

# MINOR FIBER RELEASE EPISODE REPORT

OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING: \_\_\_\_\_

DESCRIPTION OF EPISODE: \_\_\_\_\_

TYPE OF EPISODE (MAJOR OR MINOR): Minor < 3 Sq. Ft. \_\_\_\_\_ Major > 3 Sq. Ft. \_\_\_\_\_

PERSON IDENTIFYING EPISODE: \_\_\_\_\_

**IF MAJOR-MUST HAVE CERTIFIED PERSONNEL DESIGN, CLEAN AREA  
-AIR CLEARANCE REQUIRED**

## CORRECTIVE ACTION

METHOD OF REPAIR/RESPONSE ACTION: \_\_\_\_\_

ACM REMOVED: YES/NO QUANTITY: \_\_\_\_\_ REMOVAL METHOD: \_\_\_\_\_

DISPOSAL/STORAGE SITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## EQUIPMENT/PREVENTIVE MEASURES

_____ Area Isolated	_____ Signs Posted	_____ HEPA Vacuum
_____ Tyvek Suits	_____ Respirators	_____ Goggles
_____ Disposal Bags	_____ Disposal Drums	_____ Duct Tape
_____ Encapsulant-Bridging	_____ Encapsulant-Penetr.	_____ Mini Enclosure
_____ Glovebag	_____ Amended Water	_____ Isolate Air Handlers

## STAFF ASSIGNED

NAME	16 HOUR TRAINED		DATE/TIME
	YES	NO	START
_____	YES	NO	_____
_____	YES	NO	_____
_____	YES	NO	_____
_____	YES	NO	_____
_____	YES	NO	_____

FURTHER ACTION NECESSARY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_