

**AHERA 3 YEAR REINSPECTION REPORT**

**DUE:**

**FEDERAL INFORMATION AND INSTRUCTIONS:** The information contained on this form will allow Northwest Service Co-op to access a record current status of asbestos-containing building materials in schools. The actual U.S. Environmental Protection Agency (EPA) required reinspection date may differ from the due date of this form. According to the federal Asbestos Hazard Emergency Response Act (AHERA) the reinspection must occur within three years of the implementation of effective date of the plan. Information contained on this form will be used for reports to the U.S. EPA. A separate form must be completed for each Local Education Authority (LEA)'s building. If more space is required than is provided on this form, please copy appropriate page and report additional data. Subsequent additional pages must be appropriately numbered in the space provided.

Where it is determined necessary to collect samples of previously assumed or newly identified Asbestos Containing Materials (ACM) sampling & analysis must be completed in accordance with 40 CFR Part 763.86 and 763.87. Required information not provided on this form must be prepared in acceptable format & included in the management plan.

The completion of this form should be coordinated by the LEA's designated person with appropriate sections completed by an accredited building inspector and management planner and returned to the address listed above no later than

**IDENTIFICATION INFORMATION**

LEA Name: <i>ST. MARY'S MISSION School</i>		Public School <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Building Name: <i>ST. MARY'S MISSION School</i>			Reinspection Date <i>1-10-01</i>
Name of Designated Person - (School Employee or Consultant) Please Print: <i>SR. PHILIP ZIMMER</i>	Company Name: <i>ST. MARY'S School</i>		Telephone Number { }
Name of Building Inspector - (Please print name including middle initial) <i>TOM STIGSELL</i>	Company Name: Northwest Service Cooperative		Accreditation No. <i>142</i>
Complete Address:			
Name of Management Planner (Please print name including middle initial): <i>TOM STIGSELL</i>	Company Name: Northwest Service Cooperative		Accreditation No. <i>142</i>
Complete Address: <i>114 W. 1st ST TRF-MN 56701</i>			

**VERIFICATION OF DATA**

I, the LEA Designated Person, by my signature, agree that information contained in this report is accurate and complete to the best of my knowledge.	Signature - Designated Person:	Date:
I hereby verify that the inspection information shown on this report are true and correct and reflect the actual condition of all asbestos-containing building materials in this building, at the time of the reinspection.	Signature - State of MN Accredited Building Inspector: <i>Tom Stigsell</i>	Date: <i>1-10-01</i>
I hereby verify that the management planner's information shown on this report are true and correct and reflect the appropriate recommended response action, for all asbestos-containing building materials in this building, that were appropriately changed or removed at the time of the reinspection.	Signature - State of MN Accredited Management Planner: <i>Tom Stigsell</i>	Date: <i>1-10-01</i>

REINSPECTION STATUS

According to the AHERA some buildings may not require a 3-year reinspection by the due date on this form. If the building does not require "Reinspection" (verified by the LEA designated person) please check one of the following reasons or otherwise explain, and return this report to the address listed on the top of page one.

- 1. Building was not constructed using asbestos containing building materials (validating documentation sighted in Management Plan.)
- 2. All asbestos containing building material has been removed from the facility.
- 3. Built after October 12, 1988 and verified as constructed without asbestos (validating documentation sighted in Management Plan.)
- 4. Original inspection completed after July 9, 1989 - latest inspection was conducted / / (date).
- 5. Other (Please Explain):

3-YEAR REINSPECTION FINDINGS AND ASSESSMENT BY HOMOGENEOUS AREA

(PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE FOR BUILDINGS WITH MORE HOMOGENEOUS AREAS THAN SPACES PROVIDED. PLEASE NUMBER ADDITIONAL PAGES IN THE SPACE BELOW.)

LEA Name: ST. MARY'S MISSION School Building Name: ST. MARY'S MISSION <sup>sepd</sup>  
 Reinspection Date: 1/10/01 Page of     

Homogeneous Area ID Code	Homogeneous Area	Asbestos Containing Building Material				Type & Condition (check one per column)							
		Linear Ft.	Area Square Ft.	Assumed ACBM? Yes **No	Friable ACBM? Yes No	Material Type TSI S Misc			Damage Condition No D SD			Potential For Damage PD PSD	
01	JANITOR ROOM	103		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
02	STAIRWAY		180	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
03	9" FLOOR TILE		5700	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
04	9" FLOOR TILE		304	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: \*(Either response requires that inspectors SEE and TOUCH the material, as required by AHERA 40 CFR Part 763.85 (b)(3)(U))  
 \*\*(A response of "NO" indicates the material is confirmed ACBM and that adequate and proper sampling has been done)

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**INSPECTOR'S COMMENTS OR MANAGEMENT PLANNER'S RECOMMENDATIONS**

*(Please make additional copies of this page for buildings with more homogeneous area comments than spaces provided. Please number additional pages below.)*

LEA Name

Building Name:

Reinspection Date:

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Homogeneous Area	Provide a Written Explanation of Changes, Corrections, Updates, or Extent of Damage as Compared to Data Contained in Original Inspection Findings.	Estimated Cost to Remove & Replace	Recommended** Response Action
01	0 \$M No Change	2800	0 \$M
02	}	1100	}
03	}	17,000	}
04	}	6,800	}

\*\* Recommended response action must be determined by an accredited "Management Planner". Appropriate response actions should be filled in using the following AHERA named response: REMOVE, ENCAPSULATION, ENCLOSURE, REPAIR, or OPERATIONS AND MAINTENANCE (O&M).