HOMEOWNER RECOVERY PROGRAM

Asbestos QC Checklist

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

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

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