Periodic Surveillance Report

Date of Periodic Surveillance:

Building Name:

Address:

Name of Person Conducting the Periodic Surveillance:

Name of the AHERA Designated Person:

Description of Area Covered by this Report:

What was the condition of the Asbestos Containing Building Materials (ACBM), as described during the last three year reinspection report?

Has the condition of the ACBM in this area changed?

Other comments?

______________________________________________
Signature of Person Completing the Periodic Surveillance

______________________________________________
Title of the Person Completing the Report

Note: This periodic surveillance report needs to be given to ____________________, AHERA Designated Person, within 30 days, for inclusion into the AHERA management plan