



UNIVERSITY OF MASSACHUSETTS
AMHERST

Environmental Health & Safety
140 Campus Center Way
Draper Hall
Amherst, MA 01003

ASBESTOS INSPECTION FORM

Inspector(s) _____ Inspection Date/Time _____
Project Address _____ Contact Person _____
Start Date _____ End Date _____ Bldg./Floor/Room _____

PART I: Work Site Information

Is this work a planned asbestos abatement job? (If no, complete section and go to Part VI) Yes ___ No ___

Scope of Work: _____

Has the job deviated from the original scope of work? Yes _____ (Describe below) No _____

PART II: Asbestos Contractor Information

Asbestos Contractor: _____ Lic.# _____ Exp. Date _____

Responsible Person/Supervisor on site: _____ Project Monitor: _____

Lic.# _____ Exp. Date _____ Lic.# _____ Exp. Date _____

PART III: Work Site Observations

Type of containment: Full Containment _____ Glove Bag _____ Mini - Enclosure _____

A) Work Area Preparation: Yes No Yes No
1. Sign in / out log _____ 8. Warning signs posted _____
2. HVAC shutdown, locked out, isolated _____ 9. Moveable objects out _____

PART VI: Non-Asbestos Abatement Job

1) Was this job entered into EMPAC? Yes _____ No _____ (If no, see question 2)

2) Does the job have the potential to impact ACM? Yes _____ No _____

PART VII: Summary of Inspection Violations and/or Nonconformances Observed
