UNC-CH Cold Room Mold Remediation Standard Operating Procedure

This SOP outlines the steps required for mold remediation for cold rooms at UNC-CH. The goal of the SOP is to ensure employee safety and safeguarding of cold room contents.

1) The requesting department will place a work order with Facilities Services for mold to be remediated (cleaned) off cold room surfaces. The department may have to provide funding information. The department will need to work with Facilities Services to schedule the work.

2) Departments will be responsible for safeguarding items contained in the cold room. If possible, relocate items during the maintenance activities. Also, remove any unwanted items and dispose of them properly. Items that cannot be relocated should be protected from all activities and made safe for the maintenance personnel. As mold remediation methods may vary by cold room, departments and Facilities Services should discuss the required methods to determine if the contents will be affected. Facilities Services is not responsible for any damage caused to items left in the cold room during the cleaning.

3) The department should contact EHS to verify that worker safety is achieved. The responsible Principal Investigator or designee must complete the Cold Room Safety Clearance Form prior to remediation work.

4) Facilities Services HVAC shop should determine if the operation of the cold room is the cause of mold growth.

5) The assigned Facilities Services shop will clean the room. Depending on the level of mold growth, maintenance personnel can use different types of remediation methods. Facilities Services is responsible for communicating timeline and a clear understanding on the process to the building occupants.
COLD ROOM SAFETY CLEARANCE FORM

(Post this form on outside of cold room)

Principal Investigator/designee (please print): _____________________________________________

Department: __________________________________________________________________________

Building and Room Number: _____________________________________________________________

This is to certify that the cold room listed above is considered safe for maintenance work.

Circle

Hazardous materials removed yes / no

Remaining items protected from cleaning activities and safe for maintenance yes / no

Cleaning methods discussed with Facilities Services yes / no

Princip al Investigator/designee (signature): ____________________________ Date: __________

EHS (signature): ____________________________________________________________ Date: __________