

ASBESTOS MANAGEMENT PLAN PERIODIC SURVEILLANCE FORM

School Name: _____

ID #: _____

Location: _____

Phone #: _____

LEA Designated Person: Kenneth Staley
Asbestos Program Manager: Kenneth Staley (304-233-0880 Ext. 294)

Periodic Surveillance Inspection Date: _____

Person Conducting Surveillance: Name/Title: _____
Address: _____
City, WV Zip: _____
Phone #: _____

Review Introduction, Assessment Summaries and Response Action of the Management Plan. List each Asbestos containing material summarized in the introduction below and state if the condition of the material has changed. If so, note and detail the changes in the comment below. Notify designated person of these changes.

| <u>Material</u> | <u>Location</u> | <u>Has Condition Changed ?</u> | <u>Were Any Response Actions Completed ?</u> |
|-----------------|-----------------|--------------------------------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |

Comments: _____

| | |
|--|-----------|
| Is Management Plan in the appropriate file in the school's office ? | Yes or No |
| Is all documentation of Response Actions in the school's office ? | Yes or No |
| Has the Designated Person been notified of any changes when applicable ? | Yes or No |

This Surveillance Inspection form should be duplicated. The original should be placed in the School's Asbestos File and the copy sent to the Asbestos Program Manager's Office.

Signed: _____ Date: _____ (Reviewed 2019)