

MANAGEMENT PLANS

763.93

1. General Inventory
2. Inspection Report
3. Designated Person identification
4. Response Actions
5. Response Action Details, Reason, Schedule
6. Accreditation Statements
7. Remaining ACM
8. O & M Plan
9. Initial Notification
10. Cost Estimation
11. Accreditation Statement for Other Consultants
12. Management Planner Optional Compliance Statement
13. Signed Statement by Designated Person

Ongoing Recordkeeping
Annual Notifications

General Inventory
763.93(e)(1)

Date: _____

Owner: _____

Address: _____

[illegible]

AHERA
INSPECTION REPORT
796.93(e)(3)

AHERA
Designated Person
796.93(e)(4)

LEA Designated Person

Print Name: _____

Address: _____

Phone: _____

Training Course Name: _____

Dates of Training: _____

Hours of Training: _____

Signature: _____

Date: _____

Response Actions

763.93(e)(5) and (6)

Management Planner:

Print Name _____ Signature _____

State of Accreditation or EPA _____

Accreditation # & Date _____

Date: _____

Building: _____

Homogeneous Area#: _____

Homogeneous Area Description: _____

Location: _____

Action: ☐ Repair ☐ Remove ☐ O & M
☐ Encapsulation ☐ Enclose

Reason: _____

When (Start/finish): _____

ACBM Remaining After Response Action: _____

Response Actions

763.93(e)(5) and (6)

Management Planner:

Print Name _____ Signature _____

State of Accreditation or EPA _____

Accreditation # & Date _____

Date: _____

Building: _____

Homogeneous Area#: _____

Homogeneous Area Description: _____

Location: _____

Action: ☐ Repair ☐ Remove ☐ O & M
☐ Encapsulation ☐ Enclose

Reason: _____

When (Start/finish): _____

ACBM Remaining After Response Action: _____

Response Actions

763.93(e)(5) and (6)

Management Planner:

Print Name _____ Signature _____

State of Accreditation or EPA _____

Accreditation # & Date _____

Date: _____

Building: _____

Homogeneous Area#: _____

Homogeneous Area Description: _____

Location: _____

Action: ☐ Repair ☐ Remove ☐ O & M
☐ Encapsulation ☐ Enclose

Reason: _____

When (Start/finish): _____

ACBM Remaining After Response Action: _____

Response Actions

763.93(e)(5) and (6)

Management Planner:

Print Name _____ Signature _____

State of Accreditation or EPA _____

Accreditation # & Date _____

Date: _____

Building: _____

Homogeneous Area#: _____

Homogeneous Area Description: _____

Location: _____

Action: ☐ Repair ☐ Remove ☐ O & M
☐ Encapsulation ☐ Enclose

Reason: _____

When (Start/finish): _____

ACBM Remaining After Response Action: _____

Response Actions

763.93(e)(5) and (6)

Management Planner:

Print Name _____ Signature _____

State of Accreditation or EPA _____

Accreditation # & Date _____

Date: _____

Building: _____

Homogeneous Area#: _____

Homogeneous Area Description: _____

Location: _____

Action: ☐ Repair ☐ Remove ☐ O & M
☐ Encapsulation ☐ Enclose

Reason: _____

When (Start/finish): _____

ACBM Remaining After Response Action: _____

**Assurance of Accreditation
Under this Management Plan**

763.93(e)(7)

Inspector:

Name: _____

State of Accreditation or EPA: _____
Accreditation Date(s): _____
Accreditation Number(s): _____

Name: _____

State of Accreditation or EPA: _____
Accreditation Date(s): _____
Accreditation Number(s): _____

Name: _____

State of Accreditation or EPA: _____
Accreditation Date(s): _____
Accreditation Number(s): _____

Management Planner:

Name: _____

State of Accreditation or EPA: _____
Accreditation Date(s): _____
Accreditation Number(s): _____

Name: _____

State of Accreditation or EPA: _____
Accreditation Date(s): _____
Accreditation Number(s): _____

Any Project Designer, Contractor/Supervisor or Worker who performs work on response actions under this Management Plan shall be accredited by either an EPA approved state contractor accreditation plan or an EPA approved course under section 206(b) to Title II of the Toxic Substance Control Act.

Remaining ACBM After Planned Response Actions 763.93(e)(8)

School _____

Building:

H A#	Homogeneous Area Description	Quantity	Location (Functional Spaces)

Building:

H A#	Homogeneous Area Description	Quantity	Location (Functional Spaces)

Use multiple pages as necessary

O & M Plan

763.93(e)(9)

Including:

Plan for Reinspection

Plan for O & M

Plan for Periodic Surveillance

Additional Special Cleaning Recommendations and
Response of Building Owner to Recommendation

The Management Planner
Recommendations of Additional Cleaning
763.91(c)(2)

Print Name _____ Signature _____

State of Accreditation or EPA _____ Accreditation # & Date _____

Homogeneous Area(s) of ACBM: _____

Functional Space(s): _____

Special Cleaning Methods:

HEPA Vacuum ☐

Wet Mop/Wipe ☐

Steam/Hot Water ☐

Other: _____

Frequency of Cleaning: _____

Response/Acknowledgment of Above Recommendations [763.93(e)(9)]:

I acknowledge the above recommendations of methods and frequency of additional cleaning.

Designated Person Print Name: _____

Signature: _____

Initial Notifications
763.93(e)(10)

Annual Notifications
763.93(g)(4)

Resource Evaluation

763.93(e)(11)

ACM Description Actions	Planned Response	Estimated Costs	Totals

Reinspection Costs/Year

Estimated Years

O & M/Year

Estimated Years

Periodic Surveillance/Year

Estimated Years

Training/Year

Estimated Years

Total Annual Cost:

TOTAL

Cost of Removal at End of Life: Total Cost at End of Life

**Contributing Consultant Accreditation
Statement of Compliance**

763.93(e)(12)

Consultant Discipline: _____

Name (Print): _____

Accreditation as Management Planner: ☐

EPA Accreditation: ☐ State Accreditation: ☐

State of Accreditation: _____

Accreditation Number: _____ Accreditation Date: _____

Consultant Discipline:

Name (Print): _____

Accreditation as Management Planner: ☐

EPA Accreditation: ☐ State Accreditation: ☐

State of Accreditation: _____

Accreditation Number: _____ Accreditation Date: _____

Consultant Discipline:

Name (Print): _____

Accreditation as Management Planner: ☐

EPA Accreditation: ☐ State Accreditation: ☐

State of Accreditation: _____

Accreditation Number: _____ Accreditation Date: _____

Consultant Discipline:

Name (Print): _____

Accreditation as Management Planner: ☐

EPA Accreditation: ☐ State Accreditation: ☐

State of Accreditation: _____

Accreditation Number: _____ Accreditation Date: _____

**Optional Management Planner
Compliance Statement**

763.93(f)

I certify that I have prepared and/or reviewed this Management Plan and that such plan is in compliance with the Asbestos Hazard Emergency Response Act at 40 CFR 763, Subpart E.

I also certify that I have no financial connection with any party who implements or will implement this Management Plan.

Printed
Name _____ Date _____

Signature _____

State of Accreditation or EPA _____

Accreditation Date _____

Accreditation Number _____

Local Education Agency (LEA) General Responsibilities Under AHERA

Pursuant to Section 763.84 and Section 763.93 of the EPA Asbestos in Schools Regulations (40 CFR, Part 763), each management plan must contain a true and correct statement signed by the LEA designated person, that certifies that the general LEA responsibilities have been met. This form is provided to assist you in complying with this portion of AHERA.

LEA Name: _____

LEA Address: _____

Designated Person Name: _____

Designated Person Address: _____

ASSURANCES

1. This AHERA management plan was developed and has been submitted pursuant to the Asbestos Hazard Emergency Response Act of 1986, Public Law 99-915; and the United States Environmental Protection Agency Rule: Asbestos Containing Material in Schools, 40 CFR, Part 763; and the undersigned does hereby certify that the LEA has and will ensure the following:
2. The activities of any persons who perform inspections, reinspections and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763.
3. All custodial and maintenance employees are properly trained as required in Part 763 and all other applicable Federal and/or State regulations (e.g., the Occupational Safety and Health Administration Asbestos Standard for Construction, the EPA Worker Protection Rule or applicable state regulations).
4. All workers and building occupants, or their legal guardians, are informed at least once each school year about inspections, response actions, post-response action activities, including period reinspection and surveillance activities, that are planned or in progress.
5. All short-term workers (e.g., telephone repair workers, utility workers or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of ACM and suspected ACM assumed to be ACM.
6. All warning labels are posted in accordance with Section 763.95.
7. All management plans are available for inspection and notification of such availability has been provided as specified in the management plan under Section 763.93(g).
8. The undersigned person designated by the LEA pursuant to Section 763.84 (g)(1) has received adequate training as stipulated in Section 763.84(g)(2).
9. The LEA has and will consider whether any conflict of interest may arise from the interrelationship among accredited personnel and whether that should influence the selection of accredited personnel to perform activities under Part 763.

SIGNATURE _____

LEA Designated Person, pursuant to
40 CFR 763.93(l) and 763.84.

DATE _____

Required Elements for LEA Asbestos Management Plan

Submission with Asbestos Management Plan Required

This Required Elements form must be completely filled out and submitted by each local education agency (LEA) with its asbestos management plan. If the Required Elements form is missing or incomplete, the entire management plan will be rejected as incomplete.

Carefully completing this form will help assure that the asbestos management plan meets federal requirements and will facilitate accurate and timely state review.

Directions

This form lists the federally required elements of each LEA asbestos management plan. The form is completed by listing all the page numbers where a specified element appears in the plan. When completed, therefore, the form will index the management plan's required elements.

In addition, questions are posed for a number of elements that require either (1) affirmation that information for those elements of the management plan is complete, or (2) an explanation of what is missing and why the required element is incomplete. An inadequate explanation for missing elements will be treated as incomplete responses.

Format

The Required Elements form is organized into 13 sections. Citations to federal regulations mandating specific elements are given in the appropriate sections. Space is provided in the form for the page numbers in the plan where specific elements are contained. Space is also provided for responses to questions posed in the form. If additional space is needed, continue on the back of the same page.

Required Elements for
LEA Asbestos Management Plan

Directions: List the pages of the management plan that contain the specified elements and give complete responses to each question.

I. General Inventory - 763.93(e)(1)

A list with the name and address of each school building and whether the building contains friable ACM, nonfriable ACM or ACM assumed to be ACM.

Page Numbers _____

II. Exclusions for inspections completed before December 14, 1987 - 763.93

- ☐ **(e)(2) - 763.99** (If NO EXCLUSIONS were declared for inspections before December 14, 1987, check box and skip to III.)

(Mark N/A at B, D, E or F if that type of exclusion not declared.)

A. Date(s) of inspection(s). (Required for all exclusions except (F), which is the exclusion for school buildings constructed after October 12, 1988.)

Page Numbers _____

Q: Do the pages listed give the inspection dates for each homogeneous or sampling area receiving an exclusion?

☐ Yes ☐ No

If no, please explain:

B. Statement(s) by accredited inspector(s) that, based on sampling records:

(Check the appropriate box for exclusions being declared)

- ☐ Friable ACM was identified in homogeneous or sampling area(s)
☐ Nonfriable ACM was identified in homogeneous or sampling area(s)
☐ Material determined not to be ACM in homogeneous and sampling area(s) was sampled in substantial compliance with '763.85(a)

List the pages that include statements that qualify each type of exclusion (as checked above).

Page Numbers _____

Q: Do the page numbers listed give a statement for each homogeneous or sampling area that is receiving an exclusion?

☐ Yes ☐ No

If no, please explain:

Each statement by an accredited inspector must include: (i) signature of the accredited inspector, (ii) date of signature, (iii) accreditation agency (state or EPA approved), and (iv) accreditation number (if applicable).

Q: Do the statement(s) contained in the pages listed give all four categories of information for each inspector declaring an exclusion?

☐ Yes ☐ No

If no, please explain:

For each of the above exclusions (friable ACM, nonfriable ACM and material not ACM), the additional information specified in (C) is required.

C. Blueprint, diagram or written description of each school building that identifies clearly (a) each location and approximate square or linear footage of homogeneous areas where material was sampled and if possible (b) the exact location where each bulk sampled was collected and the date of collection.

Page numbers of blueprint, diagram or written description of school building where material was sampled for ACM.

Page Numbers _____

Q: Do the pages listed contain a blueprint, diagram or written description for each school building where an exclusion is being declared based on samples?

☐ Yes ☐ No

If no, please explain:

Q: Does the blueprint, diagram or written description of each school building identify clearly the locations and approximate square or linear footage as specified above?

☐ Yes ☐ No

If no, please explain:

For each bulk sample analyzed, list the pages that give the following three categories of information:

- i. Copies of analysis Page Numbers _____
- ii. Dates of analysis Page Numbers _____
- iii. Other lab reports Page Numbers _____

(if any prepared)

Q: Do the pages listed provide all three categories of information for every bulk sample collected and analyzed?

☐ Yes ☐ No

If no, please explain:

D. Statement(s) by accredited inspector(s) that, based on records of the inspection(s), suspected ACM in homogeneous or sampling area(s) is assumed to be ACM.

Page Numbers _____

Q: Do the pages listed include statement(s) for all homogeneous or sampling area(s) receiving an exclusion for suspected ACM assumed to be ACM?

☐ Yes ☐ No

If no, please explain:

Each statement by an accredited inspector must include: (i) signature of the accredited inspector, (ii) date of signature, (iii) accreditation agency (state or EPA approved), and (iv) accreditation number (if applicable).

Q: Do the statements contained in the pages listed give all four categories of information for each inspector declaring an exclusion?

☐ Yes ☐ No

If no, please explain:

Q: Do the statement(s) contained in the pages listed give all four categories of information for each inspector declaring an exclusion?

☐ Yes ☐ No

If no, please explain:

E. Statement(s) by accredited inspector(s) that, based on inspection records and contractor clearance records, no ACM is present in homogeneous or sampling area(s) where asbestos removal operations were conducted before December 14, 1987.

Page Numbers _____

Q: Do the pages listed include statement(s) for all homogeneous or sampling area(s) receiving an exclusion based on removal operations?

☐ Yes ☐ No

If no, please explain:

Each statement by an accredited inspector must include: (i) signature of the accredited inspector, (ii) date of signature, (iii) accreditation agency (state or EPA approved), and (iv) accreditation number (if applicable).

Q: Do the statement(s) contained in the pages listed give all four categories of information for each inspector declaring an exclusion?

☐ Yes ☐ No

F. A signed statement by an architect or project engineer responsible for the construction of a new school building built after October 12, 1988, or an accredited inspector, that no ACM was specified as a building material in any construction document for the building, or, to the best of his or her knowledge, no ACM was used as a building material in the building.

Page Numbers _____

G. A copy of written assessment required to be made under ' 763.88 of material that was identified before December 14, 1987, as (a) friable ACM, (b) friable suspected ACM assumed to be ACM, (c) nonfriable material that is newly friable, or (d) thermal system insulation.

Page Numbers _____

Q: Do the pages listed include written assessment(s) for all areas of these types (a-d) that are receiving exclusions?

☐ Yes ☐ No

If no, please explain:

The written assessment(s) must include the following information; (i) name of assessor, (ii) signature of assessor, (iii) date, (iv) accreditation agency (state of EPA approved), and (v) accreditation number (if applicable).

Q: Do the statement(s) contained in the pages listed give all four categories of information for each inspector declaring an exclusion?
☐ Yes ☐ No

If no, please explain:

H. Descriptions of any response actions or preventative measures taken.

Page Numbers _____

Q: Do the pages listed give a description of each response action or preventative measure taken in areas receiving an exclusion?
☐ Yes ☐ No

If no, please explain:

The following additional information regarding response actions and preventative measures is required Aif possible@. List the page numbers that give the following:

I. Names and addresses of the contractor involved.

Page Numbers _____

ii. Start and completion dates of work.
Page Numbers _____

iii. Results of any air samples analyzed during and upon completion of work.
Page Numbers _____

III. For inspections completed on or after December 14, 1987 - 763.93(e)(3) - 763.85

A. A copy of the inspection report(s) completed under 763.85.

Page Numbers _____

- Q: Do the pages listed contain inspection reports for every LEA building covered under AHERA, except those buildings (or parts of buildings) receiving exclusions?
☐ Yes ☐ No

If no, please explain:

Each inspection report must include the following information: (i) date of inspection, (ii) name of accredited person performing the inspection, (iii) signature of each accredited person performing the inspection, (iv) accreditation agency (state or EPA approved), and (v) accreditation number (if applicable).

- Q: Does the inspection report give all five categories of information?
☐ Yes ☐ No

If no, please explain:

- B. A blueprint, diagram or written description of each school building that identifies clearly:
- (i) Each location and approximate square of linear footage of homogeneous areas where material was sampled
 - (ii) The exact location where each bulk sampled was collected
 - (iii) Date of collection
 - (iv) Homogeneous areas where suspected ACM is assumed to be ACM

Page numbers of blueprint, diagram or written descriptions of school building where material was sampled for ACM or assumed to be ACM.

Page Numbers _____

- Q: Do the pages listed contain a blueprint, diagram or written description for each school building where material was sampled for ACM or assumed to be ACM?
☐ Yes ☐ No

If no, please explain:

- Q: Does the blueprint, diagram or written description of each school building identify clearly the location and approximate square or linear footage of each homogeneous area where material was sampled, the exact location where each bulk sample was collected, the dates of collection and each homogeneous area where ACM is assumed to be ACM?
☐ Yes ☐ No

If no, please explain:

C. List of homogeneous areas identified in (B) above that indicates whether those areas are surfacing material, thermal system insulation or miscellaneous material?

Page Numbers _____

Q: Does the list cover each homogeneous area identified in (B) and classify each area as surfacing material, thermal system insulation or miscellaneous material?

☐ Yes ☐ No

If no, please explain:

D. Bulk Sample procedure.

i. Description of the manner used to determine sampling locations.

Page Numbers _____

Q: Do the pages listed describe the manner used to determine sampling locations for every sample collected?

☐ Yes ☐ No

If no, please explain:

List the pages that give the following information regarding the inspector(s) who collected the bulk samples.

ii. Name	Page Numbers _____
iii. Signature	Page Numbers _____
iv. Accreditation agency	Page Numbers _____
v. Accreditation number	Page Numbers _____

Q: Do the pages listed above give all four categories of information for every inspector who collected bulk samples?

☐ Yes ☐ No

If no, please explain:

E. Analysis of bulk samples.

- i. Copies of analyses Page Numbers _____
- ii. Dates of analyses Page Numbers _____
- iii. Name and address of laboratories that analyzed bulk samples
Page Numbers _____
- iv. Statement(s) of laboratory accreditation
Page Numbers _____

Q: Do the pages listed give all four categories of information for every bulk sample collected and analyzed?

☐ Yes ☐ No

If no, please explain:

List the pages that give the following information regarding all person(s) who performed the analyses of bulk samples.

- v. Name Page Numbers _____
- vi. Signature Page Numbers _____

F. A copy of written assessments under 763.88 of all friable ACM, friable suspected ACM assumed to be ACM, and thermal system insulation.

Page Numbers _____

Q: Do the pages listed include written assessments of all friable ACM, friable suspected ACM assumed to be ACM and thermal system insulation?

☐ Yes ☐ No

If no, please explain:

Q: Do the assessments contained in the pages listed give all five categories of information regarding the assessor and written assessment?

☐ Yes ☐ No

If no, please explain:

IV. Designated Person- 763.93(e)(5)

A. Name, address and phone number of LEA=s designated person.

Page Numbers _____

B. Training received by designated person, including date training received, length of training (hours), and course name.

Page Numbers _____

V. Response Action Recommendations - 763.93(e)(5) - 763.88(d)

A. Written recommendation made to the LEA regarding response actions.

Page Numbers _____

The written recommendation must contain the following information: (i) name of management Planner making recommendation, (ii) signature of the management Planner, (iii) date, (iv) accreditation agency (state or EPA approved) and (v) accreditation number (if applicable).

Q: Does the written recommendation contained in the pages listed give all five categories of information for the management Planner?

☐ Yes ☐ No

If no, please explain:

VI. Response Action Detail 763.93(e)(6)

A. Detailed descriptions of preventative measures and response actions to be taken.

Page Numbers _____

i. Methods to be used for preventative measures and response actions to be taken.

Page Numbers _____

ii. Locations where such actions and measures will be taken.

Page Numbers _____

iii. Reasons for selecting each response action or preventative measure.

Page Numbers _____

iv. Schedules for beginning and completing each preventative measure and response action.

Page Numbers _____

Q: Do the pages listed in A(i-iv) give the methods, locations, schedules and reasons for selection for every preventative measure and response action to be taken?

☐ Yes ☐ No

If no, please explain:

VII. Assurance of Accreditation - 763.93(e)(7)

Statement that person(s) who inspected for ACM and who will design or carry out response action, except O & M, are or will be accredited by:

i. The states approved accreditation program Page Numbers _____

or

ii. An EPA-approved course or another states Page Numbers _____

approved accreditation program

VIII. ACM Remaining After Response Action - 763.93(e)(8)

A. Detailed description in the form of a blueprint, diagram or written description of ACM, or assumed ACM, that does or will remain after response action

Page Numbers _____

IX. Activity Plans 763.93(e)(9)

A. Plan for reinspection Page Numbers _____

B. Plan for periodic surveillance Page Numbers _____

C. Operations and Maintenance Plan. Page Numbers _____

i. Management planner recommendation Page Numbers _____
regarding additional cleaning

ii. LEA response to recommendation Page Numbers _____

X. Notifications 763.93(e)(10) and (g)(4)

A. Method to notify workers and building occupants, or legal guardians, about the following activities:

i. Inspections/reinspections Page Numbers _____

ii. Response actions. Page Numbers _____

iii. Post-response action activities, including:

Periodic surveillance Page Numbers _____

Reinspection activities Page Numbers _____

- B. Notification of parent, teacher and employee organizations/groups of the availability of the management plan:

i. Description of steps taken Page Numbers _____
ii. Dated copy of the notification Page Numbers _____

XI. Resource Evaluation 763.93(e)(11)

An evaluation of resources needed to complete response actions successfully and carry out reinspection, operations and maintenance activities, periodic surveillance and training.

Page Numbers _____

XII. Names and Signatures of Responsible Parties

A. Management Plan Consultants 763.93(e)(12) and (f)

i. Name and statement of accreditation (state-approved program or EPA-approved course) for each consultant who contributed to the management plan.

Page Numbers _____

ii. Name and signed statement by management Planner that management plan complies with AHERA requirements (Optional).

Page Numbers _____

B. Designated Person Sign-off - 763.93(i)

Signed certification by designated person that general LEA responsibilities under 763.84 have been met or will be met.

Page Numbers _____

XIII. Recordkeeping - 763.93(h) and 763.94(b-h)

A. For each preventative measure and response action already taken since December 14, 1987, provide the following information (if none taken, write N/A for page numbers).

i. A detailed written description of the action.

Page Numbers _____

List the page number that give the following eight categories of information regarding each measure or action described in the pages listed above (A[i]).

1) Methods used.

Page Numbers _____

2) Location of measure or action.

Page Numbers _____

3) Reasons for selection of each measure or action.

Page Numbers _____

4) Start and completion dates.

Page Numbers _____

5) Names and addresses of all contractors involved.

Page Numbers _____

6) Accreditation agency (if applicable) (state or EPA approved).

Page Numbers _____

7) Accreditation number.

Page Numbers _____

8) Storage or disposal site if ACM was removed

Page Numbers _____

Q: Do the pages listed above give all eight categories of information for every preventative measure and response action already taken since December 14, 1987?

☐ Yes ☐ No

If no, please explain:

ii. Documentation of air sampling at completion of response actions.

1) Name and signature of any person collecting any air sample	Page Numbers _____
2) The locations where those samples were collected	Page Numbers _____
3) Date of collection	Page Numbers _____
4) Name and address of analyzing lab	Page Numbers _____
5) Date of analysis	Page Numbers _____
6) Results of analysis	Page Numbers _____
7) Method of analysis	Page Numbers _____
8) Name and signature of person performing analysis	Page Numbers _____
9) Laboratory accreditation statement	Page Numbers _____

Q: Do the pages listed give all nine categories of information for every air sampling location?

☐ Yes ☐ No

If no, please explain:

B. Employee training already conducted since December 14, 1987 (16 hours of training required before employee disturbs ACM) 763.92(a)(1 and 2)

List the pages that give the following five categories of information for each employee trained.

i. Name	Page Numbers _____
ii. Job title	Page Numbers _____
iii. Date training was completed	Page Numbers _____
iv. Location of training	Page Numbers _____
v. Number of hours completed	Page Numbers _____

Q: Are all five categories of information provided for every employee who received 16 hours of training?

☐ Yes ☐ No

If no, please explain:

C. If the initial cleaning required under 763.91(c) already has been conducted, list the pages that give the following information, otherwise list N/A.

- | | |
|---|--------------------|
| i. Name of person performing the cleaning | Page Numbers _____ |
| ii. Date of cleaning | Page Numbers _____ |
| iii. Locations cleaned | Page Numbers _____ |
| iv. Methods used | Page Numbers _____ |

D. For operations and maintenance activities conducted under 763.91(d) since December 14, 1987, list the page(s) that give the following five categories of information. (if no O & M activities have been conducted, list N/A.)

- | | |
|---|--------------------|
| i. Name of person(s) performing the activity | Page Numbers _____ |
| ii. Start and completion dates | Page Numbers _____ |
| iii. Location | Page Numbers _____ |
| iv. Description of activity | Page Numbers _____ |
| v. If removal, name and location of storage and disposal sites. | Page Numbers _____ |

Q: Are all five categories of information provided for every operations and maintenance activity conducted since December 14, 1987?

☐ Yes ☐ No

If no, please explain:

E. For each time that a major asbestos activity is performed under 763.91(e) since December 14, 1987, list the pages(s) that give the following seven categories of information.

- | | |
|--|--------------------|
| i. Name and signature of person(s) performing activities | Page Numbers _____ |
| ii. State of accreditation (or EPA) | Page Numbers _____ |
| iii. Accreditation number (if applicable) | Page Numbers _____ |
| iv. Start and completion dates of activities | Page Numbers _____ |
| v. Location of activities | Page Numbers _____ |
| vi. Description of activities | Page Numbers _____ |
| vii. If ACM removed, name and location of storage or disposal site | Page Numbers _____ |

F. For each fiber release episode that has occurred since December 14, 1987, list the pages that give the following four categories of information.

i. Date and location of episode	Page Numbers _____
ii. Method of repair, preventive measures or response action	Page Numbers _____
iii. Name of person performing work	Page Numbers _____
iv. If removal, name and location and location of storage or disposal site	Page Numbers _____

Q: Are all four categories of information provided for every fiber release episode since December 14, 1987?

☐ Yes ☐ No

If no, please explain:

Additional Comments:

LEA Designated Person

Name: _____

Title: _____

Address: _____

Phone: _____

Signature: _____ Date: _____

LEA ASBESTOS MATERIALS AND MANAGEMENT PLAN SUMMARY

Each LEA should answer the following questions by aggregating the statistics for all of its buildings that are subject to requirements of the Asbestos Hazard Emergency Response Act (P.L. 99-519).

LEA Name _____

LEA Address _____

Designated Person Name _____

Designated Person Address _____

For purposes of this summary, response actions include removal, repair, encapsulation, enclosure and preventative measures, but not operations and maintenance.

I. Surfacing Materials in LEA Buildings

- A. Total friable material (sq ft) _____
- B. Total non-friable material (sq ft) _____
- C. Significantly damaged material
 - 1. Total amount (sq ft) _____
 - 2. Latest day any response action is scheduled to begin* _____
 - 3. Date all response actions to be completed _____
- D. Material with potential for significant damage
 - 1. Total amount (sq ft) _____
 - 2. Latest day any response action is scheduled to begin* _____
 - 3. Date all response actions to be completed _____

* All other response actions for this category of ACM have begun or are scheduled to begin this date, as specified in LEA management plan under 1763.93(e)(6).

E. Removal of friable material during response actions**

1. Total amount to be removed (sq ft) _____
2. Date all response actions involving removal to be completed _____

II. Miscellaneous Materials in LEA Buildings

A. Total friable material (sq ft) _____

B. Total non-friable material (sq ft) _____

C. Significantly damaged material

1. Total amount (sq ft) _____
2. Latest day any response action is scheduled to begin* _____
3. Date all response actions to be completed _____

D. Material with potential for significant damage

1. Total amount (sq ft) _____
2. Latest day any response action is scheduled to begin* _____
3. Date all response actions to be completed _____

E. Removal of friable material during response actions**

1. Total amount to be removed (sq ft) _____
2. Date all response actions involving removal to be completed _____

III. Thermal System Insulation

A. Total Amount

1. Area material (sq ft) _____
2. Linear material (ln ft) _____

B. Material with potential for significant damage

1. Total amount
area material (sq ft) _____
linear material (ln ft) _____
2. Latest day any response action is scheduled to begin* _____
3. Date all response actions to be completed _____

** This information is needed to gauge statewide asbestos waste disposal requirements.

C. Removal of material during response actions**

1. Total amount to be removed

area material (sq ft) _____

\$ linear material (ln ft) _____

2. Date all response actions involving

removal to be completed _____

IV. LEA Expenditures

A. LEA cost for completed activities per square foot of building floor area

1. Inspections

\$ _____ per sq ft

2. Management plan development

\$ _____ per sq ft

3. Abatement projects already completed

\$ _____ per sq ft

B. Expected annual cost for all asbestos-related activities in:

1. 20____ \$ _____

2. 20____ \$ _____

3. 20____ \$ _____

V. Disposal Sites - List planned sites (if known) for disposing of asbestos containing materials. Give names and locations.
