SEMI-ANNUAL SURVEILLANCE OF ASBESTOS

NAME OF SCHOOL _____

NAME OF INSPECTOR _____

POSITION WITH THE LEA _____

DATE(S) THAT THE INSPECTION WAS CONDUCTED _____

It is the inspector's responsibility to visually inspect and assess all changes, and record the present status of all Asbestos Containing Building Materials (ACBM) or assumed ACBM that is located in the school building(s), as indicated in the management plan. Please inspect each Homogeneous Area (HA) which contains asbestos.

		Changes			
List ACBM Locations	HA#	No	Min	Maj	Comments

_____ _____

Signature of Inspector Date