

**EMPLOYEE ASBESTOS
NOTIFICATION**

STD. 250 (REV. 10/2019)

DEPARTMENT NAME

This is to notify employees working at:

ADDRESS

Effective January 1, 1989, Assembly Bill 3713, Chapter 1502, Statutes of 1988, Health and Safety Code, Subsection 25915 et seq., requires State agencies which occupy buildings constructed prior to 1979, and know of the presence of asbestos-containing materials (ACM) in the building, to provide written notification to employees within 15 days of knowledge. Employees new to the building shall be provided this information within 15 days of commencing work in the building. Please refer to the State Administrative Manual Section 2591.

Airborne asbestos levels in buildings are much lower than those in industrial workplaces where serious health effects such as lung cancer and asbestosis have been observed. However, it is important for employees to follow proper work practices to minimize the potential for disturbing ACM. Avoid touching asbestos materials on walls, ceilings, pipes, or boilers. Do not drill holes, hang plants or other objects from walls/ceilings made of ACM. Do not disturb ACM when replacing light bulbs. **If you find ACM that has been damaged, report it to your supervisor. Do not disturb damaged asbestos material or asbestos debris.** Only persons authorized and properly trained should perform any work which may disturb asbestos materials.

Asbestos-containing materials pose no threat to your health unless asbestos fibers become airborne due to material aging, deterioration, or as the result of some damage. Asbestos conditions may vary, and where ACM have been identified in State building surveys, the materials were generally in good condition, enclosed, encapsulated, or of a type not likely to release fibers unless disturbed.

Any employee may review the asbestos survey report, results of bulk sampling, or air monitoring conducted in this building. All asbestos-related data will be available during normal business hours at the building manager's office located at: DEPARTMENT NAME

ADDRESS

I, _____, have read and received a copy of the Employee
(Please Print Name)
Asbestos Notification.

EMPLOYEE SIGNATURE

DATE