

LOG NUMBER: _____

REQUIRED ELEMENTS CHECKLIST

Name and Address of School: _____

Name of Designated Person _____

Phone Number _____

THE ITEMS MARKED "M" ARE (MISSING) OR "D" ARE (DEFICIENT). THE REGULATORY REFERENCES ARE TO THE AHERA REGULATIONS (40 CFR PART 763).

*Page #'s where information can be found in MP

___ **763.93(e)(I) General Inventory**

___ School building(s) (Names and Addresses) * _____

___ State or list whether building(s) contains known and assumed ACBM _____

___ Documentation that no ACM exists in the building _____

___ **Sign-Offs**

Name, signature, date and state of accreditation for the person(s) who:

___ Conducted the inspection or reinspection _____

___ Collected the bulk samples _____

___ Made the assessments _____

___ Made recommendations for response actions _____

___ Developed the management plan _____

___ **763.93(e)(7) and (i) Designated Person Sign - Offs**

___ Assurances _____

___ Statement of accreditation _____

___ **763.93 (e)(4) Designated Person**

___ Name, address and phone number _____

___ Training received (course name, topics, dates, hours) _____

___ **763.93(e)(3) Inspection information completed on or after December 14, 1987**

___ Date of inspection _____

___ Diagrams of each school building identifying:

___ Location and square or linear footage of any homogeneous area or sampling area _____

___ Exact location of sample collection _____

___ Homogeneous areas where friable and non-friable is assumed _____

___ Date of bulk sample collection _____

___ **763.93(e)(3)(iii) Description of sample location method**

___ **Proper number of samples taken** _____

___ **Friable Surfacing Materials**

___ At least 3 samples \leq 1,000 sq. ft. _____

___ At least 5 samples ($>$ 1,000 sq. ft. but \leq 5,000 sq.ft.) _____

___ At least 7 samples ($>$ 5,000 sq. ft.) _____

___ **Thermal System Insulation**

___ At least 3 samples _____

_____ At least 1 sample from patched insulation
(< 6 linear ft or < 6 square ft) _____

_____ At least 1 sample for cement or plaster, on tees,
elbows or valves _____

_____ **Friable Miscellaneous Material**

_____ Sampled in a manner sufficient _____

_____ **Nonfriable Suspected ACBM**

_____ Sampled in a manner sufficient _____

_____ **763.88 Required Assessments** _____

_____ **763.93(e)(3)(iv) Laboratory Report**

_____ Copy of analysis of bulk samples _____

_____ Date of analysis _____

_____ Name and address of laboratory _____

_____ Laboratory accreditation _____

_____ Name and signature of analyst(s) _____

_____ **763.93(e)(6) Recommendation for response actions**

_____ Description of preventive measures _____

_____ Location where response actions will be taken _____

_____ Justification for response action _____

_____ Response action schedule - beginning and ending dates _____

_____ **763.90(b) Damaged or significantly damaged T.S.I.**

_____ Repair _____

- Remove _____
- Maintain _____

___ **763.90(c) Damaged friable surfacing ACM or Damaged friable Miscellaneous**

- Encapsulate _____
- Enclose _____
- Remove _____
- Repair _____

___ **763.90(d) Significantly damaged surfacing ACM or significantly damaged friable miscellaneous ACM**

- Isolate the functional space and restrict access _____
- Enclose or encapsulate _____
- Remove the material in the functional space _____

___ **763.90(e) Friable surfacing ACM, thermal system insulation ACM, or friable miscellaneous ACM that has potential for damage**

- At least operations and maintenance _____

___ **763.90(f) Friable surfacing ACM, thermal system insulation ACM, or friable miscellaneous ACM that has potential for significant damage**

- Operations and maintenance _____
- Institute preventive measures _____
- Remove the material as soon as possible _____
- Immediately isolate the area and restrict access _____

___ **763.89(b)(7) Any remaining friable ACBM or friable suspected ACBM**

_____ At least operations and maintenance _____

___ **763.93 (e)(8) ACBM Remaining** _____

___ **763.93(e)(9) Reinspection, Operations & Maintenance, Periodic Surveillance and Cleaning**

_____ Plan for reinspection _____

_____ Operations and maintenance plan _____

_____ Plan for periodic surveillance _____

_____ Additional cleaning recommendation(s) _____

_____ LEA accepts recommendation _____

___ **763.93 (e)(10) AND (g)(4) Notification**

_____ Method to notify of planned or in progress activities _____

_____ Written notification _____

_____ Description of the steps taken _____

_____ Dated copy of the written notification _____

___ **763.93 (e)(11) Resource Evaluation** _____

763.93(e)(2) Inspection information completed prior to December 14, 1987.

- _____ Date of inspection(s) _____
- _____ Blueprint, diagram or written description: _____
- _____ Location and square or linear footage of any homogeneous area or sampling area _____
- _____ Exact location of sample collection (if possible) _____
- _____ Dates of collection (if possible) _____
- _____ Appropriate number of samples _____
- _____ Copy of bulk sample analyses _____
- _____ Dates of analyses _____

Description of response actions or preventive measures (if available)

- _____ Names and addresses of contractors _____
- _____ Start and completion dates of work _____
- _____ Results of air samples during and upon completion of work _____

Assessments of friable or non-friable suspected ACM assumed to be ACM.

- _____ Name, signature, date and state of accreditation (if applicable) for person(s) making assessments _____

_____ **763.93(h) and 763.94(b-h) Recordkeeping after December 14, 1987** _____

_____ Detailed written description _____

_____ Methods used _____

_____ Location _____

_____ Reasons for selecting measure or action _____

_____ Start and completion dates _____

_____ Names and address of all contractors _____

_____ Location of storage or disposal site _____

_____ Name and signature of person collecting air samples _____

_____ Location where samples were collected _____

_____ Date of collection _____

_____ Name and address of laboratory _____

_____ Date of analysis _____

_____ Results of analysis _____

_____ Method of analysis _____

_____ Name and signature of analyst(s) _____

_____ Laboratory accreditation _____

