

**New Jersey State Department of Health & Senior Services
Consumer and Environmental Health Services, P. O. Box 372, Trenton, NJ 08625-0372**

Facility Inspection Worksheet – Asbestos

Name of Training Agency		Training Agency No.	Date of Inspection	
Street Address		Courses agency applied/approved for: [] Worker (Init. & Ref.) [] Supervisor (Init. & Ref.)		
City	State	Zip	Telephone ()	Fax ()

Type of Inspection
 Pre-Certification New Facility Renovated Facility Other, specify:

Instructions: Check ALL the following areas and mark the appropriate box. If necessary, explain "No" answers on a continuation sheet. Precede each explanation with the item number.

Yes	No	N/A	Description	5. Brands of respirators used: Brand 1: _____ Brand 2: _____			
			1. Training Information Record (ASB-24)	6. Number of Respirators by Type			
			a. Secure (locked) location	Respirator Type		Quantities	
			b. Account log of forms			Amt. Brand 1	Amt. Brand 2
			c. Other:	a. Type "C" Supplied Air			
			2. Classroom	b. PAPR			
			a. Adequate size for (no.) _____ trainees	c. Full face: Small			
			b. Adequate lighting	Medium			
			c. Writing surface (desks, tables, etc.)	Large			
			d. Adequate seating (see no. in 2. a.)	d. Half face: Small			
			e. Adequate ventilation	Medium			
			f. Comfortable temperature	Large			
			g. Acceptable background noise	e. Other:			
			h. Other:	7. Hands-on Training Area			
			3. Audio Visual	Yes	No	N/A	Description
			a. Up-to-date/relevant videos/DVDs				a. Adequate size (see no. in 2.a.)
			b. Working equipment				b. Adequate lighting
			c. Legible/understandable overhead slides				c. Adequate ventilation
			4. Equipment, supplies				d. Comfortable temperature
			a. Air differential unit (1)				e. Three (minimum) chamber decon system
			b. HEPA vacuum (1)				f. Adequate airlock widths
			c. Amended water applicators (5)				g. Three-flap airlock system
			d. 6 mil waste bags, properly labeled (1 case)				h. Air differential opening
			e. Disposable clothing (1 case)				i. At least 2 critical barriers
			f. Glovebags (1 case)				j. Removal substrate present
			g. Duct tape (1 case)				k. Removal substrate has cracks, crevices, and/or rough surfaces
			h. Ladders (2)				l. Other:
			i. Scaffolds (1)				m. Other:
			j. Specialized abatement tools	8. Total sq. footage of simulated surfacing asbestos material:			
			k. Ground fault circuit interrupters (3)	9. Type of simulated surfacing asbestos material:			
			l. Danger signs (5)	10. Total linear feet of simulated asbestos material for glovebag:			
			m. 6 ml poly sheeting (1 case)	11. Number of simultaneous glovebag operations:			
			n. Other barrier supplies	Comments:			
			o. Pumps and filters (2)				
			p. Other:				

Inspection Results: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Conditionally satisfactory, see comments			Max. No. of Trainees:	
Inspector (print)		Inspector Signature		Date
Training agency representative (print)		Training agency representative signature		Title