

LEA: _____

State System #: _____

Address: _____

County: _____

Telephone: _____

AHERA MANAGEMENT PLAN COVER SHEET

Management Plan Submission: Original Resubmittal New Building Reinspection

List of Documents Attached:

- | | | |
|--|--|--|
| <input type="checkbox"/> School Buildings | <input type="checkbox"/> Periodic Surveillance Plan | <input type="checkbox"/> Bulk Sample Analysis Form |
| <input type="checkbox"/> Preventive Measures and Response
Actions Scheduled | <input type="checkbox"/> Reinspection Plan | <input type="checkbox"/> Resources Needed |
| <input type="checkbox"/> Response Actions Recommended | <input type="checkbox"/> Assessment of Materials | <input type="checkbox"/> Steps to Inform Others |
| <input type="checkbox"/> Operations and Maintenance Plan | <input type="checkbox"/> Description of Each Sample Area | <input type="checkbox"/> Reinspection Report |
| | <input type="checkbox"/> Determination of Sampling Locations | |

LEA AHERA DESIGNEE

Typed Name: _____ Name of Training Course: _____

Mailing Address: _____ Year _____ Month _____ Day _____ Total Hours of Course _____

_____ Name of Training Agency: _____

MANAGEMENT PLANNER

Typed Name: _____ Signature: _____ Date: _____

NC Accreditation Number: _____ Agency: _____

INSPECTOR

Typed Name: _____ Signature: _____ Date: _____

NC Accreditation Number: _____ Agency: _____

For persons who performed inspections, and recommend(ed) design, or carry out response actions (except for operations and maintenance) the local education agency used or will use persons who have been accredited by the State of North Carolina under Article 19, G.S. 130A-447 and 15A NCAC 19C .0602(a) of the Asbestos Hazard Management Program Rules. In addition, the LEA has considered whether any conflict of interest may arise from the interrelationship among accredited personnel, such as abatement activities being performed by an inspector or management planner, and whether that should influence the selection of accredited personnel to perform activities under this AHERA Program.

The signatories below certify that the general local education agency responsibilities, as stipulated by Part 763.84 have been met or will be met.

Signature: _____
LEA AHERA Designee

Signature: _____
LEA Superintendent

Date: _____

Typed Name of Superintendent

Date: _____

FOR REVIEWING AGENCY USE ONLY

- Accepted
 Returned for Reasons Stated Below

Reviewer's Signature: _____

Date: _____

Instructions for AHERA Management Plan Cover Sheet

Purpose: The LEA (Local Education Agency) shall use this AHERA Management Plan Cover Sheet for any complete or partial submittals of a Management Plan to the Health Hazards Control Unit (HHCU).

- Preparation:**
1. The LEA should type their name, state system number, address, county and phone number in the top right-hand corner.
 2. Place a check mark (✓) to indicate whether this is the original submittal, a resubmittal, a new building or reinspection. Place a check mark (✓) by “new building” if this is a submittal for a new building that is to be occupied. “New Building” will only be used after an original submittal has been made and when, at a later date, the LEA is acquiring or moving into a new facility.
 3. Under List of Documents, make a check mark (✓) to indicate each form that is being submitted with this Management Plan Cover Sheet. All of the indicated documents should be attached to this cover sheet in order for a Management Plan to be considered complete. It would be helpful if they were in the order listed, so they can be easily reviewed.
 4. The name and signature of the LEA AHERA designee shall be supplied along with designee’s mailing address, telephone number and the name of the training courses taken. For training courses taken by the LEA AHERA designee, the time of those courses shall also be included, such as the year, month, day, total hours of the course and the training agency where the training was received.
 5. The Management Planner and Inspector should sign and date the document in the appropriate signature block. The Management Planner and Inspector will also supply the unique accreditation number and the name of the training agency at which training was received.
 6. The LEA AHERA Designee should sign and date after reading the above review requirements.
 7. The LEA Superintendent should sign and date after reading the above review requirements. Type the name of the Superintendent on the appropriate line.

Distribution: The Cover Sheet and attachments should be mailed to:

NCDHHS/Public Health
Occupational & Environmental Epidemiology Branch
Health Hazards Control Unit
1912 Mail Service Center
Raleigh, North Carolina 27699-1912

For additional forms, please photocopy.

Additional Comments: After the review by the HHCU comments will be sent to the LEA Superintendent.