

Asbestos Management Checklist

Asbestos Management Plans (and Response Actions)		Frequency: Ongoing
<input type="checkbox"/> AMP Available for Public Inspection <input type="checkbox"/> Implement Protective Measures (or Response Actions) <ul style="list-style-type: none"> <input type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Operations & Maintenance <input type="checkbox"/> Attach warning labels adjacent to asbestos in routine maintenance areas (such as boiler rooms) <input type="checkbox"/> Training for all custodians & maintenance crew who work in buildings that contain asbestos (2 hours of training)	<input type="checkbox"/> Maintain detailed records of asbestos-related activities <input type="checkbox"/> Assign Designated Person (Responsible for implementing the Asbestos Management Plan) Name: _____ <input type="checkbox"/> Notify short-term workers (utility repairmen, contractors, etc.) of the location of asbestos in buildings <input type="checkbox"/> Training for all employees who will disturb asbestos (additional 14 hours of training)	
Signed by: _____		Date: _____
Inspect Known (and Assumed) Asbestos Containing Building Materials		Frequency: Semi-Annually
<input type="checkbox"/> Assess the condition	<input type="checkbox"/> Recommend response actions (as required)	
Signed by: _____		Date: _____
Notify Employees and Parents		Frequency: Annually
<input type="checkbox"/> Notify when Asbestos Management Plans are available for inspection	<input type="checkbox"/> Disclose whether any asbestos related activities are planned for the year	
Signed by: _____		Date: _____
Reinspect Buildings & Update Asbestos Management Plan		Frequency: Every 3 Years
<input type="checkbox"/> Reinspect buildings (by an accredited inspector) <ul style="list-style-type: none"> <input type="checkbox"/> Inspect all known asbestos containing building materials <input type="checkbox"/> Inspect all building materials assumed to be asbestos containing 	<input type="checkbox"/> Assess the condition of the asbestos containing building materials <input type="checkbox"/> Update Asbestos Management Plans (by an accredited management planner) & recommend protective measures	
Signed by: _____		Date: _____

Asbestos Abatement Checklist

<input type="checkbox"/> Project Design Performed by an Accredited Asbestos Abatement Project Designer (We recommend design prepared by a Professional Engineer or Registered Architect)	
Accredited Project Designer:	Accreditation #:
<input type="checkbox"/> Submit Design Documents to State Fire Marshal's Office (Review Application & Submittal Fee Included)	
Signed by:	Date:
<input type="checkbox"/> Asbestos Abatement Performed by an Accredited Asbestos Abatement Contractor	
<input type="checkbox"/> Accredited Asbestos Abatement Contractor/Supervisor	<input type="checkbox"/> Accredited Asbestos Abatement Workers
<input type="checkbox"/> Landfill Approval for Asbestos	<input type="checkbox"/> Licensed, Bonded & Insured as Required by State Law
Contractor Name:	License #:
Signed by:	Date:
<input type="checkbox"/> Air Monitoring/Contractor Observation by an Accredited Asbestos Abatement Project Supervisor	
<input type="checkbox"/> Background/Area Air Sampling	<input type="checkbox"/> Abatement Project Observation
<input type="checkbox"/> Visual Inspections	<input type="checkbox"/> Clearance Air Sampling
Accredited Project Supervisor:	Accreditation #:
Signed by:	Date:
<input type="checkbox"/> Use of Accredited Laboratory for Clearance Sample Analysis	
Accredited Laboratory:	Accreditation #:
Signed by:	Date:
<input type="checkbox"/> Asbestos Management Plan Updated	
Signed by:	Date: