

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
AHERA COMPLIANCE INSPECTION CHECKLIST

LOCAL EDUCATION AGENCY (LEA) INSPECTION

DATE: _____

INSPECTOR(S): (1) _____ (2) _____

INSPECTION TYPE: 9 TSCA Neutral Scheme 9 Tip/Compliant 9 Other

LEA INFORMATION

LEA NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

PHONE NO.: _____

DESIGNATED PERSON: _____

SUPERINTENDENT/HEADMASTER: _____

NUMBER OF LEA SCHOOLS: _____

NUMBER OF LEA STUDENTS: _____

LEA is: ___ PUBLIC ___ PRIVATE (Nonprofit)

NUMBER OF SCHOOLS INSPECTED: _____

SCHOOLS AND/OR FACILITIES INSPECTED:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

OPENING CONFERENCE:

LEA personnel Present:

Name: _____ Title: _____

Name: _____ Title: _____

EPA inspector accompanied by other State or Federal employee(s) ___ Yes ___ No

Name: _____ Title: _____

Name: _____ Title: _____

- ____ 1. Presented EPA credentials to person in charge and explained purpose and scope of inspection.
____ 2. Notice of Inspection (NOI) signed by person in charge.

GENERAL INSTRUCTIONS/INFORMATION :

- 1. Obtain **only** copies of documentation relevant to deviations from regulations.
- 2. AF@ means Friable and ANF@ means Nonfriable.
- 3. AHA@ means Homogeneous Area.

GENERAL REGULATORY REQUIREMENTS:

Designate a person to ensure that requirements of the regulation are implemented [40 CFR 763.84(g)(1)]
 Yes No

Provide designated person with adequate training [40 CFR 763.84(g)(2)] Yes No

MANAGEMENT PLANS: Complete for each Management Planner used by the LEA [40 CFR 763.93(a)(1)]

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MANAGEMENT PLANNER: _____ Accreditation verified: Yes No

Blueprint/description that identifies location of homogeneous areas sampled of F and NF ACBM in each school building Yes No

Bulk sample analyses, name/address of laboratory, statement lab meets requirements, name/signature of analyst Yes No

Homogeneous areas defined as surfacing, thermal, or miscellaneous material Yes No

Description of preventive measures/response actions/methods to be used for F ACBM Yes No

Blueprint/description of ACBM/assumed ACBM remaining in school after response actions completed Yes No

Plan for re-inspection, O&M, and periodic surveillance Yes No

Evaluation of resources needed to complete response actions, re-inspection, and O&M Yes No

Management plan for each school located in LEA designated office 40 CFR 763.93(g)(2) Yes No

Dated copy of annual notification to parent, teacher, an employee organizations as part of the management plan 40 CFR 763.93(g)(4) Yes No Date of last notification: _____

LEA INSPECTION

LEA: _____

CLOSING CONFERENCE:

LEA personnel Present:

Name: _____ Title: _____

Name: _____ Title: _____

LEA representative provided copies of:

_____ 1. NOI _____ 2. Summary of observations _____ 3. Receipt of documents

Inspector=s signature: _____ Date: _____

Inspector=s signature: _____ Date: _____

SCHOOL INSPECTION

LEA: _____

General Information: Complete for each School Inspected

SCHOOL: _____

DATE: _____

ADDRESS: _____

TIME: _____

CITY: _____

STATE: _____ ZIP: _____

BUILDING(S)	Built before 1987?		Year Built (If available)	Included in Management Plan		
	Yes	No		Yes	No	N/A

Management plan located in school=s administrative office [40 CFR 763.93(g)(2)] ___ Yes ___ No

AHERA Inspector accompanied on inspection by LEA/School representative(s):

Name: _____ Title: _____

Name: _____ Title: _____

AHERA BUILDING INSPECTION: Complete for each Inspector used by the [40 CFR LEA 763.85(a)]

Initial AHERA Inspection Date: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSPECTOR=S NAME: _____ Accreditation verified: ___ Yes ___ No

All HAs of F and NF suspected ACBM identified for functional each functional area of the school building
___ Yes ___ No

Bulk samples collected and analyzed for all HAs NOT assumed to contain ACM ___ Yes ___ No

Assessment made of F ACM where samples were collected and F ACM assumed to be ACM ___ Yes ___ No

Provide short-term workers information regarding locations of ACBM and assumed ACBM ___ Yes ___ No

SCHOOL: _____

LEA: _____

BULK SAMPLING: 40 CFR 763.86

Appropriate number of samples collected in each homogenous area from:

Surfacing materials

- 3 from each HA 1000 sq ft or less
- 5 from each HA >1000 sq ft, but < 5000 sq ft
- 7 from each HA > 5000 sq ft

____ Yes ____ No ____ N/A
 ____ Yes ____ No ____ N/A
 ____ Yes ____ No ____ N/A

Thermal District Insulation (TSI)

- 3 from each HA of TSI that is NOT assumed to be ACBM
- 1 from each HA of PATCHED TSI NOT assumed to be ACBM

____ Yes ____ No ____ N/A
 ____ Yes ____ No ____ N/A

Miscellaneous Material

- Minimum of two samples from each HA of F miscellaneous material NOT assumed to be ACBM

____ Yes ____ No ____ N/A

Nonfriable suspected ACBM

- Minimum of two samples from each HA of NF suspected ACBM NOT assumed to be ACBM

____ Yes ____ No ____ N/A

Describe below any inadequate sampling:

Location	HA	Type of material (e.g., TSI, Misc)	No. samples taken	Results negative	Comments

TRAINING 40 CFR 763.92(a)

All members of maintenance/custodial staff who may work in a building that contains ACBM have received 2-hour awareness training; new employees trained within 60 days of employment ____ Yes ____ No

Maintenance/custodial staff who disturb ACBM have received 16-hour training ____ Yes ____ No ____ N/A

PERIODIC SURVEILLANCE 40 CFR 763.92(b)

Periodic surveillance conducted at least once every six months after management plan became effective ____ Yes ____ No

Date of last surveillance: _____

SCHOOL SECTION CHECKLIST

AHERA INSPECTION
Revised 9/06

SCHOOL: _____

LEA: _____

WARNING LABELS 40 CFR 763.95

Warning labels attached immediately adjacent to F and NF ACBM and assumed ACBM in all routine maintenance areas ___ Yes ___ No ___ N/A

Labels prominently displayed in readily visible locations ___ Yes ___ No ___ N/A

Labels read: A**CAUTION**@: ASBESTOS. HAZARDOUS. DO NOT DISTURB WITHOUT PROPER TRAINING AND EQUIPMENT ___ Yes ___ No ___ N/A

OPERATION & MAINTENANCE (O & M) 40 CFR 763.91

O & M plan implemented whenever F ACBM is known or assumed F ACBM is disturbed ___ Yes ___ No ___ N/A

Proper action taken ___ Yes ___ No ___ N/A If the answer is **no** explain below

RECORDING KEEPING 40 CFR 763.94

Records kept in administrative office of school for preventive measures & response actions ___ Yes ___ No

Exclusion letter(s) for new construction ___ Yes ___ No ___ N/A

REINSPECTIONS 40 CFR 763.85(b)

Date of last re-inspection: _____

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSPECTOR=S NAME: _____ Accreditation verified ___ Yes ___ No

Did inspector visually re-inspect and reassess the condition of all F known or assumed ACBM ___ Yes ___ No

Did inspector visually re-inspect all previously considered NF ACBM to determine if it had become friable since the last inspection ___ Yes ___ No

Did inspector identify any homogenous areas with material that had become friable since last inspection ___ Yes ___ No

If samples were taken describe below.

SCHOOL: _____

LEA _____

RESPONSE ACTIONS: Complete separate form for each response action documented.
40 CFR 763.90

Response Action Type:

_____ Removal _____ Encapsulation _____ O&M other than small scale, short duration
_____ Enclosure _____ Repair _____ Major fiber release

Location of Response Action:

Building: _____ Location in building: _____

Type of ACBM:

_____ Miscellaneous _____ Surfacing _____ Thermal

Size (square/linear feet) of project: _____

Start/Completion dates of project: _____

Response Action completed by:

_____ School Employees

_____ Contractor

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Designed by accredited persons [763.90(g)] ___ Yes ___ No

Conducted by accredited persons [763.90(g)] ___ Yes ___ No

An updated and detailed or descriptive blueprint, diagram, etc., included in the management plan, indicating where (if any) ACBM or assumed ACBM remains in the school once the response action was completed [763.90(i)(1)] ___ Yes ___ No

Air samples collected using aggressive sampling where TEM is to be used (not required for small scale, short duration) ___ Yes ___ No

If PCM is applicable, minimum of 5 samples collected from each functional space ___ Yes ___ No

If TEM is applicable, minimum of 13 samples collected from each functional space ___ Yes ___ No

Air monitoring contractor independent of abatement contractor ___ Yes ___ No

Air samples analyzed by an accredited laboratory ___ Yes ___ No

TEM report included with results ___ Yes ___ No