

FACILITY INVENTORY DISCREPANCY SHEET

FORM C.1

(Complete at least one Form C.1 per facility)

FACILITY NAME:

SLIDELL VO-TECH SCHOOL

SITE CODE

1	5	2	0	0	9
0	1	2	3	4	5
6	7	8	9	A	B
C	D	E	F	G	H
I	J	K	L	M	N
O	P	Q	R	S	T
U	V	W	X	Y	Z

STATE ID

0	0	8	3	3
0	1	2	3	4
5	6	7	8	9
A	B	C	D	E
F	G	H	I	J
K	L	M	N	O
P	Q	R	S	T
U	V	W	X	Y
Z				

Are there any discrepancies between the facility inventory list provided by the State and the actual number and type of buildings present at the facility? ☐ Yes ☒ No

Are there any buildings which are present but which could not be accessed for inspection? ☐ Yes ☒ No

IF YES, TO EITHER OF THE ABOVE COMPLETE THE FOLLOWING INFORMATION:

BUILDING NAME:

DATE OF DISCREPANCY

MONTH	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	6	
<input type="radio"/> Apr	1	
<input type="radio"/> May	2	91
<input type="radio"/> Jun	3	
<input type="radio"/> Jul	4	92
<input type="radio"/> Aug	5	
<input type="radio"/> Sep	6	93
<input type="radio"/> Oct	7	
<input type="radio"/> Nov	8	
<input type="radio"/> Dec	9	

BUILDING AREA

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

(Use assigned building area for demolished or removed/relocated buildings; use field calculated area for buildings added or inaccessible buildings)

BUILDING USE

- ☐ Office
☐ Classroom
☐ Storage
☐ Mechanical Room
☐ Electrical/Telephone
☐ Other (specify below)

(choose one)

- ☐ Building added
☐ Building demolished in place
☐ Building removed/relocated
☐ Building present but not accessible

Reason for this classification
 (give details, construction/demolition dates, contacts and efforts made to locate/access the building):

ACCREDITATION NUMBER

2	I	0	4	3	8
0	1	2	3	4	5
6	7	8	9	A	B
C	D	E	F	G	H
I	J	K	L	M	N
O	P	Q	R	S	T
U	V	W	X	Y	Z

NAME OF ACCREDITED BUILDING INSPECTOR (only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR (only one name, must be team leader)

Joseph M. Rider

ACCREDITATION AGENCY

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

BUILDING INSPECTION INFORMATION SHEET**FORM C.2**

(Complete one Form C.2 per building at each facility)

STATE ID 0 0 8 3 3 (0-9) (0-9) (0-9) (0-9) (0-9)	SITE CODE 1 - 52 - 009 (0-9) (0-9) (0-9) (0-9) (0-9)	FACILITY NAME: SLIDELL VO-TECH SCHOOL	BUILDING NAME: MAIN BUILDING
PUBLIC HOURS OF OPERATION <input checked="" type="radio"/> Days only <input type="radio"/> Nights only <input type="radio"/> 24 hours a day <input type="radio"/> Not occupied		BUILDING ADDRESS: 1000 CANULETTE ROAD SLIDELL, LA 70459	
WERE ANY ROOMS INACCESSIBLE? <input checked="" type="radio"/> No <input type="radio"/> Yes (explain below)		IS THE ABOVE ADDRESS CORRECT? <input checked="" type="radio"/> Yes <input type="radio"/> No IF NOT, WHAT IS THE CORRECT ADDRESS?	
NUMBER OF STORIES 01		YEAR OF CONSTRUCTION 1971	
BUILDING AREA (as calculated in the field) 65970		TOTAL NUMBER OF SAMPLES COLLECTED AT THIS BUILDING 2A	
OCCUPANCY LEVEL <input checked="" type="radio"/> State employees <input type="radio"/> Clients/Patients/Residents <input type="radio"/> Visitors <input checked="" type="radio"/> Students <input type="radio"/> Prisoners <input type="radio"/> Animals <input type="radio"/> None		BUILDING AREA (as assigned) 64,980 ft. ²	
BUILDING INSPECTION DATE			
FROM MONTH DAY YEAR Jan Feb 06 92 Mar Apr May Jun Jul Aug Sep Oct Nov Dec		TO MONTH DAY YEAR Jan Feb 06 92 Mar Apr May Jun Jul Aug Sep Oct Nov Dec	

COMMENTS:

Ceiling tile found in cafeteria area and main hall that is 2'x4' and smooth is non-suspect pressed wood. The ceiling tile found in lobby and hall that is 2'x4' "textured" is non-suspect fiberglass.

LIST ALL SUSPECT MATERIALS ASSUMED TO BE ACM

(i.e., no samples were collected)

1-52-009
00833
C-2

Fill in the oval in the column indicating
if material is present at the building

MATERIAL	YES	NO	UNKNOWN
1 FIRE DOORS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 VIBRATION JOINT CLOTH(S)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3 TRANSITE	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 CARPET MASTIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 BASEBOARD MASTIC	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 BUILDING EXPANSION JOINT(S)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 BOILER GASKETS/BOILER ROPE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8 LABORATORY COUNTER TOPS	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9 ROOFING MATERIALS	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 OTHER _____	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Explain all items marked as unknown. Place item number before the comment item.

NUMBER	COMMENTS:

NAME OF ACCREDITED BUILDING INSPECTOR (only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR (only one name, must be team leader)

Joseph M. Rider

NAME OF ASSISTANT INSPECTOR

Clint R. Davis

BUILDING SITE ESCORTS

ACCREDITATION NUMBER	
2	I
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
0	0	9	3
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BUILDING NAME
Main Bldg.

PAGE	OF	PAGE
1	1	1

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
<input type="radio"/> Jan				<input type="radio"/> Surfacing	<input type="radio"/> Auditorium
<input type="radio"/> Feb	5		1	<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
<input type="radio"/> Mar	10		0 0 0	<input checked="" type="radio"/> Miscellaneous material	<input type="radio"/> Break room
<input type="radio"/> Apr	11		1 1 1		<input type="radio"/> Cafeteria
<input type="radio"/> May	22	91	2 2 2		<input type="radio"/> Chase
<input type="radio"/> Jun	33		3 3 3		<input checked="" type="radio"/> Class room
<input type="radio"/> Jul	3	92	4 4 4		<input checked="" type="radio"/> Closet
<input type="radio"/> Aug			5 5 5		<input type="radio"/> Conference room/ Meeting room
<input type="radio"/> Sep	6	93	6 6 6	FRIABILITY (choose one)	<input type="radio"/> Crawlspace
<input checked="" type="radio"/> Oct	7		7 7 7	<input type="radio"/> Friable	<input type="radio"/> Dormitory room
<input type="radio"/> Nov	8	94	8 8 8	<input checked="" type="radio"/> Nonfriable	<input type="radio"/> Electrical room/ Electrical closet
<input type="radio"/> Dec	9		9 9 9		<input type="radio"/> Gymnasium

MATERIAL DESCRIPTION	
SIZE (mark only one)	TEXTURE (mark only one)
<input type="radio"/> Not applicable <input type="radio"/> 9 x 9 inches <input checked="" type="radio"/> 1 x 1 foot <input type="radio"/> 1 x 2 feet <input type="radio"/> 2 x 2 feet <input type="radio"/> 2 x 4 feet <input type="radio"/> Other (specify below)	<input checked="" type="radio"/> Smooth <input type="radio"/> Rough <input type="radio"/> Corrugated <input type="radio"/> Fissured <input type="radio"/> Perforated (pinhole) <input type="radio"/> Other (specify below)
COLOR (mark all that apply)	MATERIAL DESCRIPTION (mark only one)
<input checked="" type="radio"/> White <input type="radio"/> Cream <input type="radio"/> Beige/Tan <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Black <input type="radio"/> Pink <input type="radio"/> Red <input type="radio"/> Yellow <input type="radio"/> Orange <input checked="" type="radio"/> Light Gray <input type="radio"/> Dark Gray <input type="radio"/> Maroon <input type="radio"/> Other (specify below)	<input type="radio"/> Acoustical plaster <input type="radio"/> Boiler insulation <input type="radio"/> Ceiling tile (suspended) <input type="radio"/> Ceiling tile (glued on) <input type="radio"/> Drywall system <input type="radio"/> Duct insulation <input type="radio"/> Fireproofing (spray on) <input type="radio"/> Fireproofing (trowelled on) <input type="radio"/> Flue insulation <input checked="" type="radio"/> Floor tile <input type="radio"/> Mudded pipe fittings <input type="radio"/> Pipe insulation <input type="radio"/> Plaster <input type="radio"/> Tank insulation <input type="radio"/> Transit (asbestos cement board) <input type="radio"/> Vinyl sheet flooring <input type="radio"/> Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
1 1 0 5 0	<input checked="" type="radio"/> SF
	<input type="radio"/> LF
	<input type="radio"/> Each

ASSUMED TO BE ACM
<input type="radio"/> Yes <input checked="" type="radio"/> No
COMMENTS
3 samples

Does this material pose an imminent health hazard (if ACM)?

☐ Yes
☒ No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

% DAMAGED

(choose one)

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

☐ Localized
☐ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☐ Deterioration
☐ Water
☐ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☐ Fair
☐ Poor

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

210438

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

G186

101

102

103

120

H-101

109

107

107A

106

106A

G192

104

105

110

111

ADDITIONAL COMMENTS:

00833-1

E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID	
0	0
8	3
7	

BUILDING NAME
Main Bldg.

PAGE	OF	PAGE
1	1	1

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
<input type="radio"/> Jan			2	<input type="radio"/> Surfacing	<input type="radio"/> Auditorium
<input type="radio"/> Feb				<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
<input type="radio"/> Mar	0			<input checked="" type="radio"/> Miscellaneous material	<input type="radio"/> Break room
<input type="radio"/> Apr	1				<input checked="" type="radio"/> Cafeteria
<input type="radio"/> May	2	91			<input type="radio"/> Chase
<input type="radio"/> Jun	3				<input checked="" type="radio"/> Class room
<input type="radio"/> Jul	4	92			<input checked="" type="radio"/> Closet
<input type="radio"/> Aug					<input type="radio"/> Conference room/ Meeting room
<input type="radio"/> Sep	6	93			<input type="radio"/> Crawlspace
<input checked="" type="radio"/> Oct	7				<input type="radio"/> Dormitory room
<input type="radio"/> Nov	8	94			<input type="radio"/> Electrical room/ Electrical closet
<input type="radio"/> Dec	9				<input type="radio"/> Gymnasium

MATERIAL DESCRIPTION	
SIZE (mark only one) <input checked="" type="radio"/> Not applicable <input type="radio"/> 9 x 9 inches <input type="radio"/> 1 x 1 foot <input type="radio"/> 1 x 2 feet <input type="radio"/> 2 x 2 feet <input type="radio"/> 2 x 4 feet <input type="radio"/> Other (specify below)	TEXTURE (mark only one) <input checked="" type="radio"/> Smooth <input type="radio"/> Rough <input type="radio"/> Corrugated <input type="radio"/> Fissured <input type="radio"/> Perforated (pinhole) <input type="radio"/> Other (specify below)
COLOR (mark all that apply) <input checked="" type="radio"/> White <input type="radio"/> Cream <input type="radio"/> Beige/Tan <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Black <input type="radio"/> Pink <input type="radio"/> Red <input type="radio"/> Yellow <input type="radio"/> Orange <input type="radio"/> Light Gray <input type="radio"/> Dark Gray <input type="radio"/> Maroon <input type="radio"/> Other (specify below)	MATERIAL DESCRIPTION (mark only one) <input type="radio"/> Acoustical plaster <input type="radio"/> Boiler insulation <input type="radio"/> Ceiling tile (suspended) <input type="radio"/> Ceiling tile (glued on) <input checked="" type="radio"/> Drywall system <input type="radio"/> Duct insulation <input type="radio"/> Fireproofing (spray on) <input type="radio"/> Fireproofing (trowelled on) <input type="radio"/> Flue insulation <input type="radio"/> Floor tile <input type="radio"/> Mudded pipe fittings <input type="radio"/> Pipe insulation <input type="radio"/> Plaster <input type="radio"/> Tank insulation <input type="radio"/> Transite (asbestos cement board) <input type="radio"/> Vinyl sheet flooring <input type="radio"/> Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
4500	<input checked="" type="radio"/> SF
	<input type="radio"/> LF
	<input type="radio"/> Each

ASSUMED TO BE ACM
<input type="radio"/> Yes <input checked="" type="radio"/> No
COMMENTS
15 samples

Does this material pose an imminent health hazard (if ACM)?
<input type="radio"/> Yes <input checked="" type="radio"/> No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

☐ Localized
☐ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☐ Deterioration
☐ Water
☐ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☐ Fair
☐ Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2 I 0 4 3 8
 0 0 0 0 0
 1 1 1 1 1
 2 2 2 2 2
 3 3 3 3 3
 4 4 4 4 4
 5 5 5 5 5
 6 6 6 6 6
 7 7 7 7 7
 8 8 8 8 8
 9 9 9 9 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph m. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph m. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

213
 230
 230A
 216
 202
 235A
 233
 234
 H-101

ADDITIONAL COMMENTS:

00833-2 E

FORM E

OF

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

10

Localized
Distributed
N/A

TYPE OF DAMAGE

(choose all that apply)

Deterioration
Water
Physical
N/A

CONDITION OF MATERIAL

Good
Fair
Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact			
Vibration			
Air Erosion			
Overall rating for Potential of Disturbance			

ACCREDITATION NUMBER

210438

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

101
206
206 A
207
113

ADDITIONAL COMMENTS:

00833-3

E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
00	83	3	
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BUILDING NAME
Main Bldg

PAGE	OF	PAGE
1		1
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
Jan			4	<input type="radio"/> Surfacing	<input type="radio"/> Auditorium
Feb				<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
Mar	0			<input checked="" type="radio"/> Miscellaneous material	<input type="radio"/> Break room
Apr	1	91			<input type="radio"/> Cafeteria
May	2				<input type="radio"/> Chase
Jun	3				<input type="radio"/> Class room
Jul	4	92			<input type="radio"/> Closet
Aug					<input type="radio"/> Conference room/ Meeting room
Sep	6	93			<input type="radio"/> Crawlspace
Oct	7				<input type="radio"/> Dormitory room
Nov	8	94			<input type="radio"/> Electrical room/ Electrical closet
Dec	9				<input type="radio"/> Gymnasium
					<input type="radio"/> Hallway
					<input type="radio"/> Janitor's closet
					<input type="radio"/> Kitchen
					<input type="radio"/> Lobby/Foyer
					<input type="radio"/> Laboratory (science, medical, etc.)
					<input type="radio"/> Library
					<input type="radio"/> Lounge
					<input type="radio"/> Locker room
					<input type="radio"/> Mail room
					<input type="radio"/> Mechanical room
					<input checked="" type="radio"/> Office
					<input type="radio"/> Patient room (hospital, clinic, etc.)
					<input type="radio"/> Prison cell/Jail cell
					<input type="radio"/> Restroom
					<input type="radio"/> Roof
					<input type="radio"/> Shop area
					<input type="radio"/> Shower room
					<input type="radio"/> Stage
					<input type="radio"/> Storage room
					<input type="radio"/> Underside of covered sidewalk
					<input type="radio"/> Other (specify below)

MATERIAL DESCRIPTION	
SIZE (mark only one) <input type="radio"/> Not applicable <input type="radio"/> 9 x 9 inches <input checked="" type="radio"/> 1 x 1 foot <input type="radio"/> 1 x 2 feet <input type="radio"/> 2 x 2 feet <input type="radio"/> 2 x 4 feet <input type="radio"/> Other (specify below)	TEXTURE (mark only one) <input checked="" type="radio"/> Smooth <input type="radio"/> Rough <input type="radio"/> Corrugated <input type="radio"/> Fissured <input type="radio"/> Perforated (pinhole) <input type="radio"/> Other (specify below)
COLOR (mark all that apply) <input checked="" type="radio"/> White <input type="radio"/> Cream <input type="radio"/> Beige/Tan <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Black <input type="radio"/> Pink <input type="radio"/> Red <input type="radio"/> Yellow <input type="radio"/> Orange <input type="radio"/> Light Gray <input type="radio"/> Dark Gray <input type="radio"/> Maroon <input checked="" type="radio"/> Other (specify below) <u>green</u>	MATERIAL DESCRIPTION (mark only one) <input type="radio"/> Acoustical plaster <input type="radio"/> Boiler insulation <input type="radio"/> Ceiling tile (suspended) <input type="radio"/> Ceiling tile (glued on) <input type="radio"/> Drywall system <input type="radio"/> Duct insulation <input type="radio"/> Fireproofing (spray on) <input type="radio"/> Fireproofing (trowelled on) <input type="radio"/> Flue insulation <input checked="" type="radio"/> Floor tile <input type="radio"/> Mudded pipe fittings <input type="radio"/> Pipe insulation <input type="radio"/> Plaster <input type="radio"/> Tank insulation <input type="radio"/> Transite (asbestos cement board) <input type="radio"/> Vinyl sheet flooring <input type="radio"/> Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
150	<input checked="" type="radio"/> SF
	<input type="radio"/> LF
	<input type="radio"/> Each

ASSUMED TO BE ACM
<input type="radio"/> Yes <input checked="" type="radio"/> No
COMMENTS
1 sample

Does this material pose an imminent health hazard (if ACM)?

☐ Yes ☒ No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

☐ Localized
☐ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☐ Deterioration
☐ Water
☐ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☐ Fair
☐ Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2 1 0 4 3 8

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rides

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rides

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

225
G-233

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ADDITIONAL COMMENTS:

008 33-4 E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID	
0	0
8	3
3	3

BUILDING NAME

Main Bldg

PAGE	OF	PAGE
1	1	1

DATE OF INSPECTION

MONTH	DAY	YEAR
Jan		
Feb	5	
Mar		
Apr	11	
May	22	91
Jun	33	
Jul	4	92
Aug		
Sep	6	93
Oct	7	
Nov	8	94
Dec	9	

HOMOGENEOUS AREA NUMBER

5

TYPE OF MATERIAL (choose one)

- ☐ Surfacing
☐ Thermal system insulation
☒ Miscellaneous material

FRIABILITY (choose one)

- ☐ Friable
☒ Nonfriable

NAME OF FUNCTIONAL AREA(S) (mark as many as apply)

- ☐ Auditorium
☐ Boiler room
☐ Break room
☐ Cafeteria
☐ Chase
☐ Class room
☐ Closet
☐ Conference room/ Meeting room
☐ Crawlspace
☐ Dormitory room
☐ Electrical room/ Electrical closet
☐ Gymnasium
☐ Hallway
☐ Janitor's closet
☐ Kitchen
☐ Lobby/Foyer
☐ Laboratory (science, medical, etc.)
☐ Library
☐ Lounge
☐ Locker room
☐ Mail room
☐ Mechanical room
☒ Office
☐ Patient room (hospital, clinic, etc.)
☐ Prison cell/Jail cell
☐ Restroom
☐ Roof
☐ Shop area
☐ Shower room
☐ Stage
☐ Storage room
☐ Underside of covered sidewalk
☐ Other (specify below)

MATERIAL DESCRIPTION

SIZE (mark only one)

- ☐ Not applicable
☐ 9 x 9 inches
☒ 1 x 1 foot
☐ 1 x 2 feet
☐ 2 x 2 feet
☐ 2 x 4 feet
☐ Other (specify below)

TEXTURE (mark only one)

- ☒ Smooth
☐ Rough
☐ Corrugated
☐ Fissured
☐ Perforated (pinhole)
☐ Other (specify below)

COLOR (mark all that apply)

- ☒ White
☐ Cream
☐ Beige/Tan
☐ Brown
☐ Green
☐ Blue
☐ Black
☐ Pink
☐ Red
☐ Yellow
☐ Orange
☐ Light Gray
☐ Dark Gray
☐ Maroon
☒ Other (specify below)

green stkd.

MATERIAL DESCRIPTION (mark only one)

- ☐ Acoustical plaster
☐ Boiler insulation
☐ Ceiling tile (suspended)
☐ Ceiling tile (glued on)
☐ Drywall system
☐ Duct insulation
☐ Fireproofing (spray on)
☐ Fireproofing (trowelled on)
☐ Flue insulation
☒ Floor tile
☐ Mudded pipe fittings
☐ Pipe insulation
☐ Plaster
☐ Tank insulation
☐ Transite (asbestos cement board)
☐ Vinyl sheet flooring
☐ Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)

1800

UNITS

- ☒ SF
☐ LF
☐ Each

ASSUMED TO BE ACM

- ☐ Yes
☒ No

COMMENTS

1 sample

Does this material pose an imminent health hazard (if ACM)?

- ☐ Yes
☒ No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

☐ Localized
☐ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☐ Deterioration
☐ Water
☐ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☐ Fair
☐ Poor

POTENTIAL FOR DISTURBANCE (mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2 1 0 4 3 5

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

201M

ADDITIONAL COMMENTS:

00833-5-E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID

00833

A A A A A
B B B B B
C C C C C
D D D D D
E E E E E
F F F F F
G G G G G
H H H H H
I I I I I
J J J J J
K K K K K
L L L L L
M M M M M
N N N N N
O O O O O
P P P P P
Q Q Q Q Q
R R R R R
S S S S S
T T T T T
U U U U U
V V V V V
W W W W W
X X X X X
Y Y Y Y Y
Z Z Z Z Z
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

BUILDING NAME

Main Bldg.

PAGE

1 OF 1

1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

DATE OF INSPECTION

MONTH DAY YEAR

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

1 1 91
2 2 91
3 3 91
4 4 91
5 5 91
6 6 91
7 7 91
8 8 91
9 9 91

HOMOGENEOUS AREA NUMBER

1 1 1
2 2 2
3 3 3
4 4 4
5 5 5
6 6 6
7 7 7
8 8 8
9 9 9

TYPE OF MATERIAL (choose one)

Surfacing
Thermal system insulation
Miscellaneous material

FRIABILITY (choose one)

Friable
Nonfriable

NAME OF FUNCTIONAL AREA(S) (mark as many as apply)

Auditorium
Boiler room
Break room
Cafeteria
Chase
Class room
Closet
Conference room/
Meeting room
Crawlspace
Dormitory room
Electrical room/
Electrical closet
Gymnasium
Hallway
Janitor's closet
Kitchen
Lobby/Foyer
Laboratory (science, medical, etc.)
Library
Lounge
Locker room
Mail room
Mechanical room
Office
Patient room (hospital, clinic, etc.)
Prison cell/Jail cell
Restroom
Roof
Shop area
Shower room
Stage
Storage room
Underside of covered sidewalk
Other (specify below)

MATERIAL DESCRIPTION

SIZE (mark only one)

Not applicable
9 x 9 inches
1 x 1 foot
1 x 2 feet
2 x 2 feet
2 x 4 feet
Other (specify below)

TEXTURE (mark only one)

Smooth
Rough
Corrugated
Fissured
Perforated (pinhole)
Other (specify below)

COLOR (mark all that apply)

White
Cream
Beige/Tan
Brown
Green
Blue
Black
Pink
Red
Yellow
Orange
Light Gray
Dark Gray
Maroon
Other (specify below)

MATERIAL DESCRIPTION (mark only one)

Acoustical plaster
Boiler insulation
Ceiling tile (suspended)
Ceiling tile (glued on)
Drywall system
Duct insulation
Fireproofing (spray on)
Fireproofing (trowelled on)
Flue insulation
Floor tile
Mudded pipe fittings
Pipe insulation
Plaster
Tank insulation
Transite (asbestos cement board)
Vinyl sheet flooring
Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)

UNITS

SF
LF
Each

ASSUMED TO BE ACM

Yes No

COMMENTS

1 sample

Does this material pose an imminent health hazard (if ACM)?

Yes
No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

☐ Localized
☐ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☐ Deterioration
☐ Water
☐ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☐ Fair
☐ Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2 I 0 4 3 3

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Zier

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Zier

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

233A
201M
109

ADDITIONAL COMMENTS:

00833-6 E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
0	0	2	3
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BUILDING NAME
main Bldg.

PAGE	OF	PAGE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
<input type="radio"/> Jan			7	<input type="radio"/> Surfacing	<input type="radio"/> Auditorium
<input type="radio"/> Feb	05			<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
<input type="radio"/> Mar	08			<input checked="" type="radio"/> Miscellaneous material	<input type="radio"/> Break room
<input type="radio"/> Apr	11				<input type="radio"/> Cafeteria
<input type="radio"/> May	22	91			<input type="radio"/> Chase
<input type="radio"/> Jun	33				<input type="radio"/> Class room
<input type="radio"/> Jul	4	92			<input type="radio"/> Closet
<input type="radio"/> Aug					<input type="radio"/> Conference room/ Meeting room
<input type="radio"/> Sep	6	93			<input type="radio"/> Crawlspace
<input checked="" type="radio"/> Oct	7				<input type="radio"/> Dormitory room
<input type="radio"/> Nov	8	94			<input type="radio"/> Electrical room/ Electrical closet
<input type="radio"/> Dec	9				<input type="radio"/> Gymnasium

FRIABILITY (choose one)
<input type="radio"/> Friable
<input checked="" type="radio"/> Nonfriable

MATERIAL DESCRIPTION	
SIZE (mark only one) <input type="radio"/> Not applicable <input type="radio"/> 9 x 9 inches <input checked="" type="radio"/> 1 x 1 foot <input type="radio"/> 1 x 2 feet <input type="radio"/> 2 x 2 feet <input type="radio"/> 2 x 4 feet <input type="radio"/> Other (specify below)	TEXTURE (mark only one) <input checked="" type="radio"/> Smooth <input type="radio"/> Rough <input type="radio"/> Corrugated <input type="radio"/> Fissured <input type="radio"/> Perforated (pinhole) <input type="radio"/> Other (specify below)
COLOR (mark all that apply) <input checked="" type="radio"/> White <input type="radio"/> Cream <input type="radio"/> Beige/Tan <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Black <input type="radio"/> Pink <input type="radio"/> Red <input type="radio"/> Yellow <input type="radio"/> Orange <input type="radio"/> Light Gray <input type="radio"/> Dark Gray <input type="radio"/> Maroon <input checked="" type="radio"/> Other (specify below)	MATERIAL DESCRIPTION (mark only one) <input type="radio"/> Acoustical plaster <input type="radio"/> Boiler insulation <input type="radio"/> Ceiling tile (suspended) <input type="radio"/> Ceiling tile (glued on) <input type="radio"/> Drywall system <input type="radio"/> Duct insulation <input type="radio"/> Fireproofing (spray on) <input type="radio"/> Fireproofing (trowelled on) <input type="radio"/> Flue insulation <input checked="" type="radio"/> Floor tile <input type="radio"/> Mudded pipe fittings <input type="radio"/> Pipe insulation <input type="radio"/> Plaster <input type="radio"/> Tank insulation <input type="radio"/> Transite (asbestos cement board) <input type="radio"/> Vinyl sheet flooring <input type="radio"/> Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
2600	SF
	LF
	Each
ASSUMED TO BE ACM <input type="radio"/> Yes <input checked="" type="radio"/> No	
COMMENTS 1 sample	

Does this material pose an imminent health hazard (if ACM)? <input type="radio"/> Yes <input checked="" type="radio"/> No
--

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

% DAMAGED

(choose one)

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

☐ Localized
☐ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☐ Deterioration
☐ Water
☐ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☐ Fair
☐ Poor

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2	I	0	4	3	8
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph m. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph m. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

G-283
H-101

ADDITIONAL COMMENTS:

00833-7 E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
0	0	8	33
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BUILDING NAME Main Bldg.

PAGE	OF	PAGE	
1		1	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
Jan	05		8	<input type="radio"/> Surfacing	<input type="radio"/> Auditorium
Feb				<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
Mar				<input checked="" type="radio"/> Miscellaneous material	<input type="radio"/> Break room
Apr					<input type="radio"/> Cafeteria
May		91			<input type="radio"/> Chase
Jun					<input checked="" type="radio"/> Class room
Jul		92			<input type="radio"/> Closet
Aug					<input type="radio"/> Conference room/ Meeting room
Sep		93			<input type="radio"/> Crawlspace
Oct					<input type="radio"/> Dormitory room
Nov		94			<input type="radio"/> Electrical room/ Electrical closet
Dec					<input type="radio"/> Gymnasium

FRIABILITY (choose one)

☒ Friable

☐ Nonfriable

MATERIAL DESCRIPTION	
<p>SIZE (mark only one)</p> <p><input type="radio"/> Not applicable</p> <p><input type="radio"/> 9 x 9 inches</p> <p><input type="radio"/> 1 x 1 foot</p> <p><input type="radio"/> 1 x 2 feet</p> <p><input type="radio"/> 2 x 2 feet</p> <p><input checked="" type="radio"/> 2 x 4 feet</p> <p><input type="radio"/> Other (specify below)</p>	<p>TEXTURE (mark only one)</p> <p><input type="radio"/> Smooth</p> <p><input type="radio"/> Rough</p> <p><input type="radio"/> Corrugated</p> <p><input type="radio"/> Fissured</p> <p><input type="radio"/> Perforated (pinhole)</p> <p><input checked="" type="radio"/> Other (specify below)</p> <p><u>textured - pebbled</u></p>
<p>COLOR (mark all that apply)</p> <p><input checked="" type="radio"/> White</p> <p><input type="radio"/> Cream</p> <p><input type="radio"/> Beige/Tan</p> <p><input type="radio"/> Brown</p> <p><input type="radio"/> Green</p> <p><input type="radio"/> Blue</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Pink</p> <p><input type="radio"/> Red</p> <p><input type="radio"/> Yellow</p> <p><input type="radio"/> Orange</p> <p><input type="radio"/> Light Gray</p> <p><input type="radio"/> Dark Gray</p> <p><input type="radio"/> Maroon</p> <p><input type="radio"/> Other (specify below)</p>	<p>MATERIAL DESCRIPTION (mark only one)</p> <p><input type="radio"/> Acoustical plaster</p> <p><input type="radio"/> Boiler insulation</p> <p><input checked="" type="radio"/> Ceiling tile (suspended)</p> <p><input type="radio"/> Ceiling tile (glued on)</p> <p><input type="radio"/> Drywall system</p> <p><input type="radio"/> Duct insulation</p> <p><input type="radio"/> Fireproofing (spray on)</p> <p><input type="radio"/> Fireproofing (trowelled on)</p> <p><input type="radio"/> Flue insulation</p> <p><input type="radio"/> Floor tile</p> <p><input type="radio"/> Mudded pipe fittings</p> <p><input type="radio"/> Pipe insulation</p> <p><input type="radio"/> Plaster</p> <p><input type="radio"/> Tank insulation</p> <p><input type="radio"/> Transite (asbestos cement board)</p> <p><input type="radio"/> Vinyl sheet flooring</p> <p><input type="radio"/> Other (specify below)</p>

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
17600	<input checked="" type="radio"/> SF
	<input type="radio"/> LF
	<input type="radio"/> Each

ASSUMED TO BE ACM

☐ Yes ☒ No

COMMENTS

8 samples

Non-Suspect

Does this material pose an imminent health hazard (if ACM)?

☐ Yes

☒ No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

POTENTIAL FOR DISTURBANCE (mark one oval for each item)

% DAMAGED

(choose one)

☒ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9

☐ Localized
☒ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☒ Deterioration
☒ Water
☒ Physical
☐ N/A

CONDITION OF MATERIAL

☐ Good
☒ Fair
☐ Poor

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

ACCREDITATION NUMBER

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

101	G-283	G-285	246
102A	104	204	247
103	105	243	248
G-195	G-183	244	250
120	G-184	245	256A
117	106	206	256B
118	106A	202	256C
119A	107	203	254
223	107A	213D	
225A	109	213E	
224	110	213F	
225	G-192	213A	
235A	114	213B	
238	115	215	
240	116	217	
H-101	209	249	

ADDITIONAL COMMENTS:

00833-8 E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
0	0	8	33
A	A	A	A
B	B	B	B
C	C	C	C
D	D	D	D
E	E	E	E
F	F	F	F
G	G	G	G
H	H	H	H
I	I	I	I
J	J	J	J
K	K	K	K
L	L	L	L
M	M	M	M
N	N	N	N
O	O	O	O
P	P	P	P
Q	Q	Q	Q
R	R	R	R
S	S	S	S
T	T	T	T
U	U	U	U
V	V	V	V
W	W	W	W
X	X	X	X
Y	Y	Y	Y
Z	Z	Z	Z
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BUILDING NAME
Main Bldg

PAGE	OF	PAGE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
<input type="radio"/> Jan			9	<input type="radio"/> Surfacing	<input type="radio"/> Auditorium
<input type="radio"/> Feb	5			<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
<input type="radio"/> Mar				<input checked="" type="radio"/> Miscellaneous material	<input type="radio"/> Break room
<input type="radio"/> Apr					<input type="radio"/> Cafeteria
<input type="radio"/> May		91			<input type="radio"/> Chase
<input type="radio"/> Jun					<input type="radio"/> Class room
<input type="radio"/> Jul		92			<input type="radio"/> Closet
<input type="radio"/> Aug					<input type="radio"/> Conference room/ Meeting room
<input type="radio"/> Sep		93			<input type="radio"/> Crawlspace
<input checked="" type="radio"/> Oct					<input type="radio"/> Dormitory room
<input type="radio"/> Nov		94			<input type="radio"/> Electrical room/ Electrical closet
<input type="radio"/> Dec					<input type="radio"/> Gymnasium
					<input checked="" type="radio"/> Hallway
					<input type="radio"/> Janitor's closet
					<input type="radio"/> Kitchen
					<input checked="" type="radio"/> Lobby/Foyer
					<input type="radio"/> Laboratory (science, medical, etc.)
					<input type="radio"/> Library
					<input type="radio"/> Lounge
					<input type="radio"/> Locker room
					<input type="radio"/> Mail room
					<input type="radio"/> Mechanical room
					<input checked="" type="radio"/> Office
					<input type="radio"/> Patient room (hospital, clinic, etc.)
					<input type="radio"/> Prison cell/Jail cell
					<input type="radio"/> Restroom
					<input type="radio"/> Roof
					<input type="radio"/> Shop area
					<input type="radio"/> Shower room
					<input type="radio"/> Stage
					<input type="radio"/> Storage room
					<input type="radio"/> Underside of covered sidewalk
					<input type="radio"/> Other (specify below)

MATERIAL DESCRIPTION	
SIZE (mark only one) <input type="radio"/> Not applicable <input type="radio"/> 9 x 9 inches <input type="radio"/> 1 x 1 foot <input type="radio"/> 1 x 2 feet <input type="radio"/> 2 x 2 feet <input checked="" type="radio"/> 2 x 4 feet <input type="radio"/> Other (specify below)	TEXTURE (mark only one) <input checked="" type="radio"/> Smooth <input type="radio"/> Rough <input type="radio"/> Corrugated <input type="radio"/> Fissured <input type="radio"/> Perforated (pinhole) <input type="radio"/> Other (specify below)
COLOR (mark all that apply) <input checked="" type="radio"/> White <input type="radio"/> Cream <input type="radio"/> Beige/Tan <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Black <input type="radio"/> Pink <input type="radio"/> Red <input type="radio"/> Yellow <input type="radio"/> Orange <input type="radio"/> Light Gray <input type="radio"/> Dark Gray <input type="radio"/> Maroon <input type="radio"/> Other (specify below)	MATERIAL DESCRIPTION (mark only one) <input type="radio"/> Acoustical plaster <input type="radio"/> Boiler insulation <input checked="" type="radio"/> Ceiling tile (suspended) <input type="radio"/> Ceiling tile (glued on) <input type="radio"/> Drywall system <input type="radio"/> Duct insulation <input type="radio"/> Fireproofing (spray on) <input type="radio"/> Fireproofing (trowelled on) <input type="radio"/> Flue insulation <input type="radio"/> Floor tile <input type="radio"/> Mudded pipe fittings <input type="radio"/> Pipe insulation <input type="radio"/> Plaster <input type="radio"/> Tank insulation <input type="radio"/> Transite (asbestos cement board) <input type="radio"/> Vinyl sheet flooring <input type="radio"/> Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
2000	<input checked="" type="radio"/> SF
	<input type="radio"/> LF
	<input type="radio"/> Each

ASSUMED TO BE ACM
<input type="radio"/> Yes <input checked="" type="radio"/> No
COMMENTS
5 samples
<i>Don't suspect</i>

Does this material pose an imminent health hazard (if ACM)? <input type="radio"/> Yes <input checked="" type="radio"/> No
--

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

15

☐ Localized
☒ Distributed
☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☒ Deterioration
☒ Water
☒ Physical
☐ N/A

CONDITION OF MATERIAL

☒ Good
☐ Fair
☐ Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Air Erosion	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

ACCREDITATION NUMBER

2 I 0 4 3 5

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)

TO WHICH THIS ASSESSMENT APPLIES:

14-101
C-283
226A

ADDITIONAL COMMENTS:

00833-9 E

FORM E

OF

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

20
10
10
20
30
40
50
60
70
80
90

(choose one)

☐ Localized

☒ Distributed

☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☒ Deterioration

☒ Water

☒ Physical

☐ N/A

CONDITION OF MATERIAL

☐ Good

☒ Fair

☐ Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

1
0
4
3
8
0
1
2
3
4
5
6
7
8
9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph m. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph m. Rider

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

113

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ADDITIONAL COMMENTS:

00833-10

E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
0	0	8	3
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

BUILDING NAME
Main Bldg.

PAGE	OF	PAGE
1	1	1
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

DATE OF INSPECTION		
MONTH	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb		
<input type="radio"/> Mar	00	
<input type="radio"/> Apr	11	
<input type="radio"/> May	22	91
<input type="radio"/> Jun	33	
<input type="radio"/> Jul	44	92
<input type="radio"/> Aug	55	
<input type="radio"/> Sep	66	93
<input type="radio"/> Oct	77	
<input type="radio"/> Nov	88	94
<input type="radio"/> Dec	99	

HOMOGENEOUS AREA NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

TYPE OF MATERIAL (choose one)
<input type="radio"/> Surfacing
<input checked="" type="radio"/> Thermal system insulation
<input type="radio"/> Miscellaneous material

FRIABILITY (choose one)
<input checked="" type="radio"/> Friable
<input type="radio"/> Nonfriable

NAME OF FUNCTIONAL AREA(S)
(mark as many as apply)

- ☐ Auditorium
- ☐ Boiler room
- ☐ Break room
- ☐ Cafeteria
- ☐ Chase
- ☐ Class room
- ☐ Closet
- ☐ Conference room/ Meeting room
- ☐ Crawlspace
- ☐ Dormitory room
- ☐ Electrical room/ Electrical closet
- ☐ Gymnasium
- ☐ Hallway
- ☐ Janitor's closet
- ☐ Kitchen
- ☐ Lobby/Foyer
- ☐ Laboratory (science, medical, etc.)
- ☐ Library
- ☐ Lounge
- ☐ Locker room
- ☐ Mail room
- ☒ Mechanical room
- ☐ Office
- ☐ Patient room (hospital, clinic, etc.)
- ☐ Prison cell/Jail cell
- ☐ Restroom
- ☐ Roof
- ☐ Shop area
- ☐ Shower room
- ☐ Stage
- ☐ Storage room
- ☐ Underside of covered sidewalk
- ☐ Other (specify below)

MATERIAL DESCRIPTION	
<p>SIZE (mark only one)</p> <p><input checked="" type="radio"/> Not applicable</p> <p><input type="radio"/> 9 x 9 inches</p> <p><input type="radio"/> 1 x 1 foot</p> <p><input type="radio"/> 1 x 2 feet</p> <p><input type="radio"/> 2 x 2 feet</p> <p><input type="radio"/> 2 x 4 feet</p> <p><input type="radio"/> Other (specify below)</p>	<p>TEXTURE (mark only one)</p> <p><input type="radio"/> Smooth</p> <p><input type="radio"/> Rough</p> <p><input type="radio"/> Corrugated</p> <p><input type="radio"/> Fissured</p> <p><input type="radio"/> Perforated (pinhole)</p> <p><input checked="" type="radio"/> Other (specify below)</p> <p>fibrous</p>
<p>COLOR (mark all that apply)</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Cream</p> <p><input type="radio"/> Beige/Tan</p> <p><input type="radio"/> Brown</p> <p><input type="radio"/> Green</p> <p><input type="radio"/> Blue</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Pink</p> <p><input type="radio"/> Red</p> <p><input type="radio"/> Yellow</p> <p><input type="radio"/> Orange</p> <p><input checked="" type="radio"/> Light Gray</p> <p><input type="radio"/> Dark Gray</p> <p><input type="radio"/> Maroon</p> <p><input type="radio"/> Other (specify below)</p>	<p>MATERIAL DESCRIPTION (mark only one)</p> <p><input type="radio"/> Acoustical plaster</p> <p><input type="radio"/> Boiler insulation</p> <p><input type="radio"/> Ceiling tile (suspended)</p> <p><input type="radio"/> Ceiling tile (glued on)</p> <p><input type="radio"/> Drywall system</p> <p><input type="radio"/> Duct insulation</p> <p><input type="radio"/> Fireproofing (spray on)</p> <p><input type="radio"/> Fireproofing (trowelled on)</p> <p><input type="radio"/> Flue insulation</p> <p><input type="radio"/> Floor tile</p> <p><input checked="" type="radio"/> Mudded pipe fittings</p> <p><input type="radio"/> Pipe insulation</p> <p><input type="radio"/> Plaster</p> <p><input type="radio"/> Tank insulation</p> <p><input type="radio"/> Transite (asbestos cement board)</p> <p><input type="radio"/> Vinyl sheet flooring</p> <p><input type="radio"/> Other (specify below)</p>

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
10	<input type="radio"/> SF
	<input type="radio"/> LF
	<input checked="" type="radio"/> Each

ASSUMED TO BE ACM
<input type="radio"/> Yes <input checked="" type="radio"/> No
COMMENTS
3 samples

Does this material pose an imminent health hazard (if ACM)?

☐ Yes
☒ No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

POTENTIAL FOR DISTURBANCE (mark one oval for each item)

% DAMAGED

(choose one)

0 0
1 1
2 2
3 3
4 4
5 5
6 6
7 7
8 8
9 9

☐ Localized
☒ Distributed
☐ N/A

TYPE OF DAMAGE
(choose all that apply)

☐ Deterioration
☐ Water
☒ Physical
☐ N/A

CONDITION OF MATERIAL

☒ Good
☐ Fair
☐ Poor

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vibration	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Air Erosion	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2 1 0 4 3 2

0 0 0 0 0 0
1 1 1 1 1 1
2 2 2 2 2 2
3 3 3 3 3 3
4 4 4 4 4 4
5 5 5 5 5 5
6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 9 9 9 9 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Rider

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

113

ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ADDITIONAL COMMENTS:

00833 - 11

E

HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID	
00933	
A	A
B	B
C	C
D	D
E	E
F	F
G	G
H	H
I	I
J	J
K	K
L	L
M	M
N	N
O	O
P	P
Q	Q
R	R
S	S
T	T
U	U
V	V
W	W
X	X
Y	Y
Z	Z
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

BUILDING NAME
Main building

PAGE	OF	PAGE
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

DATE OF INSPECTION			HOMOGENEOUS AREA NUMBER	TYPE OF MATERIAL (choose one)	NAME OF FUNCTIONAL AREA(S) (mark as many as apply)
MONTH	DAY	YEAR			
<input type="radio"/> Jan			12	<input checked="" type="radio"/> Surfacing	<input type="radio"/> Auditorium
<input type="radio"/> Feb				<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
<input type="radio"/> Mar	0			<input type="radio"/> Miscellaneous material	<input type="radio"/> Break room
<input type="radio"/> Apr	1				<input type="radio"/> Cafeteria
<input type="radio"/> May	2	91			<input type="radio"/> Chase
<input type="radio"/> Jun	3				<input checked="" type="radio"/> Class room
<input type="radio"/> Jul	4	92			<input type="radio"/> Closet
<input type="radio"/> Aug					<input type="radio"/> Conference room/ Meeting room
<input type="radio"/> Sep	6	93			<input type="radio"/> Crawlspace
<input checked="" type="radio"/> Oct	7				<input type="radio"/> Dormitory room
<input type="radio"/> Nov	8	94			<input type="radio"/> Electrical room/ Electrical closet
<input type="radio"/> Dec	9				<input type="radio"/> Gymnasium

MATERIAL DESCRIPTION	
SIZE (mark only one) <input checked="" type="radio"/> Not applicable <input type="radio"/> 9 x 9 inches <input type="radio"/> 1 x 1 foot <input type="radio"/> 1 x 2 feet <input type="radio"/> 2 x 2 feet <input type="radio"/> 2 x 4 feet <input type="radio"/> Other (specify below)	TEXTURE (mark only one) <input type="radio"/> Smooth <input type="radio"/> Rough <input type="radio"/> Corrugated <input type="radio"/> Fissured <input type="radio"/> Perforated (pinhole) <input checked="" type="radio"/> Other (specify below) cellulose
COLOR (mark all that apply) <input type="radio"/> White <input type="radio"/> Cream <input checked="" type="radio"/> Beige/Tan <input type="radio"/> Brown <input type="radio"/> Green <input type="radio"/> Blue <input type="radio"/> Black <input type="radio"/> Pink <input type="radio"/> Red <input type="radio"/> Yellow <input type="radio"/> Orange <input type="radio"/> Light Gray <input type="radio"/> Dark Gray <input type="radio"/> Maroon <input type="radio"/> Other (specify below)	MATERIAL DESCRIPTION (mark only one) <input type="radio"/> Acoustical plaster <input type="radio"/> Boiler insulation <input type="radio"/> Ceiling tile (suspended) <input type="radio"/> Ceiling tile (glued on) <input type="radio"/> Drywall system <input type="radio"/> Duct insulation <input type="radio"/> Fireproofing (spray on) <input checked="" type="radio"/> Fireproofing (trowelled on) <input type="radio"/> Flue insulation <input type="radio"/> Floor tile <input type="radio"/> Mudded pipe fittings <input type="radio"/> Pipe insulation <input type="radio"/> Plaster <input type="radio"/> Tank insulation <input type="radio"/> Transite (asbestos cement board) <input type="radio"/> Vinyl sheet flooring <input type="radio"/> Other (specify below)

APPROXIMATE TOTAL QUANTITY OF MATERIAL (add from individual rooms listed on back)	UNITS
1700	<input checked="" type="radio"/> SF
	<input type="radio"/> LF
	<input type="radio"/> Each

ASSUMED TO BE ACM
<input type="radio"/> Yes <input checked="" type="radio"/> No
COMMENTS
3 samples taken because there was only one area accessible. Also, the material is applied to only one beam in certain areas of the school.

Does this material pose an imminent health hazard (if ACM)?

☐ Yes
☒ No

If yes, fill out an Imminent Health Hazard Report. Also remember to take photographs, have them developed with double prints, and include negatives.

ASSESSMENT OF FRIABLE SUSPECT MATERIAL

% DAMAGED

(choose one)

☒ 5

☐ Localized

☒ Distributed

☐ N/A

TYPE OF DAMAGE

(choose all that apply)

☒ Deterioration

☐ Water

☐ Physical

☐ N/A

CONDITION OF MATERIAL

☒ Good

☐ Fair

☐ Poor

POTENTIAL FOR DISTURBANCE

(mark one oval for each item)

	HIGH	MODERATE	LOW
Contact	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Vibration	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Air Erosion	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Overall rating for Potential of Disturbance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ACCREDITATION NUMBER

2 I 0 4 3 9

0 1 2 3 4 5 6 7 8 9

NAME OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Piche

SIGNATURE OF ACCREDITED BUILDING INSPECTOR
(only one name, must be team leader)

Joseph M. Piche

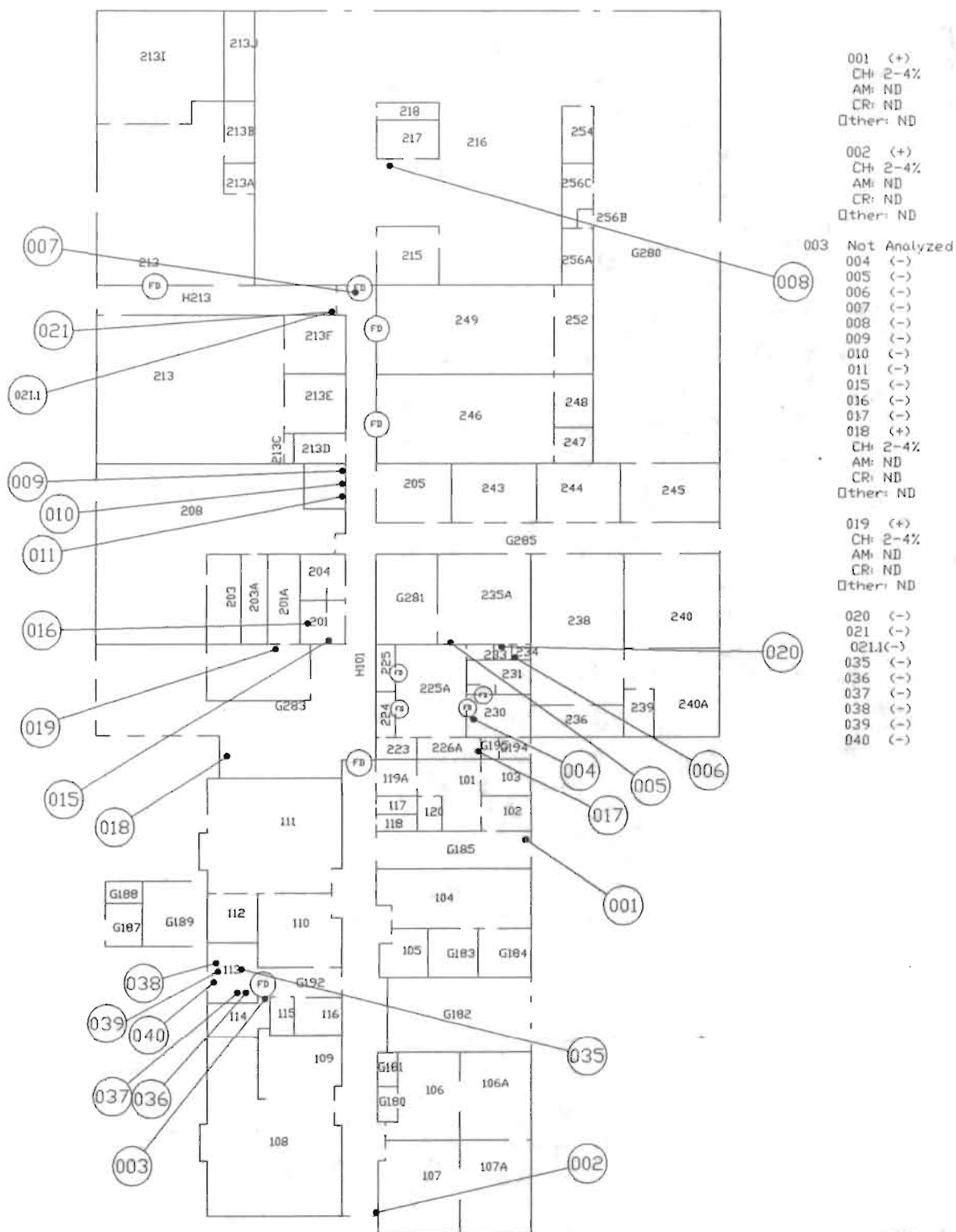
ACCREDITATION AGENCY
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

ROOM NUMBERS
(Material Quantity)
TO WHICH THIS ASSESSMENT APPLIES:

202
213D
213E
213F
206
207
111
110
G-192
116
109
108
216
H-213
H-101
213

ADDITIONAL COMMENTS:

00833 - 12 E



(FD) FD= FIRE DOOR

SLIDELL VO-TECH SCHOOL
MAIN BUILDING
1000 CANULETTE ROAD
SLIDELL, LA 70459



STATE I.D. #: 00833
SITE CODE: 1-52-009
APPROXIMATE SCALE: 1"=50'
1 FLOOR OF 1 FLOOR
FLOOR AREA: 64,378 SQ. FT.

BULK SAMPLE / CHAIN OF CUSTODY FORM

FORM F

Page 1 of 3State ID: 00833Building Name: Main Bldg.Sample Date: 10 / 5 / 92
(month/day/year)Name of Accredited Building
Inspector Collecting Bulk Samples:
(only one inspector per building)Joseph m. RiderJoseph m. Rider (printed)Joseph m. Rider (signature)Louisiana DEQ Accreditation Number: 210438Total Number of Samples Collected from this Building: 24 less 0
(Attach continuation form if more than 15 samples are collected) imminent hazard samples.

Sample Number	H.A. Number	Floor Number	Material Description	Room Number	Location of Sample Within Room
00833 001	<u>1</u>	<u>1st</u>	<u>1'x1' gray wht. FT.</u>	<u>G135</u>	<u>S/E area</u>
00833 002				<u>H101</u>	<u>S/W area</u>
00833 003				<u>G192</u>	<u>N/W area</u>
00833 004	<u>2</u>		<u>Drywall</u>	<u>230</u>	<u>N/W area</u>
00833 005				<u>235A</u>	<u>N/W area</u>
00833 006				<u>234</u>	<u>N/W corner</u>
00833 007				<u>H101</u>	<u>Center of Hall, East area</u>
00833 008				<u>216</u>	<u>Center of Rm.</u>
00833 009	<u>12</u>	<u>1st</u>	<u>(spray-on) insulation</u>	<u>202</u>	<u>S/E area</u>
00833 010					
00833 011					
00833 012					
00833 013					
00833 014					
00833 015	<u>3</u>		<u>2'x4' part-fins. CT.</u>	<u>206</u> <u>207</u>	<u>S/W area</u>

REVISED 3/31/92

BULK SAMPLE / CHAIN OF CUSTODY FORM

FORM F

Page 2 of 3State ID: 00833Building Name: Main Bldg.Sample Date: 10/5/92
(month/day/year)

Name of Accredited Building

Inspector Collecting Bulk Samples: Joseph m. Rider
(only one inspector per building)

(printed)

Joseph m. Rider
(signature)

(signature)

Louisiana DEQ Accreditation Number: 210438Total Number of Samples Collected from this Building: 24 less 0
(Attach continuation form if more than 13 samples are collected) imminent hazard samples.

Sample Number	H.A. Number	Floor Number	Material Description	Room Number	Location of Sample Within Room
---------------	-------------	--------------	----------------------	-------------	--------------------------------

00833 016

31st2'X4' pert. frss. C.T.206N. wall center

00833 017

↓↓↓226AS/W area

00833 018

41st1'X1' green-wht. E.T.G-283N/W area

00833 019

51st1'X1' tan-wht. sld.203MN/W area

00833 020

61st1'X1' tan speckled235AWest Wall near 233

00833 021

71st1'X1' green speckledH-213H-101S/W area

00833 022

81st2'X4' textured-pert.

00833 023

↓↓↓

00833 024

↓↓↓

00833 025

↓↓↓

00833 026

↓↓↓

00833 027

↓↓↓

00833 028

↓↓↓

00833 029

↓↓↓

00833 030

91st2'X4' wht. C.T.H-101} non-suspect materialNON-Suspect material

REVISED 3/31/92

BULK SAMPLE / CHAIN OF CUSTODY FORM

FORM F

Page 3 of 3State ID: 00833Building Name: Main BuildingsSample Date: 10 / 5 / 92
(month/day/year)

Name of Accredited Building

Inspector Collecting Bulk Samples: Joseph M. Zider
(only one inspector per building)Joseph M. Zider

(printed)

Joseph M. Zider

(signature)

Louisiana DEQ Accreditation Number: 220438Total Number of Samples Collected from this Building: 24 less 0
(Attach continuation form if more than 15 samples are collected) imminent hazard samples.

Sample Number	H.A. Number	Floor Number	Material Description	Room Number	Location of Sample Within Room
---------------	-------------	--------------	----------------------	-------------	--------------------------------



00833 031

91st2'x4' wht. C.T.H-101

00833 032

↓↓↓G283

00833 033

↓↓↓226A

00833 034

↓↓↓226A

00833 035

101stpipe Ins.113

00833 036

↓↓↓

00833 037

↓↓↓

00833 038

111stmudded fittings

00833 039

↓↓↓

00833 040

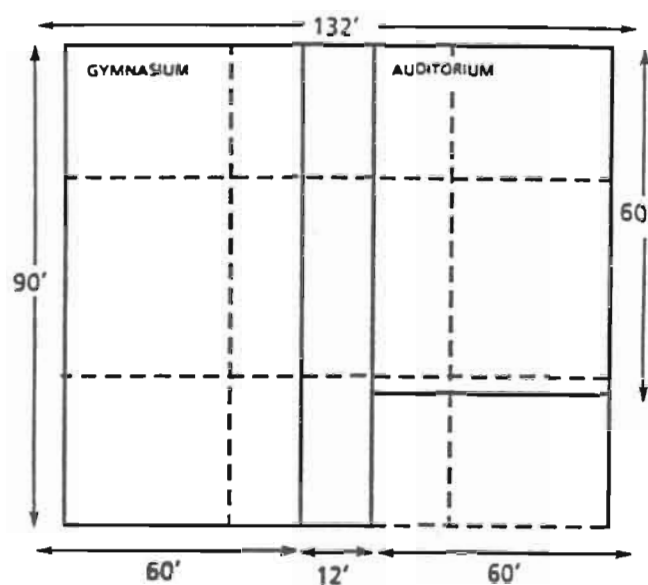
↓↓↓

Central area of Rm.
although not indicated
by sample location
sheet. There was not
sufficient room to plot
the samples in their exact
location.

SAMPLE AREA DETERMINATION

FORM G

EPA suggested sampling area grid diagram and random number diagram.



Sampling Area	Sampling Locations	Sampling Area	Sampling Locations	Sampling Area	Sampling Locations																											
1	<table><tr><td>9</td><td>8</td><td>1</td></tr><tr><td>2</td><td>7</td><td>6</td></tr><tr><td>5</td><td>3</td><td>4</td></tr></table>	9	8	1	2	7	6	5	3	4	7	<table><tr><td>5</td><td>8</td><td>1</td></tr><tr><td>4</td><td>3</td><td>6</td></tr><tr><td>2</td><td>7</td><td>9</td></tr></table>	5	8	1	4	3	6	2	7	9	13	<table><tr><td>8</td><td>5</td><td>2</td></tr><tr><td>3</td><td>6</td><td>9</td></tr><tr><td>7</td><td>1</td><td>4</td></tr></table>	8	5	2	3	6	9	7	1	4
	9	8	1																													
	2	7	6																													
5	3	4																														
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LAB SUMMARY

STATE ID: 00833

FORM H

SAMPLE	H.A.#	RESULT	ASBESTOS				TOTAL	NON-ASBESTOS			
			CHRY	AMOS	CROC	OTHER		SYNTH	F/G	CELL	NON-FIB
001	1	POSITIVE	2-4%	ND	ND	Other	2-4	ND	ND	TR	
002	1	POSITIVE	2-4%	ND	ND	Other	2-4	ND	ND	TR	
003	1										
004	2	NEGATIVE	ND	ND	ND	Other	ND	ND	TR	15%	
005	2	NEGATIVE	ND	ND	ND	Other	ND	ND	ND	15%	
006	2	NEGATIVE	ND	ND	ND	Other	ND	ND	ND	15%	
007	2	NEGATIVE	ND	ND	ND	Other	ND	ND	ND	20%	
008	2	NEGATIVE	ND	ND	ND	Other	ND	ND	TR	15%	
015	3	NEGATIVE	ND	ND	ND	Other	ND	ND	30%	40%	
016	3	NEGATIVE	ND	ND	ND	Other	ND	ND	30%	40%	
017	3	NEGATIVE	ND	ND	ND	Other	ND	ND	30%	40%	
018	4	POSITIVE	2-4%	ND	ND	Other	2-4	ND	ND	TR	
019	5	POSITIVE	2-4%	ND	ND	Other	2-4	ND	ND	TR	
020	6	NEGATIVE	ND	ND	ND	Other	ND	ND	ND	TR	
021	7	NEGATIVE	ND	ND	ND	Other	ND	ND	ND	TR	
021.1	7	NEGATIVE	ND	ND	ND	Other	ND	ND	ND	TR	
035	10	NEGATIVE	ND	ND	ND	Other	ND	ND	45%	TR	
036	10	NEGATIVE	ND	ND	ND	Other	ND	ND	45%	TR	
037	10	NEGATIVE	ND	ND	ND	Other	ND	ND	45%	TR	
038	11	NEGATIVE	ND	ND	ND	Other	ND	ND	45%	TR	
039	11	NEGATIVE	ND	ND	ND	Other	ND	ND	45%	TR	
040	11	NEGATIVE	ND	ND	ND	Other	ND	ND	45%	TR	
009	12	NEGATIVE	ND	ND	ND	Other	ND	ND	15%	5%	
010	12	NEGATIVE	ND	ND	ND	Other	ND	ND	15%	5%	
011	12	NEGATIVE	ND	ND	ND	Other	ND	ND	15%	5%	

TOTAL NUMBER OF SAMPLES: 25