



HOMEOWNER RECOVERY PROGRAM Asbestos QC Checklist

Inspection Information	
Application ID Number:	Inspection Date:
ACM Inspection Company:	ACM Inspector:
QC Reviewer:	

Applicant Information	Confirmed	Comment
Name	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Application ID Number	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date Inspected	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspector Name	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ACM Report	Confirmed	Comment
Asbestos Content Determination	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Conclusions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 1 (Suspected ACBM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 2 (Confirmed ACBM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 3 (PACM or ACM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Table 4 (Sample Locations)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Drawings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Special Conditions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Inspector License/Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Firm License/Certification	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A
Laboratory Certification	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Lab Data	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Photographic documentation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	



Photos	Confirmed	Comment
Exterior Photos	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Photos (labeled) and Date Stamped	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Close-ups of Suspect Items	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ECR Line Items	Confirmed	Comment
Title Page	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Breakdown by Room	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Summary	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Photos	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sketch	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Salesforce Entries	Confirmed	Comment
Status - Report Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Active Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Date	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asbestos Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asbestos Remediation Scope	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Remediation Amount is correct	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Document Uploaded	<input type="checkbox"/> Yes <input type="checkbox"/> No	