

**LEA:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Building:** \_\_\_\_\_

### ASSESSMENT OF MATERIALS

HOMOGENEOUS AREA (S): \_\_\_\_\_  
 \_\_\_\_\_

Sample ID	Asbestos		Photo	Assessment	Comments
	Type	%			

**Inspector**

Typed Name:	Signature:	Date:
Accreditation Number:	Agency:	

## Instructions for Assessment of Materials

**Purpose:** The information required by this form is referenced in 40CFR Part 763.93(e)(3)(v) of the EPA Asbestos-Containing Materials in Schools; Final Rule and Notice.

**Preparation:** At the right-hand corner fill in the name of the LEA, the school and the building.

As described in 763.88(a), (b), and (c), for each homogeneous area where ACM is found or suspected, the inspector shall classify and assess the materials. A classification and assessment shall be made for each homogeneous area. Use a separate page for each homogeneous area. Do not crowd the information.

Under "Sample ID," each sample in a homogeneous area shall be identified by the number assigned by the inspector or the owner.

Under "Asbestos," when the sample has been found to contain more than 1% asbestos, the type of asbestos and the percent of asbestos will be indicated.

Under "Photo", a reference will be made to indicate the unique number assigned to any photograph taken to be used in this report or in the future.

Under "Assessment," the inspector shall classify the ACM as required in paragraph 763.88(b), into one of the following categories: 1) damaged or significantly damaged thermal insulation ACM; 2) damaged friable surfacing ACM; 3) significantly damaged friable surfacing ACM; 4) damaged or significantly damaged friable miscellaneous ACM; 5) ACM with potential for damage; 6) ACM with potential for significant damage; 7) any remaining friable ACM or friable suspected ACM.

Under "Comments," the inspector shall include information such as location, the amount of material, the condition of the material, type of damage or significant damage, severity of damage, extent for spread of damage, accessibility, potential for disturbance, known or suspected causes of damage, preventive measures which might reduce or eliminate fiber disturbance, and/or other comments and recommendations appropriate to the conditions observed.

At the bottom of this form, the inspector shall include the typed name, signature, date of signature, unique accreditation number and the name of the training agency at which training was obtained.

**Distribution:** Attach to DHHS 3531, AHERA Management Plan Cover Sheet and mail 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.