ASBESTOS INSPECTION FORM

Inspector(s) ______________________________  Inspection Date/Time _____________
Project Address ___________________________  Contact Person _______________
Start Date ___________  End Date ___________  Bldg./Floor/Room ________________

PART I: Work Site Information

Is this work a planned asbestos abatement job? (If no, complete section and go to Part VI) Yes ___  No ___
Scope of Work: ______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Has the job deviated from the original scope of work?    Yes ______ (Describe below)   No ______
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

PART II: Asbestos Contractor Information

Asbestos Contractor: _______________________  Lic.# ____________  Exp. Date _____
Responsible Person/Supervisor on site: ________________  Project Monitor: ________________
Lic.# _______________  Exp. Date ___________  Lic.# ______________ Exp. Date _____

PART III: Work Site Observations

Type of containment:  Full Containment ____  Glove Bag ____  Mini – Enclosure _____

A) Work Area Preparation:  Yes  No  Yes  No
1. Sign in / out log  ___  ___  8. Warning signs posted  ___  ___
2. HVAC shutdown, locked out, isolated  ___  ___  9. Moveable objects out  ___  ___
PART III: Work Site Observations continued

3. Non-moveable objects covered 6 mil poly ___ ___ 10. Seams sealed w/duct tp ___ ___
4. Isolation of work area with 6 mil poly ___ ___ 11. Floors/walls 2-6mil poly___ ___
5. GFCI protection ___ ___ 12. Criticals in place ___ ___
6. Negative Air machine (0.2 in. of H20) ___ ___ 13. HEPA vacuum ___ ___
7. Sprayer w/ amended water ___ ___ 14. Decon/shower ___ ___

B) Worker Protection:

1. Personal exposure monitoring ___ ___ 3. Respiratory protection ___ ___
2. Protective clothing (tyvek, gloves, shoes, eye) ___ ___ 4. All PPE being worn ___ ___

C). Work Practices/Procedures:

1. Wetting of asbestos ___ ___ 3. Waste is double-bagged ___ ___
2. Waste is removed from containment properly ___ ___ 4. Waste bags labeled ___ ___

D). Glove bag/small scale projects:

1. Glove bag sealed properly from leakage ___ ___ 4. Wet w/amended H20 ___ ___
2. Ends enclosed prior to removal of glove bag ___ ___ 5. ACM isolated in bag ___ ___
3. Surfaces free from visible debris ___ ___ 6. Appropriate training ___ ___

E). Clean up and Disposal:

1. All surfaces decontaminated ___ ___ 5. Is debris present? ___ ___
2. Equipment/materials decontaminated ___ ___ 6. ACM disposed crctly ___ ___
3. ACM transported in covered/locked cntnr ___ ___ 7. Visual insp.by PM ___ ___
4. Air monitoring clearance by PM ___ ___

PART IV: Recordkeeping

On site records:
1. Has notification been submitted? (ANF001) ___ ___
2. Legible copies or original of MA certification ___ ___
of each employee on site.
3. Daily sign in /out logs w/signatures ___ ___
4. Air monitoring records pertaining to project ___ ___
5. Written respirator program ___ ___
6. Respirator fit test record for employees ___ ___

Personnel on-site:

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PART VI: Non-Asbestos Abatement Job

1) Was this job entered into EMPAC?       Yes _____   No_____ (If no, see question 2)

2) Does the job have the potential to impact ACM?       Yes_____   No_____

PART VII: Summary of Inspection Violations and/or Nonconformances Observed

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