

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT ASBESTOS INSPECTION REPORT

SITE ADDRESS	NOTIF #	INSPECTION DATE
CONTRACTOR NAME	CONTRACTOR AEIS ID#	

	YES	NO	COUNT #
Demolition or renovation work going on	<input type="checkbox"/>	<input type="checkbox"/>	
Wet demolition (403)	<input type="checkbox"/>	<input type="checkbox"/>	(145c 9)
Permitted HEPA vacuums or negative air machines (201, 203)	<input type="checkbox"/>	<input type="checkbox"/>	
Disturbed, handled or removed ACM that contain more than 1 % asbestos. Type of proof	<input type="checkbox"/>	<input type="checkbox"/>	
Disturbed, handled or Removed more than 100 square feet of ACM. Quantify	<input type="checkbox"/>	<input type="checkbox"/>	

1403(d)(1) SEC

CONTRACTOR WORK SITE REQUIREMENTS

40CFR61 SEC

A Asbestos Survey prior to demolition and/or renovation.....	(145a).....	<input type="checkbox"/>	<input type="checkbox"/>	1
A(viii) Asbestos Survey conducted by a Certified CAL OSHA Surveyor		<input type="checkbox"/>	<input type="checkbox"/>	2
B Notification postmarked 10 working days prior to renovation / demolition.....	(145b3i).....	<input type="checkbox"/>	<input type="checkbox"/>	3
B(vi) Notification updates submitted as required (revisions).....	(145b2).....	<input type="checkbox"/>	<input type="checkbox"/>	4
C Removed asbestos prior to demolition or renovation NOTIF#.....	(145c1).....	<input type="checkbox"/>	<input type="checkbox"/>	5
D Used required asbestos removal procedures.....		<input type="checkbox"/>	<input type="checkbox"/>	6
D(i) Procedure 1 - Removed asbestos within containment.....	(145c 3iB1).....	<input type="checkbox"/>	<input type="checkbox"/>	7
I Covered non working surfaces.....		<input type="checkbox"/>	<input type="checkbox"/>	8
II Isolated work area free of gaps and tears, and air tight.....		<input type="checkbox"/>	<input type="checkbox"/>	9
III Restricted air movement.....		<input type="checkbox"/>	<input type="checkbox"/>	10
IV Containment with viewing ports.....		<input type="checkbox"/>	<input type="checkbox"/>	11
V Filtering work area air with HEPA system.....	(145c 3).....	<input type="checkbox"/>	<input type="checkbox"/>	12
VI HEPA filter(s) free of tears or damage.....	(152b2).....	<input type="checkbox"/>	<input type="checkbox"/>	13
VII Wetting asbestos during removal.....	(145c 3).....	<input type="checkbox"/>	<input type="checkbox"/>	14
D(ii) Procedure 2 - Glovebag or Mini enclosures.....	(145c 3iB2).....	<input type="checkbox"/>	<input type="checkbox"/>	15
D(iii) Procedure 3- Wetting, drop cloths, tenting, manual removal.....	(145c 2i).....	<input type="checkbox"/>	<input type="checkbox"/>	16
D(iv) Procedure 4- Approved dry removal.....	(145c 3ii).....	<input type="checkbox"/>	<input type="checkbox"/>	17
D(v) Procedure 5- Approved alternative techniques plan.....	(145c 3ii).....	<input type="checkbox"/>	<input type="checkbox"/>	18
On site copy of written approval for Procedure 4 & 5 Plans.....	(145c 3iii).....	<input type="checkbox"/>	<input type="checkbox"/>	19
E Collected and placed all asbestos waste in leak tight transparent bags.....	(150a1iii).....	<input type="checkbox"/>	<input type="checkbox"/>	20
E(i) Handled asbestos carefully without damaging or disturbing it.....	(145c 6ii).....	<input type="checkbox"/>	<input type="checkbox"/>	21
E(ii) Lowered asbestos waste to ground via leak-tight chute if > 50 ft.....	(145c 6iii).....	<input type="checkbox"/>	<input type="checkbox"/>	22
E(iii) Wetted/encapsulated asbestos waste.....	(145c 6i).....	<input type="checkbox"/>	<input type="checkbox"/>	23
E(iv) Cleaned work area free of asbestos waste.....		<input type="checkbox"/>	<input type="checkbox"/>	24
G On site supervisor with training proof and present during asbestos removal.....	(145c 8).....	<input type="checkbox"/>	<input type="checkbox"/>	25
H On site proof of CSLB License and OSHA Registration.....		<input type="checkbox"/>	<input type="checkbox"/>	26
I Locked the on site storage waste bin and placed the bin in an enclosed area.....		<input type="checkbox"/>	<input type="checkbox"/>	27
J Disposed of waste at an asbestos waste disposal landfill per 1403d3.....	(150b1).....	<input type="checkbox"/>	<input type="checkbox"/>	28
K Labeled and marked the asbestos waste bags per 1403e1A & B.....	(150a1iv & v).....	<input type="checkbox"/>	<input type="checkbox"/>	29
L Marked transportation vehicle during loading and unloading of asbestos per 1403e (150c).....		<input type="checkbox"/>	<input type="checkbox"/>	30
M Prepared asbestos waste shipment records per R1403f1.....	(150d1).....	<input type="checkbox"/>	<input type="checkbox"/>	31
N Maintained records of removal/demolition project per 1403g (includes jobs < 100 sq ft)		<input type="checkbox"/>	<input type="checkbox"/>	32
d(2) Stored ACWM in an enclosed locked area in leak tight containers with R1403e1 labels		<input type="checkbox"/>	<input type="checkbox"/>	33
h(1) Used required sampling techniques and test methods during survey..(AHERA/NVLAP)		<input type="checkbox"/>	<input type="checkbox"/>	34
i On site supervisor and workers have certified asbestos training (AHERA)		<input type="checkbox"/>	<input type="checkbox"/>	35

INSPECTION TYPE	DEMOLITION <input type="checkbox"/>	RENOVATION <input type="checkbox"/>	NESHAP <input type="checkbox"/>	PROCEDURE 5 <input type="checkbox"/>	COMPLAINT #
DISPOSITION	OC <input type="checkbox"/>	NO <input type="checkbox"/>	NC #	NOV #	NC/NOV DATE
NUMBER OF SAMPLES COLLECTED			NUMBER OF PHOTOGRAPHS TAKEN		
INSPECTOR SIGNATURE			REPORT DATE		
SUPERVISOR SIGNATURE			REVIEW DATE		