

ASBESTOS MANAGEMENT PLAN - COVER SHEET

FOR STATE USE ONLY

Name of Responsible Governing Authority	Telephone Number ()
Address	
Name of Facility	Telephone Number ()
Building Assessed	County
Address	Telephone Number ()
Type of Facility	Date of Inspection

Does this building contain (check all that apply)?

<input type="checkbox"/> Friable ACBM	Total Amount (Square/Linear Feet):
<input type="checkbox"/> Non-Friable ACBM	Surfacing ACBM _____
<input type="checkbox"/> Assumed Friable ACM	Thermal Insulation ACBM _____
<input type="checkbox"/> Assumed Non-Friable ACM	Miscellaneous ACM _____

ASBESTOS PROGRAM MANAGER *

Name of Asbestos Program Manager	Telephone Number ()
Address	

Training Attended				
Course Name	Training Agency	Place of Training	Date(s)	Training Hours
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INSPECTOR(S) / ASSESSOR(S) **

Name	Accreditation Number / State	Affiliation	Signature
_____	_____/____	_____	_____
_____	_____/____	_____	_____
_____	_____/____	_____	_____

MANAGEMENT PLANNER(S) **

(The undersigned Management Planner(s) have prepared or assisted in preparation or reviewed this plan and assure that this plan is in compliance with current law.)

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

OTHER CONSULTANTS/PERSONS INVOLVED IN THE DEVELOPMENT OF THIS MANAGEMENT PLAN **

Name	Accreditation Number / State	Affiliation	Signature
_____	_____/____	_____	_____
_____	_____/____	_____	_____