



**OKLAHOMA DEPARTMENT OF LABOR  
O AND M, SSSD, and CLASS III PROGRAM SUBMITTAL**

<b>CONTRACTOR:</b>	<b>CONTRACTOR LICENSE #:</b>
<b>CONTRACTOR'S PROGRAM MANAGER:</b>	<b>CONTRACTOR PHONE #:</b>
<b>OWNER OF FACILITY:</b>	<b>OWNER'S DESIGNATED PERSON:</b>
<b>NAME OF FACILITY:</b>	<b>BUILDINGS TO BE INCLUDED:</b> (Be specific as to buildings/addresses or areas to be included. Attach list if necessary)
<b>FACILITY ADDRESS:</b>	
<b>FACILITY PHONE NUMBER:</b>	

1. **PROCEDURES FOR DESIGNATED PERSON:**
  - a.) If a fiber release occurs, the Designated Person will isolate the area and notify the Contractor, who will contact the Department of Labor when required.
  - b.) The Designated Person will insure workers and building occupants are made aware of the presence and locations of asbestos containing materials. Occupants will be instructed not to disturb asbestos containing materials.
  - c.) The Owner's Designated Person will insure that no unlicensed persons will be permitted to conduct any O & M activities.
  
2. **CONTRACTOR'S RESPONSIBILITIES:**
  - a.) The Contractor will prepare all reports and collect the waste manifests and air monitoring reports to submit to the Department of Labor at the end of any month when work is conducted, within 30 days from the end of the month.
  - b.) The Contractor will provide the Designated Person with a copy of the Monthly Reports to be maintained on site as required. The Designated Person will insert the reports into the Management Plan or the Asbestos Activity File and maintain these documents for a period of 30 years.

The Contractor or the Designated Person may contact the DOL when any unusual circumstances occur. The Contractor is ultimately responsible for making required notifications to the DOL.

This Contract is good for a period of \_\_\_\_\_ from the date of this Submittal to the Department of Labor.  
(Specify "One Time" or "One Year")

**Signatures:**

\_\_\_\_\_  
Contractor's Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Designated Person

\_\_\_\_\_  
Date



## OKLAHOMA DEPARTMENT OF LABOR O & M, SSSD AND CLASS III MONTHLY REPORT FORM

For \_\_\_\_\_ 20\_\_\_\_\_  
(Month work was performed)

Fee of \$150.00 (per owner) included: \_\_\_\_\_ Total enclosed: \$ \_\_\_\_\_ Exempt \_\_\_\_\_ Page 1 of \_\_\_\_\_

<b>CONTRACTOR:</b>		<b>LICENSE No.:</b>	
<b>PROGRAM MANAGER:</b>		<b>ADDRESS:</b>	
<b>PHONE No.:</b>			
<b>REPORT DATE:</b>	<b>TOTAL LN FEET:</b>	<b>TOTAL SQ FT:</b>	

### Individual Activity Log

Complete one line for each separate area. Start a new box for a new location. You may use more than one box for a single location. Air Monitoring Results and Waste Receipts must accompany this report. Mark blank with an 'X'. Waste receipts may be permitted to be sent later if waste is held in storage for pick-up, mark blank with an 'S'.

Date	Facility Name and Specific Work Area	Method of Abatement	Linear Feet Removed	Square Feet Removed	Air	Waste
<u>Names &amp; S.S. #'s for Workers/Supervisor</u>		<u>Description of Work/Reasons for Activity:</u>				
<u>Names &amp; S.S.#'s for Workers/Supervisors:</u>		<u>Description of Work/Reasons for Activity:</u>				

Date	Facility Name and Specific Work Area	Method of Abatement	Linear Feet Removed	Square Feet Removed	Air	Waste

<p><u>Names &amp; S.S. #'s for Workers/Supervisor</u></p>	<p><u>Description of Work/Reasons for Activity:</u></p>
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Date	Facility Name and Specific Work Area	Method of Abatement	Linear Feet Removed	Square Feet Removed	Air	Waste

<p><u>Names &amp; S.S. #'s for Workers/Supervisor</u></p>	<p><u>Description of Work/Reasons for Activity:</u></p>
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Date	Facility Name and Specific Work Area	Method of Abatement	Linear Feet Removed	Square Feet Removed	Air	Waste

<p><u>Names &amp; S.S.#'s for Workers/Supervisors:</u></p>	<p><u>Description of Work/Reasons for Activity:</u></p>
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Date	Facility Name and Specific Work Area	Method of Abatement	Linear Feet Removed	Square Feet Removed	Air	Waste

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<u>Names &amp; S.S. #'s for Workers/Supervisor</u>	<u>Description of Work/Reasons for Activity:</u>

Date	Facility Name and Specific Work Area	Method of Abatement	Linear Feet Removed	Square Feet Removed	Air	Waste

<u>Names &amp; S.S.#'s for Workers/Supervisors:</u>	<u>Description of Work/Reasons for Activity:</u>

Monthly Reports are due within 30 days from the end of any month when work is done.  
**No report is required if no work has been done.**

Program Manager's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Revised: Jan 2011