



# Removing Vinyl Asbestos Tile in New Jersey



## ***A Contractor's Guide for the Non-friable Removal of Vinyl Asbestos Floor Tiles***

### **Information Includes:**

- General requirements for VAT removal
- Requirements for removing VAT which is covered by carpeting
- General recommendations
- Forms

NJ Department of Health & Senior Services  
Consumer, Environmental & Occupational Health Service  
Indoor Environments Program  
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Trenton, NJ 08625-0369

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*Contractor Information for Non-Friable Asbestos Work Activities*

*Notification of Non-Friable Asbestos Work Activities*

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# Purpose

The purpose of this document is to provide guidance and establish minimum work-practice requirements for the removal of non-friable vinyl asbestos floor tiles (VAT). This document will establish the following:

- Procedures which document contractor competence and the qualifications of individuals who perform the removal.
- Removal procedures which reduce occupational and environmental exposures to airborne asbestos fibers.
- Procedures for the submission and review of exemption requests and contractor filing of pre-removal notifications.



# Background

N.J.A.C. 8:60, *Asbestos Licenses and Permits*, allows certain asbestos removal activities to be exempted, providing certain requirements are met. One activity which can be exempted from the permit and licensing requirements is the removal of vinyl asbestos floor tiles (VAT). To qualify for an exemption, contractors must comply with the guidance provided in this document.

# How to Begin

Prior to performing any exempted activities, a contractor must initially submit a completed *Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request* form to the DHSS. DHSS staff will verify that all of the information provided is accurate.

Following is a list of items required to be submitted:

- Method of Removal—Contractors must indicate the method of removal and sign a statement that those methods will be adhered to during the removal of the VAT. Currently, the only removal method recognized by the DHSS is the Resilient Floor Covering Institute’s (RFCI’s) *Recommended Work Practices for the Removal of Resilient Floor Coverings*.

## How to Begin (cont'd)

- Employee Training—Evidence that employee's have been trained by the manufacturer on any specialized equipment to be used (such as a radiant heat machine), must be provided.
- OSHA Training—Must provide evidence of completion of a training course which complies with the OSHA Asbestos Standard, 29 CFR part 1926-1101, sections (k)(9)(iv) and (o)(4)(i) for Class II operations. This documentation must be submitted for each employee who will be removing the VAT.



**NOTE:** The use of historical data as prepared by the RFCI through a study performed by the Environ Corporation, may be used to satisfy the OSHA requirements for the initial negative exposure assessment. In granting an exemption, as specified under N.J.A.C. 8:60, the DHSS will accept this data. However, the contractor must ensure that the conditions during the removal are consistent with the conditions specified in the RFCI document. If work site conditions will differ from those specified by RFCI, the contractor must provide current exposure data which is relevant to the conditions under which the work will be performed.

## Removal Guidelines

The following steps must be followed prior to and during a VAT removal:

1. Heat must be used, following the RFCI recommended work practices for removal and clean-up.
2. The contractor must follow work practices which limit tile breakage during work. When tiles begin to break frequently (more than once every so often), removal activities must cease.
3. Contractors must have the scope of work on the job site at all times during the work.

**NOTE:** "Intact" means that the VAT has not crumbled, been pulverized, or has deteriorated to such a degree that asbestos fibers are no longer bound in the matrix of the tile. Incidental breakage of VAT during a removal operation, which is being conducted in accordance with RFCI guidelines, does not mean the material is not being removed intact.

## Removal Guidelines (cont'd)

- Contractors must generally isolate the work area by posting notices and placing demarcation barriers between any building occupants and the work area.
- All HVAC vents must be sealed with poly.
- All building occupants not involved in the removal of the VAT must be restricted from entering the work area.
- All movable objects must be moved out of the work area.
- All horizontal surfaces must be wet wiped and then vacuumed with a vacuum cleaner equipped with a High Efficiency Particulate Air (HEPA) filter. The vacuum cleaner must be made for this purpose as household vacuum cleaners equipped with a HEPA filter are not adequate.
- Contractors must comply with all applicable state and federal regulations regarding the transport and disposal of asbestos containing materials.



## Removal of VAT Covered by Carpeting



The removal of VAT, which is covered by carpeting, is not addressed in the RFCI work practices. Therefore, the following requirements should be followed when carpet covered VAT is removed:

- Thoroughly saturate the carpeting prior to beginning the removal of the carpeting.
- Cut the carpeting into manageable strips using a razor knife.
- Firmly pull the carpeting up while continually misting both sides of the carpet.
- Any tiles which remain attached to the carpeting should be removed and bagged, or the entire strip of carpeting should be bagged as ACM.
- For the removal of tiles remaining on the floor, follow the RFCI work practices.
- All debris, carpet, and tiles must be disposed of in accordance with any applicable federal and/or state regulations.

## General Recommendations

Following are some general recommendations to consider when planning a VAT removal:

- Work should be performed during a time when there are no or very few occupants in the building.
- All horizontal surfaces should be covered with poly or another non-permeable disposable barrier.
- HEPA filtration units should be used and vented outside the building, when feasible.
- Transmission Electron Microscopy (TEM) air testing should be performed at the completion of the job to ensure the area is safe for re-occupancy.

# DHSS Oversight

A *Notification of Non-Friable Asbestos Work Activities* form must be submitted 10 days in advance of the beginning of the job. Should an emergency arise which requires the material to be removed sooner than 10 days, a written justification from the building owner must accompany the form.

Field inspections will be conducted to evaluate compliance with the guidelines outlined and referenced in this document. The DHSS has the responsibility to ensure that building occupants are not at significant risk or potentially at risk as a result of the work practices employed by the contractor. Therefore, the contractor may be directed to alter their work practices to ensure the safety of the building occupants. The DHSS reserves the right to rescind any exemption approval granted to a contractor to perform exempted activities.

Situations may arise when these requirements and recommendations may not be applicable. If the contractor desires to seek relief from any of the requirements specified herein, a written request must be forwarded to the DHSS. The request shall identify the situation which may not conform to the work practices specified and what alternate work practices will be utilized. Written requests should be forwarded to the following address or fax number:

New Jersey Department of Health and Senior Services  
Consumer, Environmental & Occupational Health Service  
Indoor Environments Program  
PO Box 369  
Trenton, NJ 08625-0369

Fax: 609-826-4975

For more information you may contact the DHSS at 609-826-4950.

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# Appendix

The following pages, are forms which must be completed and sent to the DHSS prior to beginning VAT removal as an exemption. Below is a description of each document:

*Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request:* This form must be completed and submitted the first time a contractor wishes to perform exempted activities of normally regulated non-friable ACM. The form requests basic company information, contact information, as well as historical information pertaining to such work. A company representative must sign and date the document and submit it to the DHSS at the address on the form.

*Notification of Non-Friable Asbestos Work Activities:* This form must be completed and submitted to the DHSS prior to the beginning of the work.

**Directions for the Completion and Submission of the  
Contractor Information for Non-Friable Asbestos Work Activities—Exemption Request Form**

The *Contractor Information for Non-Friable Asbestos Work Activities* form must be fully completed and submitted along with the following items:

**Employee Training**—Evidence that employee's have been trained by the manufacturer on any specialized equipment to be used (such as a radiant heat machine), must be provided.

**OSHA Training**—Must provide evidence of completion of a training course which complies with the OSHA Asbestos Standard, 29 CFR part 1926-1101, sections (k)(9)(iv) and (o)(4)(i) for Class II operations. This documentation must be submitted for each employee who will be removing the VAT.

The following steps must be followed prior to and during a VAT removal:

1. Heat must be used, following the RFCI recommended work practices for removal and clean-up.
2. The contractor must follow work practices which limit tile breakage during work. When tiles begin to break more than once every so often, removal activities must cease.
3. Contractors must have the scope of work on the job site at all times during the work.
4. Contractors must generally isolate the work area by posting notices and placing demarcation barriers between any building occupants and the work area.
5. All HVAC vents must be sealed with poly.
6. All building occupants not involved in the removal of the VAT must be restricted from entering the work area.
7. All movable objects must be moved out of the work area.
8. All horizontal surfaces must be wet wiped and High Efficiency Particulate Air (HEPA) vacuumed after removal is complete.
9. Contractors must comply with all applicable state and federal regulations regarding the transport and disposal of asbestos containing materials.

The removal of VAT, which is covered by carpeting, is not addressed in the RFCI work practices. Therefore, the following requirements should be followed when carpet covered VAT is removed:

1. Thoroughly saturate the carpeting prior to beginning the removal of the carpeting.
2. Cut the carpeting into manageable strips using a razor knife.
3. Firmly pull the carpeting up while continually misting both sides of the carpet.
4. Any tiles which remain attached to the carpeting should be removed and bagged, or the entire strip of carpeting should be bagged as ACM.
5. For the removal of tiles remaining on the floor, follow the RFCI work practices.
6. All debris, carpet, and tiles must be disposed of in accordance with any applicable federal and/or state regulations.

The completed form and supporting documentation should be sent to the following address:

New Jersey Department of Health and Senior Services  
Consumer, Environmental & Occupational Health Service  
Indoor Environments Program  
PO Box 369  
Trenton, NJ 08625-0369

If you have questions regarding the completion or submission of this package, you can call 609-826-4950.

If you have questions regarding the disposal of asbestos waste in NJ you can contact the NJ Department of Environmental Protection (DEP) at 609-984-6985.

**New Jersey Department of Health and Senior Services**

**Consumer, Environmental & Occupational Health Service**

PO Box 369, Trenton, NJ 08625-0369

Telephone: 609-826-4950 Fax: 609-826-4975

**CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES—Exemption Request**

*Please Type or Print Legibly*

**Type of Exemption Request**

Floor Tile     Roofing     Siding     Transite     Other, explain: \_\_\_\_\_

**General Information**

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

Type of Company:     Corporation             Individual             Partnership

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Federal I.D. Number: \_\_\_\_\_

Corporation Number (if applicable): \_\_\_\_\_ Date Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_ State Incorporated In: \_\_\_\_\_

**Primary Company Contact**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

**Company (as identified above) Information**

How long has the company/agency been in existence? \_\_\_\_\_ Years \_\_\_\_\_ Months

Has the company's name changed within the past two (2) years?             No     Yes    If yes, explain below:

\_\_\_\_\_

Is the company/agency an affiliate or subsidiary of any other organization?     No     Yes\*

\*If you answered yes to the above question, list the name(s) and address(es) for the related organization(s) and explain the relationship on a separate piece of paper.

List all owners, partners, shareholders (10% or more), officers, and directors of the company (use a separate piece of paper if necessary):

Name (Last, First, Middle Initial)	Address	Office/Title	% Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Go To Page 2 to Complete This Application

**CONTRACTOR INFORMATION FOR NON-FRIABLE ASBESTOS WORK ACTIVITIES (cont'd)**

**Company's History of Legal Actions**

If you answer "yes" to any of the following questions, you must provide a detailed statement to fully explain the circumstances, and attach the statement to this form.

Has the company or any person identified on this form:

- been subject to, or has pending, any disciplinary action(s), suspension(s), or citation(s) of violation(s) by any administrative, governmental or regulatory agency, including, but not limited to, OSHA, EPA, NJDOLWD, NJDEP, NJDCA or NJDHSS? [ ] No [ ] Yes
- now or has been subject to any order resulting from any criminal, civil or administrative proceeding brought against such company, persons or parties by any administrative, governmental or regulatory agency? [ ] No [ ] Yes
- been denied any license/certification/approval, or had it suspended or revoked by any administrative, governmental or regulatory agency? [ ] No [ ] Yes
- been disbarred, suspended or disqualified by any federal, state or municipal agency? [ ] No [ ] Yes
- been a defendant in any civil or criminal litigation? [ ] No [ ] Yes

**Historical Data (check most appropriate)**

- I intend to use the data provided by the RFCI which indicates that no significant exposure exists during the removal of asbestos containing floor tiles, when their methodology is applied to their described situation.
- The RFCI data is not applicable to the floor tile removal I am undertaking. Attached is data for the removal method which will be employed. This data represents airborne asbestos levels generated during and after the removal, and is proof that no significant exposure exists.
- I am undertaking the removal of (check one):  transite  roofing  siding  
Attached is historical or current data for this type of removal which indicates that no significant exposure exists during or after the removal of the material.

**Statement and Signature**

*I agree that the information contained herein is accurate, true and complete, to the best of my knowledge. I understand that if such information contained herein is found to be false, I may be subject to the penalty provisions of N.J.A.C. 8:60.*

*I understand that this information is subject to verification and that I agree to provide any additional documentation, as required. For the same purpose, I also understand that outside sources may be contacted, therefore I hereby give permission for disclosure of any information which may be needed to determine if the contents of this document is valid and/or eligible. I also understand that failure to provide full disclosure of any of the requested or required information may result in the rejection of this request. I also understand that completion of this form does not guarantee approval of this Request.*

*By signing this form, I understand that, should this request be approved, I am required to follow any and all procedures prescribed by the New Jersey Department of Health and Senior Services in regulation and/or guidance documents as provided.*

*I am authorized to sign for and in behalf of persons listed as owners, partners, shareholders, officers and directors of the company identified in this document.*

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Jersey Department of Health and Senior Services  
Consumer, Environmental & Occupational Health Service  
PO Box 369, Trenton, NJ 08625-0369  
Telephone: 609-826-4950 Fax: 609-826-4975

**NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES**

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

**Type of Notification (check one) and Date Submitted**

Initial  Amended  Cancellation  Emergency (must include justification) Date of Notification: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Building Information**

Name of Building Owner/Operator: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Facility Information**

Name of Facility Where Work Activity is to Take Place: \_\_\_\_\_

Describe Facility Use: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

County Name: \_\_\_\_\_ County Code (state use only): \_\_\_\_\_

Scheduled Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Scheduled Completion Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Occupancy Status During Activity (check only one):**

- Facility Closed/Vacated During Entire Activity  
 Activity Performed Outside Normal Facility Hours—Describe: \_\_\_\_\_  
 Other—Describe: \_\_\_\_\_

**Scope of Work (check all that apply):**

- Floor Tile Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_  
 Mastic Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_  
 Other: \_\_\_\_\_ Square Footage: \_\_\_\_\_ Percentage Asbestos: \_\_\_\_\_

**Contractor Information**

Company Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

New Jersey Asbestos License Number (if applicable): \_\_\_\_\_

Monitoring Firm (if applicable): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**Signature**

Completed By (type or print legibly): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_