HR 32 4.6.1(x)(a,b,c)].

Attach the following:

- Photographs of property including areas of possible chemical contamination [R293-600-4(d), SLVHD HR 32 4.6.1(vi)]. Label each photograph with the date, time, property address, name of photographer, and location of photograph (i.e. bedroom wall, bathroom floor, etc).
- A reasonably-scaled site map of the contaminated property, including [SLVHD HR 32 4.6.1(xiv)]:
 - Floor plans of affected buildings
 - Local drinking wells
 - Nearby streams
 - Location of contamination
 - Location of sampling points used in the site assessment
- Copy of the Decontamination Specialist's current certification [R392-600-4(1)(c)]
- Subcontractor Information Worksheet, if applicable (required if subcontractors will enter areas of suspected contamination) [SLVHD HR 32 4.6.1(x)]
- If applicable, a shoring plan including a written description and drawings that show structural supports [R392-600-4(1)(k), SLVHD HR 32 4.6.1(xv)]

Application Information Verification and Authorization

The owner of record, and any decontamination specialist involved in executing the work plan shall retain the work plan for a minimum of three years after completion of the work plan and the removal of the property from the contaminated-properties list [R392-600-4(3), SLVHD HR 32 4.6.2].

If, at any point after a work plan has been submitted, a person discovers evidence of contamination that had not been previously identified, that person shall report such observations to the Salt Lake Valley Health Department and all activity on the property shall stop. The work plan shall be amended, resubmitted to the Salt Lake Valley Health Department and work may not resume until the Department approves the amended work plan [SLVHD HR 32 4.6.4].

I, the undersigned, verify that I am the owner or responsible party for the above property and that all information and materials that I have supplied to the Salt Lake Valley Health Department are accurate and true to the best of my knowledge.

Owner Signature

Owner Printed Name

I, the undersigned, certify that the information and materials contained in this application are true and accurate to the best of my knowledge and that I will perform the decontamination work on the property in accordance with the Salt Lake Valley Health Department Regulation #32 guidelines.

Contractor Signature

Contractor Printed Name

This application has been reviewed and approved by the Salt Lake Valley Health Department.

Salt Lake Valley Health Department
Representative Signature

Salt Lake Valley Health Department
Representative Printed Name