

**ASBESTOS MANAGEMENT PLAN
 INSPECTION COVER SHEET**

FOR STATE USE ONLY

Name of Responsible Governing Authority	Telephone Number ()
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Address

Name of Facility	Telephone Number ()
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Building Assessed	Telephone Number ()
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Address

Asbestos Program Manager	Telephone Number ()
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Address

Original Year of Building Construction

List Date(s) of Additional Construction (These dates should be incorporated as appropriate into inspection forms for each room/functional area.)

Date	Description
_____	_____
_____	_____
_____	_____
_____	_____

Has any part of the heating system, including boiler(s), hot water pipes, water heater, etc., been renovated or replaced?
 Yes No

List areas affected and year(s)

Description/Location of Action	Year
_____	_____
_____	_____
_____	_____

INSPECTORS/ASSESSORS

1	Name	Address	Telephone Number ()
	Affiliation	State of Accreditation / Accreditation No.	Signature
2	Name	Address	Telephone Number ()
	Affiliation	State of Accreditation / Accreditation No.	Signature
3	Name	Address	Telephone Number ()
	Affiliation	State of Accreditation / Accreditation No.	Signature