



CASE #: _____

DECONTAMINATION CONTRACTOR’S WORK PLAN

CONTRACTOR NAME: _____

Address: _____

Drug Lab Contractor License #: _____ Phone: _____

On-Site Personnel: Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

For additional contractor(s) and/or personnel, use additional sheet.

PROPERTY INFORMATION – Refer to OAR 333-040-0070(2)(a)(A).

Property Address: _____

Owner: _____ Owner Address: _____

Directions to Property: _____

Brief Property Description (# Bed/bath, acres, etc.; or make, model, year for vehicles):

Date police records provided by DHS _____

SITE ASSESSMENT INFORMATION

Date of Initial Site Assessment: _____

Assure Site Assessment is complete – Include the following if not in Site Assessment:

Contamination Summary – Refer to OAR 333-040-0070(2)(a)(C).

Contamination Diagram – Refer to OAR 333-040-0070(2)(a)(B).

Initial sampling date, by whom, protocols, and analytical laboratory.

PROPOSED DECONTAMINATION PROCEDURE(S) – Refer to OAR 333-040-0070(2)(a)(E). (attach separately)

Anticipated Completion Date: _____/_____/_____

PROPOSED POST-DECONTAMINATION TESTING – Refer to OAR 333-040-0070(2)(a)(F). (Attach separately, or check here *if sampling will be restricted to contaminated areas found during any initial sampling* regarding sample location, type, method, and square feet in sample:)

Name of Person Taking Post-Decontamination Samples (if different from pre-sampling):

Laboratory Performing Post-Decontamination Analysis (if different from pre-sampling):

CERTIFICATION

Under penalties provided in ORS 453.888 and Oregon Laws 1999, chapter 861, I hereby certify the following:

1. That all personnel herein or otherwise listed with DHS have received the appropriate OSHA (29 CFR 1910.12[e] and OAR 437-02-100[18]) and DHS training, or meet the qualifications of Oregon Laws 1999, chapter 861 and OAR 333-040-0065, and
2. That all personnel herein and otherwise listed with DHS will wear appropriate protective clothing and equipment whenever at the property, and
3. That all of the information contained herein is true and accurate to the best of my knowledge.

Date

Signature of On-Site Supervisor

Printed Name of On-Site Supervisor

Send this completed Work Plan and attachments, *copy of Work Plan Review Request form & copy of the check*, and any additional information concerning this property to:

DEPARTMENT OF HUMAN SERVICES
Attn: Drug Lab Specialist
800 NE Oregon Street, Suite 608
Portland OR 97232