

LEA NAME:

SCHOOL NAME:

(Number __ of __, make copies as necessary)

AMP FORM 18 - PERIODIC SURVEILLANCE PLAN/REPORT

Periodic Surveillance Plan: At least once every six months after the AMP is in effect, periodic surveillance will be conducted in each building that the LEA leases, owns, or otherwise uses as a school building that contains ACBM or is assumed to contain ACBM. At a minimum, surveillance is planned to be conducted during the fall and spring (insert alternate time frames and other details, as needed). Each person performing periodic surveillance must: visually inspect all areas that are identified in the AMP as ACBM or assumed ACBM, record the date of the surveillance, his or her name, and any changes in the condition of the materials, and submit a copy of the record to the DP for inclusion in the AMP.

			1 st six months Date_____	2 nd six months Date_____	
HA No.	Description of ACBM	Area Inspected	ACBM Condition*	ACBM Condition*	Date ACBM Removed

* If no change in condition, write N/C

Surveillance Inspector's Name	Surveillance Inspector's Signature	Date

RECORDING FORM FOR PHYSICAL ASSESSMENT DATA

Building: _____

Functional Space No. _____ Type: _____ Location: _____

Type of Suspect Material: _____ Surfacing, _____ TSI, _____ Misc.
Description: _____

Approximate Amount of Material (linear, square, or cubic ft.): _____

Condition

Percent Damage: _____ % _____ Localized, _____ Distributed

Type of Damage: _____ Deterioration, _____ Wat.er, _____ Physical

Description: _____

Overall Rating: _____ Good, _____ Damaged, _____ Sig. Damaged

Potential for Disturbance

Frequency of Potential Contact: _____ High, _____ Moderate, _____ Low

Description: _____

Influence of Vibration: _____; High, _____ Moderate, _____ Low

Description: _____

Potential for Air Erosion: _____ High, _____ Moderate, _____ Low

Description: _____

Rate Potential for: _____ Damage, _____ Sig. Damage _____ Minimal or No Damage

Comments: _____

Signed----- **Date**_____

Inspector Name & Accreditation Number _____

EXHIBIT G-1

**PERMIT APPLICATION FOR PERFORMING
MAINTENANCE/RENOVATION WORK**

Exact location of area involved (including building number, room number, location within room, etc.) _____

2. Description of work involved

3. Starting Date: _____ Anticipated Completion Date _____

*Approximate amount of asbestos present (linear feet, square feet, size of tank, etc.)

*Asbestos control methods to be used (i.e., glovebag, HEPA vacuum, wet methods, etc.)

6. *Protective equipment to be used (respirator, coveralls, etc.) _____

7. Name and telephone number/extension of supervisor _____

Note: These items may have to be filled out by Asbestos Program Manager.

Please return this form to:

Name
Address or Mail Stop
Telephone or Extension

TO BE FILED OUR BY ASBESTOS PROGRAM MANAGER:

Permit _____ Accepted _____ Rejected _____

Signed _____

Permit Number _____
Emergency contact _____ Telephone# _____

EXHIBIT G-4

FIBER RELEASE EPISODE REPORT

1. Address, building, and room number(s) (or description of area) where episode occurred:

2. The release episode was reported by _____,
on _____.

3. Describe the episode: _____

_____.

4. The asbestos-containing material was _____ was not _____ cleaned up
According to approved procedures. Describe cleanup:

_____.

Signed: _____ Date: _____
(Asbestos Program Manager)P