

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	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

STATE ID

0	0	8	3	9
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

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	0	9
<input type="radio"/> Apr	1	1
<input type="radio"/> May	2	2
<input type="radio"/> Jun	3	3
<input type="radio"/> Jul	4	9
<input type="radio"/> Aug	5	9
<input type="radio"/> Sep	6	9
<input type="radio"/> Oct	7	9
<input type="radio"/> Nov	8	9
<input type="radio"/> Dec	9	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	5	9
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

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

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

STATE ID 00839 (Bubble grid for A-Z, 0-9)	SITE CODE 1-52-009 (Bubble grid for 0-9)	FACILITY NAME: SLIDELL VO-TECH SCHOOL BUILDING NAME: CARPENTRY SHED BUILDING ADDRESS: 1000 CANULETTE ROAD SLIDELL, LA 70459 IS THE ABOVE ADDRESS CORRECT? <input checked="" type="radio"/> Yes <input type="radio"/> No IF NOT, WHAT IS THE CORRECT ADDRESS? CORRECT ADDRESS: BUILDING DESCRIPTION: Wooden structure w/ pitched, shingled roof.	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 WERE ANY ROOMS INACCESSIBLE? <input checked="" type="radio"/> No <input type="radio"/> Yes (explain below)
NUMBER OF STORIES 01 (Bubble grid for 0-9)	YEAR OF CONSTRUCTION 1971 (Bubble grid for 0-9)	BUILDING AREA (as calculated in the field) 1056 (Bubble grid for 0-9)	TOTAL NUMBER OF SAMPLES COLLECTED AT THIS BUILDING 0 (Bubble grid for 0-9)

BUILDING AREA (as assigned)
 1000 ft²

BUILDING INSPECTION DATE

FROM			TO		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
<input type="radio"/> Jan			<input type="radio"/> Jan		
<input type="radio"/> Feb	06	92	<input type="radio"/> Feb	06	92
<input type="radio"/> Mar			<input type="radio"/> Mar		
<input type="radio"/> Apr	01		<input type="radio"/> Apr	01	
<input type="radio"/> May	02	91	<input type="radio"/> May	02	91
<input type="radio"/> Jun	03		<input type="radio"/> Jun	03	
<input type="radio"/> Jul	04	92	<input type="radio"/> Jul	04	92
<input type="radio"/> Aug	05		<input type="radio"/> Aug	05	
<input type="radio"/> Sep		93	<input type="radio"/> Sep		93
<input checked="" type="radio"/> Oct	07		<input checked="" type="radio"/> Oct	07	
<input type="radio"/> Nov	08		<input type="radio"/> Nov	08	
<input type="radio"/> Dec	09		<input type="radio"/> Dec	09	

COMMENTS:

LIST ALL SUSPECT MATERIALS ASSUMED TO BE ACM

(i.e., no samples were collected)

1-52-009
00839
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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2 VIBRATION JOINT CLOTH(S)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3 TRANSITE	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4 CARPET MASTIC	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5 BASEBOARD MASTIC	<input type="radio"/>	<input checked="" 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

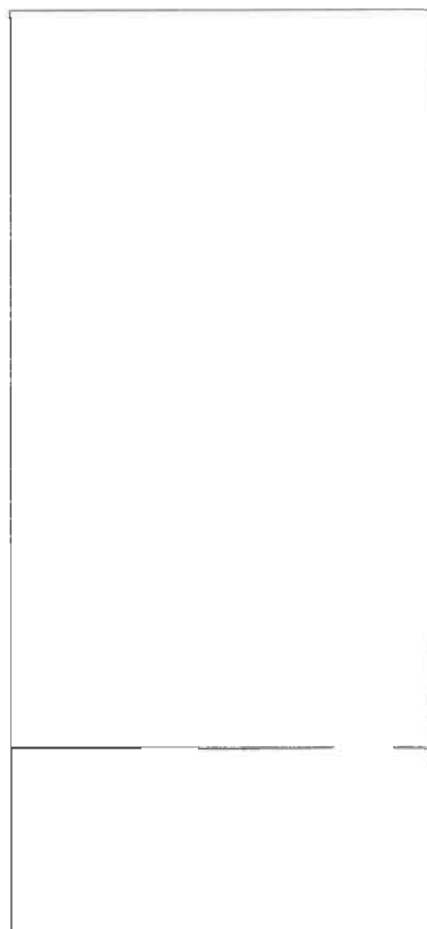
Clint R. Davis

BUILDING SITE ESCORTS

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ACCREDITATION
NUMBER

2	I	0	4	3	8
0	<input checked="" type="radio"/>	0	0	0	0
1	<input type="radio"/>	1	1	1	1
2	<input checked="" type="radio"/>	2	2	2	2
3	<input type="radio"/>	3	3	<input checked="" type="radio"/>	3
4	<input type="radio"/>	4	<input checked="" type="radio"/>	4	4
5	<input type="radio"/>	5	5	5	5
6	<input type="radio"/>	6	6	6	6
7	<input type="radio"/>	7	7	7	7
8	<input type="radio"/>	8	8	8	<input checked="" type="radio"/>
9	<input type="radio"/>	9	9	9	9



ASSUMED ACM

(FD) FD= FIRE DOOR

SLIDELL VO-TECH SCHOOL
CARPENTRY SHED
1000 CAMULETTE ROAD
SLIDELL, LA 70459



STATE I.D. #: 00839
SITE CODE: 1-52-009
APPROXIMATE SCALE: 1"=10'
1 FLOOR OF 1 FLOOR
FLOOR AREA: 1056 sq. ft.

RESPONSE ACTIONS FOR ASSUMED SUSPECT ACBM

FORM J.1

State ID: 00839 Building Name: CARPENTRY SHED

MATERIAL	RESPONSE ACTIONS REQUIRED BY AHERA	METHODS TO BE USED FOR PREVENTITIVE MEASURES		LOCATION	REASON	SCHEDULE	IF ACBM REMAINS DESCRIBE
		OR RESPONSE ACTIONS					
Bldg_Exp_Joints	O & M for all ACBM.	Implement Operations & Maintenance procedures using trained personnel and an accredited supervisor.		N/A	Material is Non-Friable.	As Demolition or Renovation dictate.	Entire Homogeneous area remains.
Roofing_Shingles	O & M for all ACBM.	Implement Operations & Maintenance procedures using trained personnel and an accredited supervisor.		N/A	Material is Non-Friable.	As Demolition or Renovation dictate.	Entire Homogeneous area remains.

BCM Engineers Inc. recommends that the person(s) who will inspect for ACBM and who will design or carry out response actions, except for Operations and Maintenance, must be accredited under provisions of LAC 33:III.27.



Signature

Accredited Management Planner: Harry E. Myers III

Accreditation Number: 3P0257

Louisiana Department of Environmental Quality

NOTIFICATION LETTER

FORM L

March, 1992

The State of Louisiana has completed an asbestos survey of all state owned buildings. The results of the survey are compiled in management plans by facility. The management plans were assembled according to the requirements set forth in the Department of Environmental Quality Required Elements Index. These plans are available for review to anyone interested in the results. The plans will be kept in the administrative office or the office of the designated person/maintenance supervisor for each building.

Please distribute this correspondence to all occupants or affected parties of the building.

Building Name: CARPENTRY SHED

State ID: 00839

1. Reinspection Plan

As required by L.A.C. 33.III.2723.D.9 three years after implementation of Management Plan a reinspection of buildings containing ACBM will be conducted. Inspectors are required to be accredited by a Louisiana accreditation program.

2. Periodic Surveillance Plan

To fulfill the requirements of LAC 33.III.2723.D.9 for a periodic surveillance of buildings containing ACBM or assumed to be ACBM it is required that periodic surveillance be conducted every six months. Inspectors are required to be accredited by a Louisiana accreditation program.

3. Operations and Maintenance Plan

As required by LAC 33.III.2725.C employees engaged in Operations and Maintenance activities shall fulfill the required 16 hours of training prior to disturbance of ACBM; and a responsible, trained and accredited supervisor (LAC 33.III.2701.C.4) will oversee activities.

The local education agency or the state government shall ensure that the procedures described below to protect building occupants shall be followed for any operations and maintenance activities disturbing friable ACBM:

- a. Restrict entry into the area by persons other than those necessary for the maintenance project, either by physically isolating the area or by scheduling.
- b. Post signs to prevent entry by unauthorized persons.
- c. Shut off or temporarily modify the air-handling system and restrict other sources of air movement.
- d. Use work practices or other controls, such as wet methods, protective clothing, HEPA-vacuums, mini-enclosures, and glove bags, as necessary to inhibit the spread of any released fibers.

NAME: _____ SIGNATURE: _____ DATE: _____

Building Name: CARPENTRY SHED

State ID: 00839

- e. Clean all fixtures or other components in the immediate work area.
- f. Maintenance Activities Other than Small-scale, Short-duration

The response action for any maintenance activities disturbing friable ACBM, other than small-scale, short-duration maintenance activities, shall be designed by persons accredited to design response actions and conducted by persons accredited to conduct response actions.

4. Cleaning Recommendations

Unless the building has been cleaned using equivalent methods within the previous six months, all areas of a school or public building where friable ACBM, damaged or significantly damaged thermal system insulation ACM, or friable suspected ACBM assumed to be ACM is present shall be cleaned at least once after the completion of the inspection required by LAC 33.III.2707.A and before the initiation of any response action, other than O & M activities or repair, according to the following procedures:

- a. HEPA-vacuum or steam-clean all carpets.
- b. HEPA-vacuum or wet-clean all other floors and all other horizontal surfaces.
- c. Dispose of all debris, filters, mopheads, and cloths in sealed, leak-tight containers.

For any additional cleaning required, the accredited management planner shall make a written recommendation to the local education agency or the state government on whether additional cleaning is needed, and if so, the methods and frequency of such cleaning.

5. LEA or LSPBA Response to Cleaning Recommendations

As required by LAC 33.III.2719.C the LEA or the state government shall ensure documentation of the activity is recorded to include: 1) name of person performing the cleaning, 2) date of cleaning, 3) locations cleaned, and 4) methods utilized to perform the cleaning.

NAME: _____ SIGNATURE: _____ DATE: _____

For an evaluation of resources needed to carry out response actions, refer to FORM O.

To carry out 6-month periodic surveillance inspections and 3-year reinspections, the LEA or state government should budget \$0.015 to \$0.025 per square foot to accomplish those tasks.

Training costs typically run \$300 to \$500 per person, not including salaries of the personnel involved in periodic surveillance and reinspection activities.

For Operations and Maintenance activities, implimentation costs typically run \$8,000 to \$10,000, which would include custodial and maintenance worker training, medical evaluations, and equipment purchase. Annual costs for ongoing O&M programs typically run \$3,500 to \$7,500 per year, depending upon the quantities of ACM present in the building, and the size of maintenance staff involved in the O&M program.

Management Consultants Accreditation

FORM P

Building Name: CARPENTRY SHED

State ID: 00839

Name: _____

Accreditation Agency: Louisiana Department of Environmental Quality

Signature: _____

Date: _____

10/14/02

FORM Q

Building Name: _____ State Id: _____

Contractor's Name: _____

Address: _____

Accreditation Agency & Number: _____

[illegible]

Name of Storage or Disposal Site if ACM was removed: _____

Air Sampling

FORM R

Facility Name:_____

Building Name:_____

State Id: _____

Name of Person Collecting Air Samples:

Signature:

Date Air Samples Were Taken:

[illegible]

Air Sampling Analysis

Duplicate as Needed.

FORM S

Facility Name: _____

Building Name: _____ **State Id:** _____

Lab Name: _____

Address: _____

Accreditation Statement: _____

[illegible]

Signature of Person performing Analysis: _____

Date of Analysis: _____

Trained Personnel (Duplicate as Needed)

FORM T

All service personnel who work in a building that contains friable ACM must receive two hours of awareness training. Service personnel who conduct any activities that will result in the disturbance of ACM must receive two hours of general awareness training and 14 hours of additional instruction (per AHERA).

Facility Name: _____

Building Name: _____ State Id: _____

Name: _____ Title: _____

Location of Training: _____

Number of Hours: _____ Date Completed: _____

Name: _____ Title: _____

Location of Training: _____

Number of Hours: _____ Date Completed: _____

Name: _____ Title: _____

Location of Training: _____

Number of Hours: _____ Date Completed: _____

Name: _____ Title: _____

Location of Training: _____

Number of Hours: _____ Date Completed: _____

Name: _____ Title: _____

Location of Training: _____

Number of Hours: _____ Date Completed: _____

Facility Name: _____

Building Name: _____ **State Id:** _____

[illegible]

Operation & Maintenance Activities
Duplicate as Needed.

FORM V

Facility Name: _____

Building Name: _____ **State Id:** _____

Name of Person(s) Performing the activity: _____

Location: _____

Start Date: _____

Anticipated Completion Date: _____

Description: _____

If removed, Name and Location of storage or disposal sites

Fiber Release Episode
Duplicate as Needed.

FORM W

Facility Name: _____

1. Describe the area where the episode occurred. (Building Name, Address and Room Number)

2. The release episode was reported by _____ on _____
(date).

3. Describe the episode: _____

4. The asbestos containing material was _____/was not _____
cleaned up according to approved procedures. Describe the clean up.

5. If ACM was removed, Name and Location of Storage/Disposal Sites.

Signature: _____ **Date:** _____
(Asbestos Program Manager)