

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

## BUILDING AREA

6	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

3	I	0	9	3	8
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			
0	0	8	3
4			
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

SITE CODE			
1	5	2	0
0	9		
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

## PUBLIC HOURS OF OPERATION

- ☒ Days only  
☐ Nights only  
☐ 24 hours a day  
☐ Not occupied

## WERE ANY ROOMS INACCESSIBLE?

- ☒ No  
☐ Yes (explain below)

## NUMBER OF STORIES

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

## YEAR OF CONSTRUCTION

1	9	7	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

## BUILDING AREA (as calculated in the field)

4	0	0	0
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

## TOTAL NUMBER OF SAMPLES COLLECTED AT THIS BUILDING

0
0
1
2
3
4
5
6
7
8
9

## FACILITY NAME:

SLIDELL VO-TECH SCHOOL

## BUILDING NAME:

SHIPFITTING SHED

## BUILDING ADDRESS:

1000 CANOLETTE ROAD  
SLIDELL, LA 70459

IS THE ABOVE ADDRESS CORRECT? ☒ Yes ☐ No  
 IF NOT, WHAT IS THE CORRECT ADDRESS?

## CORRECT ADDRESS:

## BUILDING DESCRIPTION:

Metal exterior w/ metal roof.

## OCCUPANCY LEVEL

- ☒ State employees  
☐ Clients/Patients/Residents  
☐ Visitors  
☒ Students  
☐ Prisoners  
☐ Animals  
☐ None

## BUILDING AREA (as assigned)

4000 ft.<sup>2</sup>

## BUILDING INSPECTION DATE

FROM		
MONTH	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb	0	6
<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	
<input type="radio"/> Sep	6	9
<input checked="" type="radio"/> Oct	7	
<input type="radio"/> Nov	8	
<input type="radio"/> Dec	9	

TO		
MONTH	DAY	YEAR
<input type="radio"/> Jan		
<input type="radio"/> Feb	0	6
<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	
<input type="radio"/> Sep	6	9
<input checked="" type="radio"/> Oct	7	
<input type="radio"/> Nov	8	
<input type="radio"/> Dec	9	

## COMMENTS:

Building is now a Vehicle storage Area

# LIST ALL SUSPECT MATERIALS ASSUMED TO BE ACM

(i.e., no samples were collected)

Form C.2  
00834

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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10 OTHER <u>Floor tile HA#1</u>	<input checked="" type="radio"/>	<input 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. Ricks

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

Joseph M. Ricks

NAME OF ASSISTANT INSPECTOR

Clint R. Davis

BUILDING SITE ESCORTS

Assistant director

ACCREDITATION  
NUMBER

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

# HOMOGENEOUS AREA IDENTIFICATION FORM

(Complete one form per homogeneous area at each building)

FORM E

STATE ID			
0	0	8	34
<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A
<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B
<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C
<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E
<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F
<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I
<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J
<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K
<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O
<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q
<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R
<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T
<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U
<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V
<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W
<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

BUILDING NAME SHIPFITTING SHED

PAGE	OF	PAGE
01	01	01
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 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			<input type="radio"/> 001	<input checked="" type="radio"/> Surfacing	<input type="radio"/> Auditorium
<input type="radio"/> Feb	06	92	<input type="radio"/> 002	<input type="radio"/> Thermal system insulation	<input type="radio"/> Boiler room
<input type="radio"/> Mar	<input type="radio"/> 0		<input type="radio"/> 003	<input type="radio"/> Miscellaneous material	<input type="radio"/> Break room
<input type="radio"/> Apr	<input type="radio"/> 1		<input type="radio"/> 004		<input type="radio"/> Cafeteria
<input type="radio"/> May	<input type="radio"/> 2	<input type="radio"/> 91	<input type="radio"/> 005		<input type="radio"/> Chase
<input type="radio"/> Jun	<input type="radio"/> 3		<input type="radio"/> 006		<input checked="" type="radio"/> Class room
<input type="radio"/> Jul	<input type="radio"/> 4	<input type="radio"/> 92	<input type="radio"/> 007		<input type="radio"/> Closet
<input type="radio"/> Aug	<input type="radio"/> 5		<input type="radio"/> 008		<input type="radio"/> Conference room/ Meeting room
<input type="radio"/> Sep	<input type="radio"/> 6	<input type="radio"/> 93	<input type="radio"/> 009		<input type="radio"/> Crawlspace
<input checked="" type="radio"/> Oct	<input type="radio"/> 7		<input type="radio"/> 010		<input type="radio"/> Dormitory room
<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 94	<input type="radio"/> 011		<input type="radio"/> Electrical room/ Electrical closet
<input type="radio"/> Dec	<input type="radio"/> 9		<input type="radio"/> 012		<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 checked="" 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 checked="" 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 type="radio"/> Other (specify below)</p>
<p>COLOR (mark all that apply)</p> <p><input type="radio"/> White</p> <p><input type="radio"/> Cream</p> <p><input checked="" 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 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 checked="" 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
360	<input checked="" type="radio"/> SF
<input type="radio"/> 0	<input type="radio"/> LF
<input type="radio"/> 1	<input type="radio"/> Each
<input type="radio"/> 2	
<input type="radio"/> 3	
<input type="radio"/> 4	
<input type="radio"/> 5	
<input type="radio"/> 6	
<input type="radio"/> 7	
<input type="radio"/> 8	
<input type="radio"/> 9	

ASSUMED TO BE ACM

☒ Yes ☐ No

COMMENTS

Upon returning (10/16/92) to sample this material our site contact, the cust. director was out of his office and no one else had this key. Returned a 1st time. Asst. director still gone (10/12/92).

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**

3 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. Fidler

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

Joseph M. Fidler

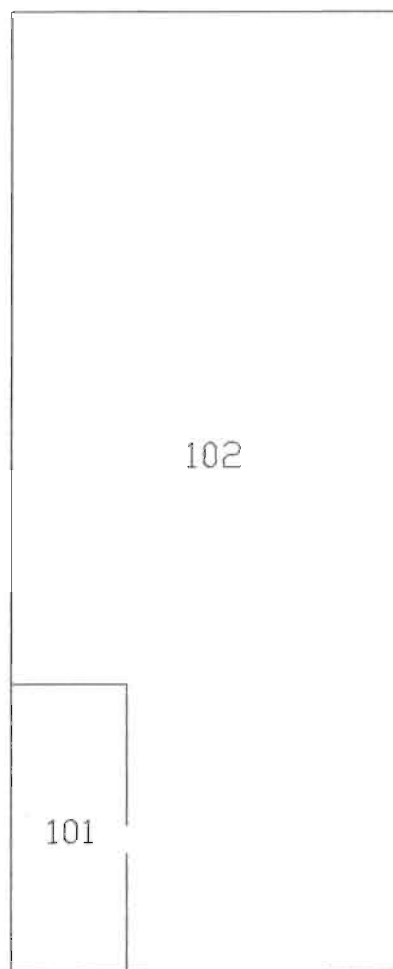
**ROOM NUMBERS**  
(Material Quantity)  
TO WHICH THIS ASSESSMENT APPLIES:

101

**ACCREDITATION AGENCY**  
LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

**ADDITIONAL COMMENTS:**

Form E.1  
00834-1



ASSUMED ACM

Ⓢ FD= FIRE DOOR

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



STATE I.D. #: 00834  
SITE CODE: 1-52-009  
APPROXIMATE SCALE: 1"=20'  
1 FLOOR OF 1 FLOOR  
FLOOR AREA: 4,000 SQ. FT.

State ID: 00834 Building Name: SHIPFITTING 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.
FLOOR TILE HOMO #1	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 Don L. Pippin

Accredited Management Planner: Don L. Pippin

Accreditation Number: 3P0261

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: SHIPFITTING SHED

State ID: 00834

## 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: SHIPFITTING SHED

State ID: 00834

- 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: SHIPFITTING SHED

State ID: 00834

Name: Don Pippin

Accreditation Agency: Louisiana Department of Environmental Quality

Signature: Don Pippin Date: 10-19-92

## 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

Duplicate as Needed.

**FORM R**

Facility Name: \_\_\_\_\_

**Building Name:**\_\_\_\_\_ **State Id:**\_\_\_\_\_

Name of Person Collecting Air Samples: \_\_\_\_\_

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

Date Air Samples Were Taken: \_\_\_\_\_

[illegible]

**FORM S**

**Accreditation Statement:** \_\_\_\_\_

[illegible]

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: \_\_\_\_\_

### Cleaning (Duplicate as Needed)

FORM U

**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)