Form #1

Asbestos-Containing Materials Reinspection Form

Location of asbestos-containing materials (address, building, room or general description):

_____
_____
_____
_____
_____

Type of asbestos-containing material(s):

1. Sprayed- or troweled-on ceilings or walls
2. Sprayed- or troweled-on structural members
3. Insulation on pipes, tanks, or boiler
4. Other (describe):

_____
_____
_____

Abatement Status:

The materials has been (1) encapsulated _____, (2) enclosed _____, (3) neither _____, (4) removed _____.

Assessment:

1. Evidence of physical damage:

_____
_____
_____

2. Evidence of water damage:

_____
_____
_____

3. Evidence of delamination or other damage:

_____
_____
_____

4. Degree of accessibility of the material:

_____
_____
_____

5. Degree of activity near the material:

_____
_____
_____

6. Location in the air plenum, air shaft, or airstream:

_____
_____
_____

7. Other observations (including the condition of the encapsulant or enclosure, if any):

_____
_____

*** Recommended Action:**

_____
_____
_____
_____

Signed:_____

(Evaluator)

Date:_____