

**ASBESTOS MANAGEMENT PLAN - ROOM/FUNCTIONAL SPACE
 BOILER ROOM RESPONSE ACTIONS**

Building Assessed	Room/Functional Space
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SECTION I: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbows/Joints <input type="checkbox"/> Boiler <input type="checkbox"/> Duct <input type="checkbox"/> Breeching <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

<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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Response	Action(s)	Date of Response	Square/Linear Feet
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Comments

SECTION II: TYPE OF ASBESTOS-CONTAINING MATERIAL (CHECK ONLY ONE TYPE PER SHEET)

<input type="checkbox"/> THERMAL Check One: <input type="checkbox"/> Pipe Insulation <input type="checkbox"/> Elbows/Joints <input type="checkbox"/> Boiler <input type="checkbox"/> Duct <input type="checkbox"/> Breeching <input type="checkbox"/> Hot Water Tank <input type="checkbox"/> Other: _____	<input type="checkbox"/> SURFACING Check One: <input type="checkbox"/> Ceiling <input type="checkbox"/> Wall <input type="checkbox"/> Other: _____	<input type="checkbox"/> MISCELLANEOUS <input type="checkbox"/> VAT <input type="checkbox"/> Transite <input type="checkbox"/> Other: _____
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Homogeneous ID No.	Check One <input type="checkbox"/> Sample Taken <input type="checkbox"/> Material Assumed	Material <input type="checkbox"/> Friable <input type="checkbox"/> Non-Friable	Total Sq./LF	Material <input type="checkbox"/> Localized <input type="checkbox"/> Distributed	Accessibility (See Instructions) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
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Damage Assessment

<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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Response	Action(s)	Date of Response	Square/Linear Feet
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Comments
