



APPENDIX F

Asbestos Fiber Release Occurrence Report

Each known asbestos fiber release occurrence for all properties owned or maintained by Western Kentucky University shall be responded to, coordinated, investigated, documented and recorded by the Western Kentucky University Asbestos Program Coordinator or by a qualified designated person(s).

Major - [ ] (more than 3 linear or square feet)

Minor - [ ] (less than 3 linear or square feet)

1. Address, building, and room number(s) (or description of area) where the occurrence occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. Asbestos-containing materials released were TSI-[ ], surfacing-[ ], miscellaneous-[ ], friable-[ ]. List the materials that were involved: \_\_\_\_\_.

3. The release was during demolition-[ ], maintenance-[ ], renovation-[ ], other-[ ] work activities.

4. Who was the WKU Project Manager: \_\_\_\_\_. Who was the WKU Contractor/Sub-Contractor: \_\_\_\_\_.

5. The release episode was reported by: \_\_\_\_\_, on: \_\_\_\_\_ (date), to: \_\_\_\_\_ (first contact).

6. An Asbestos Management Request-[ ], Appendix A Contractors Asbestos Location Notification-[ ], was completed prior to the projects start as outlined in the WKU Asbestos Management Program.

7. Air sampling and analytical testing was-[ ], was not-[ ] involved with this fiber release occurrence.

8. Were the area air sampling results over the OSHA permissible exposure limit; yes: [ ], no: [ ].

9. Clearance air sampling and analytical testing was-[ ], was not-[ ] conducted pertaining to this fiber release occurrence prior to re-opening the work-site area affected by this incident.

----- Attach Additional Sheets if Necessary -----

10. Describe the release episode: \_\_\_\_\_  
\_\_\_\_\_

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11. The asbestos-containing material was-, was not- cleaned up according to the approved procedures. Who performed the clean-up: \_\_\_\_\_

describe the cleanup: \_\_\_\_\_

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12. A WKU Near Miss Incident Form was-, was not- completed for this fiber release occurrence.

**----- Attach Additional Sheets if Necessary -----**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_