



(A) ASBESTOS or MOLD or LEAD PAINT-RELATED WORK PERMIT				JOB OR WORK ORDER#
WORK TO	¹ start date:	² start time	³ end date:	⁴ end time
(B) DESCRIPTION OF WORK (check which one applies)			(C) LOCATION OF WORK - AREAS AFFECTED	
¹ <input type="checkbox"/> ASBESTOS ² <input type="checkbox"/> MOLD ³ <input type="checkbox"/> LEAD PAINT			¹ Room	

(D) REQUIRED PRECAUTIONS, NOTIFICATIONS, AND APPROVALS		
¹ <input checked="" type="checkbox"/> Required Internal Notifications and Approvals Have Been Given <i>(see site-specific notifications and approvals list attached)</i>		
² <input checked="" type="checkbox"/> Regulatory Agency Notifications and/or Permits Have Been Complied With <i>(described on the back of this form with copies attached)</i>		
³ <input checked="" type="checkbox"/> Site Asbestos or Mold or Lead Paint Program Manager has been notified		
⁴ <input checked="" type="checkbox"/> All suspected material has been adequately characterized.		
⁵ <input checked="" type="checkbox"/> The Area of Concern has been identified/marked and contained		
⁶ <input checked="" type="checkbox"/> Provisions for the removal, packaging, and disposal of all hazardous asbestos-mold-lead paint materials in accordance with applicable regulations have been made.		
⁷ <input type="checkbox"/> (MOLD) Area of Visible Mold Damage Has Been Verified by EH&S		
⁸ <input type="checkbox"/> (MOLD) Provisions for cleaning/drying/treating abatement area surfaces before releasing the area for use have been made		
⁹ <input type="checkbox"/> (ASBESTOS) Required air monitoring by a SFSU-approved industrial hygiene contractor during asbestos abatement work (defined as activities involving the removal of asbestos-containing materials, presumed asbestos-containing materials or thermal surface insulating materials) has been arranged.		
¹⁰ <input type="checkbox"/> (LEAD PAINT) Required sampling and analysis for lead contamination of paint by a SFSU-approved industrial hygiene contractor has been conducted for poor condition <i>(flaking or peeling)</i> paint that covers more than about a square foot - prior to it being sanded, chipped, blasted, or torched.		
(E) OTHER (JOB-SPECIFIC) PRECAUTIONS TO BE TAKEN (describe)	REQUIRED BY	PHONE #
¹	EH&S	415.338.2565
²		

(F) WORK CREW LEADER'S ACKNOWLEDGEMENT		
I have read, understood and agree that all work will be performed by the Work Crew in accordance with the conditions stated on this permit and the related Safe Work Authorization form.		
¹ Work Crew Leader's Signature	² Pager No.	³ Phone No.
⁴ Work Crew Leader's Printed Name;	⁵ Contractor Company Name (if applicable)	

(G) PERMIT APPROVER'S CHECKLIST		Yes
Preparation Work (Precautions) properly completed?		¹ <input type="checkbox"/>
Safe Work Authorization form properly completed?		² <input type="checkbox"/>
Required notifications & approvals have been given <i>(review site-specific notifications and approvals list attached)</i> .		³ <input type="checkbox"/>
Permit Schedule Approved by	⁴ CPDC or Project Manager's Signature	
Permit Work Approved by	⁵ Authorized SFSU Permit Approver's Signature:	

(H) POST-WORK CHECKLIST – PERMIT CLOSURE	
¹ Pre-permit conditions have been restored? <input type="checkbox"/> -yes <input type="checkbox"/> -no-explain	
² Normal SFSU operations may be restored safely? <input type="checkbox"/> -yes <input type="checkbox"/> -no-explain	
³ Time/Date Work Completed:	⁴ Project Manager's Signature