

AHERA 6 MONTH PERIODIC INSPECTION AND ASSESSMENT OF ACBM

INSPECTION DATE: 2/6/2017 LEA Ellsworth Public School Building Name K-12

(Please make additional copies of this page for buildings with more homogeneous areas than spaces provided. Please number pages in the space below.)

PERIODIC INSPECTION RESULTS

Inspectors Name: Brian Parrie				Training: Building Inspector				Cert. #AI11154			Page 1 of 1		
Location and Materials	Homogeneous Area	Asbestos Containing Building Material						Assessment/ Recommendation					
		Visually Inspected?		Assumed ACBM?		Friable ACBM?		Change in condition.		Damage Condition		Recommendation: Repair/O&M/Remove	
		Yes	No	Yes	No	Yes	No	Yes	No	No	D		SD
9"X9" Floor tile & mastic	9,10,12,15,17,	X		<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	<input type="checkbox"/>	X	O&M
12"X12" floor tile & mastic	13	X		X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
T.S.I.	26,27,28,34,35,36,40,41,42,44,46	X		<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
Rolled goods	33	X		X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
Transite	43	X		<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
Carpet mastic	47		X	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
Coving tile mastic	51		X	X	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
Boiler gaskets	56		X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M
Window inserts	57	X		<input type="checkbox"/>	X	<input type="checkbox"/>	X	<input type="checkbox"/>	X	X	<input type="checkbox"/>	<input type="checkbox"/>	O&M

Note: