Checklist of E/OHS Activities for Asbestos Management

Program Contact Person: Chueyee Hur \_

Is the Asbestos Management Plan in place? Yes No N/A

Is the Plan current for all buildings? Yes No N/A

Has the Plan (or Plans) been reviewed this school year? Yes No N/A

The Plan is located at affected building: Yes, In the principal’s office .

Training for Asbestos Awareness was conducted:

New PT employees received training on .

*(date)*

Annual written notification has been prepared; .

*(date)*

Notification appeared in the following publication(s):

*Name of publication Date*

Fall news letter 2015

Three-year re-inspection Surveillance was conducted: 1/21/14

6-month Periodic Surveillance was conducted:

*(first date)*

*(second date)*

All caution labels have been posted.

*Label locations:*

Are supplies of repair materials adequate to meet the requirements of maintenance and repair of ACM? Yes No N/A

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Asbestos Maintenance Supplies on Hand** | | | | | | | |
| **Wrap-n-cure** | **Disposal bags** | **Respirator** | **Glove bag** |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Is documentation of Operations and Maintenance available? No

Location:

Status of the Asbestos repair and maintenance Work Order System: N/A Established,

Pending

Comments: