

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	

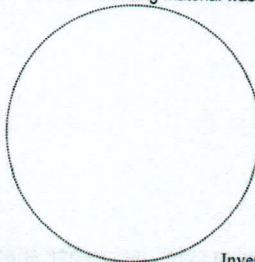
**Recommended for surfaces where samples could not be obtained because surfacing material was not present.

Investigator Name: _____

Certification Number: _____

Signature: _____

Date of Survey: _____



Investigator's
Seal

Sketch or Diagram (including sampling points and sample identification numbers):

A large rectangular area with horizontal ruling lines, intended for a sketch or diagram. The lines are evenly spaced and cover most of the page's width and height.

Plans, blueprints, diagrams, etc. with sampling point designation attached? Yes / No