ATTACHMENT

8.20.a Record of PCB Spill and Certification of Clean-Up Initiation

AGS OPM Procedures in which this Attachment is used.

8.20		

Revision 00

_____ _____

AGS Department Chairman Date

RECORD OF PCB SPILL AND CERTIFICATION OF CLEANUP INITIATION

1.Source of PCB spill _____

_____

2.Date and time the spill occurred or discovered _____ _____

a. Notice to ES&H Coordinator _____ _____

b. Notice to SEP ECG _____ _____

3.Cordoning and Posting of spill area

a. Size of restricted area cordoned off _____

b. Number of spill advisory signs posted _____

c. Type of floor or other surface where spill occurred _____

4.Area of visible PCB contamination

a. Location and size of area with visible traces _____
(Attach map of area)

b. If no visible traces, describe location and size of area sampled to establish spill boundaries_____

5.Date and time cleanup initiated on physical traces of PCB_____

I acknowledge that the information contained in this record and certification is true to the best of my knowledge.

Name_____Title _____

Signature_____Date _____

IMMEDIATELY DELIVER COMPLETED FORM TO S&EP ECG.

Receipt of S&EP ECG: Date _____Time _____

Name _____Signature_____

1. EPA Regional Office Notification Required? _____Yes _____No

a. Name of person contacted _____

b. Date and time of notification _____ _____

Notification by:

Name _____Signature _____

cc: Form Originator