

**FOR STATE USE ONLY**

**ASBESTOS MANAGEMENT PLAN  
 ROOM/FUNCTIONAL SPACE INSPECTION**

Building Assessed																																
Room/Functional Space		Date of Construction																														
Type of Material <i>(Only ONE type may be checked per individual page; see instructions)</i> <input type="checkbox"/> Surfacing <input type="checkbox"/> Thermal <input type="checkbox"/> Miscellaneous		Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable																														
Description																																
Square/Linear Footage	Percent of Area	Homogeneous ID No.																														
Damage Assessment																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Type of Damage</th> <th style="width: 5%;">YES</th> <th style="width: 5%;">NO</th> <th style="width: 25%;">Amount (Square/Linear Feet)</th> <th style="width: 50%;">Comments (Severity, Cause)</th> </tr> </thead> <tbody> <tr> <td>Deterioration</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Delamination</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Physical</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Other: _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			Type of Damage	YES	NO	Amount (Square/Linear Feet)	Comments (Severity, Cause)	Deterioration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Delamination	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Water	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Physical	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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Physical	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____																												
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____																												
Extent of Damage <input type="checkbox"/> Localized <input type="checkbox"/> Distributed		Is dust/debris present? <input type="checkbox"/> Yes <input type="checkbox"/> No																														
Location																																
Was bulk/surface material obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		If surfacing material, is dust/debris released when material is brushed by hand using moderate pressure? <input type="checkbox"/> Yes <input type="checkbox"/> No																														
Accessibility (More than 1 possible answer; see instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Comments																														
Is there a potential for disturbance of this material? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain																														
Is this material in an air plenum or exposed to an air stream? <input type="checkbox"/> Yes <input type="checkbox"/> No		Explain																														
Degree of Damage																																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Damaged or    <input type="checkbox"/> Significantly Damaged            Thermal System Insulation  <input type="checkbox"/> Damaged Friable Surfacing ACM  <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM  <input type="checkbox"/> Damaged or    <input type="checkbox"/> Significantly Damaged            Friable Miscellaneous ACM         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ACBM With Potential for Damage  <input type="checkbox"/> ACBM With Potential for Significant Damage  <input type="checkbox"/> Any Remaining Friable ACBM            or Friable Suspected ACBM         </td> </tr> </table>			<input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Thermal System Insulation <input type="checkbox"/> Damaged Friable Surfacing ACM <input type="checkbox"/> Significantly Damaged Friable Surfacing ACM <input type="checkbox"/> Damaged or <input type="checkbox"/> Significantly Damaged Friable Miscellaneous ACM	<input type="checkbox"/> ACBM With Potential for Damage <input type="checkbox"/> ACBM With Potential for Significant Damage <input type="checkbox"/> Any Remaining Friable ACBM or Friable Suspected ACBM																												
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Additional Comments																																
Signature(s) of Inspector(s)/Assessor(s)																																
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