



SIX MONTH ASBESTOS PERIODIC SURVEILLANCE REPORT

Building Name: _____	
Building Address: _____	
Name of Person Completing Report: _____	
Title: _____	Date: _____

Homo- geneous Area #	Material Description	Location *	Room Type **	Previous Condition ***	Current Condition ***	New Photo No.	Notes

<p>*Location</p> <p>(C) Ceiling (W) Wall (F) Floor (PW) Pipe Wrap (PJ) Pipe Joint, Tee-Valve (O) Other</p>	<p>**Room Type</p> <p>1. Adm. Off. 2. Auditorium 3. Boiler Room 4. Cafeteria 5. Custodial Area 6. Tunnel/Crawl 7. Classroom</p> <p>8. Gymnasium 9. Hallway 10. Kitchen 11. Library 12. Locker Room 13. Lounge 14. Mech. Room</p>	<p>*** Material Condition</p> <p>1. Good 2. Damaged 3. Significantly Damaged</p>
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The 6-month inspection **must** be performed and this form(s) completed by your AHERA-trained employee. Form(s) will be completed no later than **March 30th and September 30th** of each calendar year. The completed inspection form(s) should then be inserted into your Asbestos Management Plan. A copy of the completed form must also be sent to the Diocesan Property Management Office, attention Brian Heinkel, for insertion into our copy of your Asbestos Management Plan.

NOTE: If the status of the ACBM has changed, then photograph the area and record the photograph number in the space provided. Notify the Asbestos Program Manager immediately concerning any changes.