

Asbestos Accreditation – Work Experience

****PLEASE TYPE OR PRINT IN INK****

Detailed descriptions of work experience must be included and, at a minimum, consist of the following: name and location of the project(s), the start and completion dates of the project(s), the total number of days or work schedule of the project(s) (e.g. M - F), and descriptions of your specific responsibilities and the tasks that you performed on the job site.

Supervisor work experience may include some or all of the following: Managed or assisted workers during setup and removal operations, established containment, ensured proper wetting of materials, maintained negative air pressure, logged manometer readings, prepared or reviewed waste shipment records, used or maintained proper respiratory protection and other personal protective equipment, ensured proper waste handling, etc.

Inspector work experience may include some or all of the following: perform walkthroughs, identify homogeneous areas, select sampling protocols, use personal protective equipment, collect bulk samples, prepare chain of custody forms, review lab results, review Management Plans and AHERA re-inspection reports, complete 6-month periodic surveillance inspections, etc.

Abatement Designer work experience may include some or all of the following: preparation of drawings, bid-submittals, contracts, and specifications; involvement in pre-bid, pre-construction, and post-construction meetings; preparation and review of abatement design plans; surveying of projects before, during, and after completion; etc.

Air Monitor work experience may include some or all of the following: visual inspection of proper containment, inspection and approval of engineering controls, daily pump calibration, maintenance of daily logs, collection and analysis of daily air samples using PCM/TEM, preparation of chain of custody forms, collection of background air sampling, performance of clearance air sampling, preparation of reports on findings, etc.

Provide the name and contact information (email and/or telephone number) of the accredited person(s) that directly supervised your work or provide your accreditation information if you were accredited in another state while performing the activities listed below.

See the NC Asbestos Hazard Management Program Rules under [10A NCAC 41C .0600](#) for information regarding training, education, and experience required for each discipline. Questions should be directed to the HHCU consultative staff at (919) 707-5950.

This is a recommended format only – use of this form is not required.

Employer's Name: _____

Project Name/Location (City, State): _____

Inclusive Dates of Asbestos Work: _____

Total Number of Days Worked or Work Schedule (e.g. M - F): _____

Accredited Person (Applicant or Working Under; include Accreditation # and State):

Accredited Person Telephone Number and Email Address:

Scope of Project: _____

Detailed Description of Your Specific Responsibilities and Tasks Performed:

Employer's Name: _____

Project Name/Location (City, State): _____

Inclusive Dates of Asbestos Work: _____

Total Number of Days Worked or Work Schedule (e.g. M - F): _____

Accredited Person (Applicant or Working Under; include Accreditation # and State):

Accredited Person Telephone Number and Email Address:

Scope of Project: _____

Detailed Description of Your Specific Responsibilities and Tasks Performed:

Employer's Name: _____

Project Name/Location (City, State): _____

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Scope of Project: _____

Detailed Description of Your Specific Responsibilities and Tasks Performed:

Employer's Name: _____

Project Name/Location (City, State): _____

Inclusive Dates of Asbestos Work: _____

Total Number of Days Worked or Work Schedule (e.g. M - F): _____

Accredited Person (Applicant or Working Under; include Accreditation # and State):

Accredited Person Telephone Number and Email Address:

Scope of Project: _____

Detailed Description of Your Specific Responsibilities and Tasks Performed: