

Asbestos Hazard Emergency Response Act (AHERA) Designated Person Checklist

May 2020

ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA) DESIGNATED PERSON CHECKLIST

SCHOO	L DISTRICT:				
SCHOOL/BUILDING NAME:					PHONE:
PHYSICAL ADDRESS:					ZIP CODE:
CITY:					COUNTY:
	MANAGEM	ENT PL	AN(S)		
Management Plan Available At:					REMARKS
School Administrative Unit Office		YES	NO		
School		YES	NO		
Develo	pped By:				
Firm Name:					
Firm A	ddress:				
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DOES THE MANAGEMENT PLAN INCLUDE THE FOLLOWING:		YES	NO	NA	REMARKS
1.	Original inspection report conducted by accredited person?				
2.	Three-year reinspection reports?				
3.	Record of six-month periodic surveillance in buildings containing, or assumed to contain ACBM?				
4.	Operations, maintenance, and repair program if friable or assumed friable ACBM is present?				
6.	Inspections of all buildings built or acquired after the original inspection that will be used as part of the school?				
7.	"No ACBM" statement signed by an architect, accredited inspector, or professional engineer?				
8.	Up-to-date records of asbestos awareness training for custodial/maintenance staff who may work in a building containing ACBM maintained?				

YES	NO	NA	REMARKS

ADDITIONAL COMMENTS:					
Signature of Designated	School Official:				
Person:					
Date:	Date:				