

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 at time of inspection	<input type="checkbox"/>	<input type="checkbox"/>	
Wet demolition with no dust (403) (145c 9)	<input type="checkbox"/>	<input type="checkbox"/>	
Permitted Vac-loader; Filing for HEPA vacuum, negative air machine, ICE, etc (201, 203, 222)	<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(v)	Notification updates submitted as required (revisions).....	(145b2).....	<input type="checkbox"/>	<input type="checkbox"/>	4
C	Removed ACM prior to demolition or renovation NOTIF#.....	(145c1).....	<input type="checkbox"/>	<input type="checkbox"/>	5
CiiV	Secured, stabilized, surveyed an associated disturbance of ACM		<input type="checkbox"/>	<input type="checkbox"/>	6
D	Used required ACM removal procedures.....		<input type="checkbox"/>	<input type="checkbox"/>	7
D(ii)	Procedure 1 - Removed ACM within containment.....	(145c 3iB1).....			
1	Covered non working surfaces.....		<input type="checkbox"/>	<input type="checkbox"/>	9
2	Isolated work area free of gaps and tears, and air tight.....		<input type="checkbox"/>	<input type="checkbox"/>	10
3	Restricted air movement.....		<input type="checkbox"/>	<input type="checkbox"/>	11
4	Containment with viewing ports.....		<input type="checkbox"/>	<input type="checkbox"/>	12
5	Filtering work area air with HEPA system.....	(145c 3).....	<input type="checkbox"/>	<input type="checkbox"/>	13
6	HEPA filter(s) free of tears or damage.....	(152b2).....	<input type="checkbox"/>	<input type="checkbox"/>	14
7	Wetting ACM during removal.....	(145c 3).....	<input type="checkbox"/>	<input type="checkbox"/>	15
D(iii)	Procedure 2 - Glovebag or Mini enclosures.....	(145c 3iB2).....	<input type="checkbox"/>	<input type="checkbox"/>	16
D(iiii)	Procedure 3- Wetting, drop cloths, tenting, manual removal.....	(145c 2i).....	<input type="checkbox"/>	<input type="checkbox"/>	17
D(iV)	Procedure 4- Approved dry ACM removal.....	(145c 3ii).....	<input type="checkbox"/>	<input type="checkbox"/>	18
D(iV)	Procedure 5- Approved alternative techniques plan for handling disturbed ACM	(145c 3ii)	<input type="checkbox"/>	<input type="checkbox"/>	19
	On site proof of AQMD approval for Procedure 4 & 5 Plans.....	(145c 3iii).....	<input type="checkbox"/>	<input type="checkbox"/>	20
E	Collected and placed all ACWM in leak tight transparent bags.....	(150a1iii).....	<input type="checkbox"/>	<input type="checkbox"/>	21
E(i)	Handled ACM carefully without damaging or disturbing it.....	(145c 6ii).....	<input type="checkbox"/>	<input type="checkbox"/>	22
E(ii)	Lowered ACWM to ground via leak-tight chute if > 50 ft.....	(145c 6iii).....	<input type="checkbox"/>	<input type="checkbox"/>	23
E(iii)	Wetted/encapsulated ACWM.....	(145c 6i).....	<input type="checkbox"/>	<input type="checkbox"/>	24
E(iv)	Cleaned work area free of ACM and ACWM.....		<input type="checkbox"/>	<input type="checkbox"/>	25
G	On site supervisor present during ACM handling with on site proof of training	(145c 8).....	<input type="checkbox"/>	<input type="checkbox"/>	26
H	On site proof of CSLB License, OSHA Registration, survey, notification(s), Procedure 5 Plan, etc....		<input type="checkbox"/>	<input type="checkbox"/>	27
I	ACWM leak-tight bags stored in locked bins placed in an enclosed area inaccessible to the public..		<input type="checkbox"/>	<input type="checkbox"/>	28
J	Disposed of ACWM at an asbestos landfill per 1403d3.....	(150b1).....	<input type="checkbox"/>	<input type="checkbox"/>	29
K	Labeled and marked the ACWM bags per 1403e1A & B.....	(150a1iv & v)...	<input type="checkbox"/>	<input type="checkbox"/>	30
L	Marked transportation vehicle during loading and unloading of ACWM per 1403e	(150c).....	<input type="checkbox"/>	<input type="checkbox"/>	31
M	Prepared ACWM shipment records per R1403f1.....	(150d1).....	<input type="checkbox"/>	<input type="checkbox"/>	32
N	Maintained records of removal/demolition project per 1403g (includes jobs < 100 sq ft).....		<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		

INSPECTOR'S SIGNATURE:

REPORT DATE:

SUPERVISOR'S SIGNATURE:

REVIEW DATE: