

Ohio Department of Health

Asbestos Hazard Abatement Project Inspection Report

Project Notification #	Owner Name
Project Building Name, Address, City	
Contractor Name	License #

Public Health Emergency Items marked indicate creation of a Public Health Emergency as defined in Chapter 3701-34 of the Ohio Administrative Code (OAC).	<input type="checkbox"/> Unauthorized Dry Removal. <input type="checkbox"/> Abatement Activities without Engineering Controls. <input type="checkbox"/> Breached Containment.	<input type="checkbox"/> Abatement Activities without Containment. <input type="checkbox"/> Asbestos- Containing Dust or Debris Outside the Contained Work Area.
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An inspection of your project today has shown the items marked below with an X are not in compliance with Chapter 3701-34-OAC. Violations of the OAC may lead to the director taking action against your asbestos license.

1. Prior Notification Owner <input type="checkbox"/> Address <input type="checkbox"/> Contact Person <input type="checkbox"/> Telephone Number Abatement Contractor <input type="checkbox"/> Address <input type="checkbox"/> Telephone Number Project Site <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Street Address <input type="checkbox"/> Site Location (specific) Abatement Specialist <input type="checkbox"/> Same as on Prior Notification <input type="checkbox"/> On Site Dates and Hours <input type="checkbox"/> Set Up Date <input type="checkbox"/> Abatement Date <input type="checkbox"/> Completion Date <input type="checkbox"/> Hours of Operation <input type="checkbox"/> Days of Operation Estimate of ACM <input type="checkbox"/> Linear Footage <input type="checkbox"/> Square Footage 2. Certification and Records, On Site <input type="checkbox"/> Current copy of Contractor License <input type="checkbox"/> Copy of ODH Project Agreement <input type="checkbox"/> * Current Certification Card <input type="checkbox"/> * Current Medical Exam <input type="checkbox"/> * Current Respirator Fit Test * If item is marked, see the attached log sheet	3. Signs and Labels <input type="checkbox"/> Warning Signs at all points of entrance <input type="checkbox"/> "Danger" Signs posted during loading of waste <input type="checkbox"/> "Warning" Labels on each leak-tight container <input type="checkbox"/> Generator Labels on outer container 4. Worker Protection and Hygiene <input type="checkbox"/> Respirators used by all employees entering regulated area <input type="checkbox"/> Fit check each time the respirator is donned <input type="checkbox"/> Protective clothing used <input type="checkbox"/> All street clothing left in clean room <input type="checkbox"/> Work Suits/Protective Clothing intact <input type="checkbox"/> Non-disposable clothing brought out of contained work area in sealed impermeable labeled bag <input type="checkbox"/> Showers used by all employees <input type="checkbox"/> Soap available <input type="checkbox"/> Hot and Cold Water <input type="checkbox"/> No smoking, eating or drinking in contained work area <input type="checkbox"/> Possess NEA allowing use of half-mask respirators where Class I work is being performed 5. Glove Bag Work <input type="checkbox"/> Smoke tested for leaks prior to use <input type="checkbox"/> Used only once and not moved <input type="checkbox"/> Collapsed used a HEPA vacuum prior to disposal <input type="checkbox"/> Performed by at least two persons <input type="checkbox"/> Not used on surface exceeding 150°F <input type="checkbox"/> Adjacent loose and friable material wrapped in two layers of 6-mil plastic <input type="checkbox"/> Three stage decontamination area or two stage with remote shower <input type="checkbox"/> Dropcloth beneath glove bag	6. Contained Work Areas <input type="checkbox"/> Critical barriers/preseals over all openings <input type="checkbox"/> HVAC sealed with two layers 6-mil plastic <input type="checkbox"/> All objects within the area covered with plastic sheeting and secured with tape <input type="checkbox"/> Impermeable dropcloths beneath all removal activities <input type="checkbox"/> Three stage decontamination area or two stage with remote shower <input type="checkbox"/> Minimum of -0.02 inches of water column pressure differential relative to outside pressure <input type="checkbox"/> Containment smoke tested for leaks prior to the beginning of each shift <input type="checkbox"/> Electrical circuits deactivated unless equipped with ground-fault circuit interrupters 7. Repair and Encapsulation <input type="checkbox"/> Work conducted within a regulated area 8. Disposal <input type="checkbox"/> Prompt clean up <input type="checkbox"/> Waste placed in impermeable leak-tight containers 9. Air Monitoring <input type="checkbox"/> Work area adequately cleaned up prior to clearance air sampling <input type="checkbox"/> Clearance or environmental air monitoring performed by a certified AHES, AAMT, CIH or IHIT <input type="checkbox"/> Clearance sampling by a minimum of three samples analyzed by PCM <input type="checkbox"/> Clearance sampling by TEM conducted in accordance with 40 C.F.R. Part 763, Subpart E, Appendix A <input type="checkbox"/> Personal air monitoring conducted by OSHA competent person
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Remarks <input type="checkbox"/> Yes <input type="checkbox"/> No Project meets minimum requirements of 3701-34 OAC.
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AHAS Name and Signature of Receipt of Report	AHAS#
Inspector	Date of inspection
	Time of inspection