

Work Plan

address

1.	Contractor Information		
		Certified Methamphetamine Cleanup Contra	ctor Names, Certification Numbers, Expiration Date
Signature of the Certified Methamphetamine Cleanup ContractorReport Date		Cleanup Contractor	
		Report Date	
2. Property Information			
		Property Owner(s) Name	
		Property Owner(s) mailing address	
		Property Owner(s) primary phone number	
		Listed Property Address	
		Latitude and Longitude	
3.	Site Considerations		
Structure Description and Usage			
☐ Incident Date		Incident Date	
		Foundation, crawl spaces and attics account	ed for
		Floor Plans for each structure	
		Site Photographs	
☐ Heating, Ventilation, and Air Conditioning		Heating, Ventilation, and Air Conditioning	
4.	Decontamination Procedures		
		Description of area/s, room/s or structure/s	to be decontaminated
		☐ Description of materials to be decontaminated	
		☐ Description of cleaning method	
		List of decontamination cleaning solutions	
		Demarcation, signage and security	
		☐ Standard Operation Procedures (SOP) ☐ received or ☐ on file	
5.	Waste Disposal		
	Disposal facility name, location and phone number		umber
		List of item and/or materials to be disposed, including appliances	
		☐ Signed approval letter from the disposal facility	
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	Date or review: Reviewed by:		
Additional information needed/comments:			
		Requested information received	Date received: