



## INSTRUCTIONS TO COMPLETE THIS FORM

**NORTHERN CALIFORNIA CONFERENCE - OFFICE OF EDUCATION**

**School Name**

Insert School Name Above

### ASBESTOS INSPECTION FORM

#### Semi-Annual Surveillance Report

**DATE:** \_\_\_\_\_ **BLDG NAME:** \_\_\_\_\_ **BLDG#** \_\_\_\_\_

**ROOM:** *If Applicable* \_\_\_\_\_ **INSPECTOR:** \_\_\_\_\_

The most recent accredited AHERA inspection is used as a basis for this survey.

Asbestos Materials	Unchanged	Contact Damage	Water Damage
Make an observation for every item or area listed on the 2016-2017 Inspection Report. Use a separate form for each building or area specifically listed.	Y/N <span style="color: red;">Indicate Yes or No</span>	Y/N <span style="color: red;">Skip section if not applicable</span>	Y/N
Example: Admin building, Gym, Classroom 1, etc.	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

*Complete a new form for each location indicated on the last AHERA Re-inspection Report*

**COMMENTS:**

If changes in condition are observed, indicate the current condition of the ACBM in this section.

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**ACTION TAKEN:**

Indicate any action plan for thge repair or removal of identified ACBM.

Be sure to list the action taken, date, and who performed the work.

This information is very important to maintain in the school's Asbestos files so it is available to the inspector during future inspections.

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**INSPECTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please be advised: This form is in a fillable PDF format for easy use and sharing on an electronic basis. The form may also be printed in blank and completed in written form.

Periodic surveillance is to be completed on a semi-annual basis. Completed Surveillance Reports are to be submitted to the Northern California Conference Office of Education in October and June when School Inspection Comment/Corrective Action forms are due. A copy of the completed Surveillance Report shall be maintained in the school's Asbestos Information file.



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Insert School Name Above

ASBESTOS INSPECTION FORM

Semi-Annual Surveillance Report

DATE: \_\_\_\_\_ BLDG NAME: \_\_\_\_\_ BLDG# \_\_\_\_\_

ROOM: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

The most recent accredited AHERA inspection is used as a basis for this survey.

Table with 4 columns: Asbestos Materials, Unchanged, Contact Damage, Water Damage. Each cell contains Y/N.

Complete a new form for each location indicated on the last AHERA Re-inspection Report

COMMENTS:

Four horizontal lines for writing comments.

ACTION TAKEN:

Four horizontal lines for writing action taken.

INSPECTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

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