

Verification	Originator	Revised	Approved	Issued
Initials	RSL			
Date	3/5/2014			

Environmental Document

ED-4.4.6-3 (F) Contractor Management Environmental Checklist

CSEMS Custodial Services Environmental Management System

The following information is required by the CSEMS Management Representative prior to contracted activity or services.

Will the contracted activity or service include any of the following?

<u>Combustion Sources such as:</u>	<u>Circle Yes or No to all questions</u>	
Air Heating and Supply	Yes	No
Mobile Transportation, such as forklift or carts	Yes	No
Construction Activities	Yes	No
Excavation or Grading	Yes	No
Drilling or Blasting	Yes	No
Rock Crushing	Yes	No
Demolition	Yes	No
Welding or Soldering	Yes	No
Painting	Yes	No
Asphalt Paving	Yes	No
Use or Storage of Chemicals or Fuels	Yes	No
Transfer of Bulk Materials	Yes	No
Disposal of Chemical Wastes	Yes	No
Disposal of General Wastes	Yes	No

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If yes, please describe waste streams:

<u>Building Maintenance Activities:</u>	<u>Circle Yes or No to all questions</u>	
Architectural Paint Removal	Yes	No
Architectural Painting	Yes	No
Hydro-blasting	Yes	No
Sandblasting	Yes	No
Surface Preparation / Treatments, such as floors and roof repair	Yes	No
Purging or repair of distribution lines such as those for fuel, oil, or solvents	Yes	No
Use of chemicals, solvents, caustics, acids, oils, etc.	Yes	No
Use of herbicides, pesticides, or insecticides	Yes	No
<u>Business or Work Related Activities:</u>	<u>Circle Yes or No to all questions</u>	
Use or receipt of chemical materials (other than janitorial or cleaning materials.)	Yes	No

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Generation and disposal of chemical wastes	Yes	No
Generation of sealers, adhesives, coatings, or paints	Yes	No
Welding, soldering, brazing or similar activities	Yes	No
Use of caustics or acids	Yes	No
Use of combustion gases	Yes	No

Business or Work Related Activities:

**Circle Yes or No
to all questions**

Please list fuels used:

Laboratory installation	Yes	No
Medical Waste	Yes	No
Discharge to storm drains	Yes	No

To be completed by the *CSEMS Management Representative* prior to the contracted work or service.

A review of the above activities determined:

This ***Checklist*** form (ED-4.4.6-3 (F)) is approved, no further action is needed.

The ***Activity Manual*** form (ED-4.4.6-4 (F)) must be completed by the contractor/supplier.

CSEMS Management Representative Signature:

Date:

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Refer to **EP-4.4.6-2 Contractor Management Procedure** for information regarding the use, routing and approval of this form.