

AHERA 6 MONTH PERIODIC INSPECTION AND ASSESSMENT OF ACBM

INSPECTION DATE: Aug. 12, 2014 **LEA:** Lynd Public School **Building Name:** Lynd Public School

(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	No		D
9X9 floor tile& mastic	Through out	X		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	x	<input type="checkbox"/> D <input type="checkbox"/> SD	O&M
Ceiling tile and Mastic	Throughout	X		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X	<input type="checkbox"/> D <input type="checkbox"/> SD	O&M
TSI		X		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	X	<input type="checkbox"/> D <input type="checkbox"/> SD	O&M

Note: