



Record of Periodic Reinspections of Areas Containing Asbestos-Containing Materials

Building Location: _____

Maintenance Coordinator: _____ ☎: _____

Description of Area: _____

Date(s) of Inspection: _____

Type of Material Inspected: _____

Description of Changes in Material: _____

Present Condition:

☐ Good

☐ Fair

☐ Poor

Previous Condition:

☐ Good

☐ Fair

☐ Poor

Comments:

Person Performing Inspection: _____

X _____ Date: _____

Approved by: _____ Date: _____

[Inspector should sign, then give to Maintenance Coordinator (if different) to approve. File one copy, and send another to NP.]



Record of Periodic Reinspections of Areas Containing Lead-Containing Materials

Building Location: _____

Maintenance Coordinator: _____ ☎: _____

Description of Area: _____

Date(s) of Inspection: _____

Type of Material Inspected: _____

Description of Changes in Material: _____

Present Condition:

☐ Good

☐ Fair

☐ Poor

Previous Condition:

☐ Good

☐ Fair

☐ Poor

Comments:

Person Performing Inspection: _____

X _____ Date: _____

Approved by: _____ Date: _____

[Inspector should sign, then give to Maintenance Coordinator (if different) to approve. File one copy, and send another to NP.]