

## Asbestos Survey Record

Facility Address		Borough	Zip Code
Other Addresses or Designations		Block	Lot
Building Owner's Name		Contact Person	
Address		Telephone Number (      )	
Description of Entire Scope of Work:			
Location of Scope of Work (Floors, Sections, and/or Rooms):			
Activities performed by non-certified individuals		Name/Address/ Telephone Number	

Each and every surfacing material in the location(s) of the scope of work and in the immediate vicinity thereof, includes all normally non-friable ACM.

Floor #: \_\_\_\_\_ Section: \_\_\_\_\_ Room Designation: \_\_\_\_\_

Position of the Material	Material Type/Name	Dimensions	Total Length or Calculated Area	Condition	Friable? Yes/ No	# of Samples

\*Use separate sheets for different floors

Reasons for taking less than required number of samples: \_\_\_\_\_

**Photographic Records \*\*:**

Photograph Locations		Photograph Locations	
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

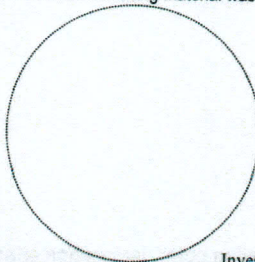
\*\*Recommended for surfaces where samples could not be obtained because surfacing material was not present.

Investigator Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Survey: \_\_\_\_\_



Investigator's  
Seal