## **New Jersey Department of Health** Consumer, Environmental and Occupational Health Service **Environmental and Occupational Health Assessment Program** P. O. Box 369, Trenton, NJ 08625-0369

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FOR STATE USE ONLY

## **ASBESTOS MANAGEMENT PLAN - COVER SHEET**

Name of Responsible Governing Authority			Т	Telephone Number		
				( )		
Add	dress					
			Ι_			
Name of Facility				elephone Number ( )		
Duthling Assessed				,		
Building Assessed				County		
Address			Т	elephone Number		
				( )	)	
Type of Facility			D	Date of Inspection		
Doe	es this building contain (check all	that apply)?	<b>I</b>			
	☐ Friable ACBM	Total Amount (Squ	ıare/Linear Feet):			
	☐ Non-Friable ACBM	Surfacing ACE	BM			
Assumed Friable ACM Thermal Insulation ACBM						
	☐ Assumed Non-Friable ACM	Miscellaneous	S ACM			
		ASBESTOS PRO	GRAM MANAGER *			
Name of Asbestos Program Manager Telephone Number						
				( )		
Add	dress					
Training Attended		Training Aganay	Diago of Training	Doto(o)	Training Hours	
	Course Name	Training Agency	Place of Training	Date(s)	Training Hours	
-						
_		INCREATOR (O)	/ ACCECCOD(C) **			
		Accreditation	/ ASSESSOR(S) **			
Name		Number / State	Affiliation	Signature		
		1				
	_	1			<u> </u>	
		MANAGEMEN	IT DI ANNED(O) **			
	(The undersi	igned Management Planner(s	IT PLANNER(S) ** s) have prepared or assiste	d in preparation or		
	reviewe	d this plan and assure that th	is plan is in compliance with	h current law.)		
1	Name	Address		Telephone Numb	per	
					( )	
	Affiliation	State of Accred	litation / Accreditation No.	Signature		
OTHER CONSULTANTS/PERSONS INVOLVED IN THE DEVELOPMENT OF THIS MANAGEMENT PLAN **						
	Name	Accreditation Number / State			Signature	
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-		<u> </u>				
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<sup>\*</sup>Include copies of certificates of completion for all training courses. \*\*Include copies of licensing documents.