



## MOLD REMEDIATION NOTIFICATION

(To be completed by licensed mold remediation contractor and submitted to [EHS](mailto:safety@andrew.cmu.edu) via [safety@andrew.cmu.edu](mailto:safety@andrew.cmu.edu) prior to commencing work)

### Area Description

Building Name: \_\_\_\_\_

Room Number(s): \_\_\_\_\_

Room(s) size in square feet: \_\_\_\_\_

Will adjacent areas be occupied during the abatement activity? ☐ Yes ☐ No

### Remediation Contractor Information

Company Name: \_\_\_\_\_

Mold Remediation License Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

DATE OF REMEDIATION WORK: \_\_\_\_\_

### DESCRIPTION OF MOLD REMEDIATION WORK

\_\_\_\_\_  
\_\_\_\_\_

### DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE MOLD AND TO PREVENT RELEASE OF MOLD INTO ADJACENT AREAS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### DESCRIPTION OF PERSONAL PROTECTIVE EQUIPMENT TO BE WORN BY MOLD REMEDIATION PERSONNEL

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### DESCRIPTION OF MOLD-CONTAMINATED WASTE DISPOSAL PROCEDURES

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### DESCRIPTION OF MOLD POST-REMEDIATION CLEANUP PROCEDURES

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ATTACH TO THIS FORM ANY OTHER RELEVANT INFORMATION (PLANS, DRAWINGS, PROPOSALS, ETC.) REGARDING THE REMEDIATION PROJECT.

FOR EHS USE

RECEIVED BY: \_\_\_\_\_

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