



STATE OF DELAWARE ASBESTOS INSPECTION FORM



FACILITY NAME:			
ADDRESS:		TAX PARCEL:	
CITY:	COUNTY:	STATE:	ZIP:
SITE CONTACT NAME:		CONTACT PHONE:	
OWNER NAME:			
OWNER ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
OWNER CONTACT:		OWNER PHONE:	
FACILITY DESCRIPTION: <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Public <input type="checkbox"/> Residential			
BUILDING DESCRIPTION (describe structure and size): _____ _____			
NOTE: This Survey Form was designed to be used for ONE Building/Structure only. Use additional forms for additional structures.			
PROFESSIONAL SERVICE FIRM:			
ADDRESS:			
CITY:	COUNTY:	STATE:	ZIP:
INSPECTOR'S NAME:		PHONE NUMBER:	
INSPECTION'S CERTIFICATION: PM# -		PROFESSIONAL SERVICE FIRM CERTIFICATION: PS# -	
TYPE OF INSPECTION: <input type="checkbox"/> RENOVATION <input type="checkbox"/> DEMOLITION		DATE OF INSPECTION:	
IS ASBESTOS CONTAINING MATERIAL PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>See summary results on page 2.</i>			
<i>I hereby certify, that I am a Delaware Licensed inspector employed by a Delaware Licensed Professional Service Firm and that the building and/or contents therein located at the property identified above have been inspected for asbestos containing materials in accordance with the State of Delaware Regulations Governing the Control of Air Pollution, Regulation #21 Section 10</i>			
Name _____		Title: _____	
Signature _____		Date: _____	
If ACM is present and will be disturbed, removed or abated: Name of Abatement Company (Print Company Name) _____ Phone # _____ Asbestos Abatement Contractor License # _____ <i>The State of Delaware requires a licensed asbestos abatement contractor for all abatement projects except for work performed in an owner-occupied single family dwelling.</i>			
Asbestos Abatement & Demolition/Renovation Notification Form submitted to DNREC/USEPA			
Region 3 on _____ (insert date) _____ (insert DOANS #)			
<i>The Notification must be submitted a minimum of 10-days prior to beginning the abatement project (see 40 CFR 61 Subpart M).</i>			

SUMMARY OF ABESTOS SURVEY/INSPECTION

Material/Product Surveyed¹	Sampled? – Yes/No²	ACM Present (%)³	Condition of ACM/Suspected ACM	No ACM Present T	Abatement Required? – Yes/No
ROOFING & SIDING					
o Roof felt shingles	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Roofing shingles	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Roofing Tiles	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Siding shingles	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Clapboards	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
WALLS & CEILINGS					
o Ceiling Tiles	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Ceiling Tile Mastic	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Sprayed/Troweled coating	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Asbestos-cement sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Paneling, Tile, Baseboard Mastic	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Spackle/Joint compounds	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Textured paints	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Millboard, rollboard	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Vinyl wallpaper	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Insulation board	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
FLOORS					
o Vinyl-asbestos tile	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Asphalt-asbestos tile	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Resilient sheet flooring	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Mastic adhesives	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
PIPES & BOILERS					
o Cement pipe and fittings	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Block insulation	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Preformed pipe wrap	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Corrugated asbestos paper	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Paper tape	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Putty (mudding)	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER PRODUCTS					
o Window Glazing Putty	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Building Caulk	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Gaskets/Packing	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Clothing/Cloth/Blankets	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Cement/mortar	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Metal-clad firebrick	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Gunnite/fire-proofing spray	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Hot-tops (ingot mold covers and inserts)	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
o Other	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

¹This list is not an exclusive list of potential materials containing asbestos and the inspector should use it only as a minimal reference of potential asbestos containing materials present.

²No sampling is required if the inspector suspects that the materials are ACM and treats them as ACM. For a suspect material to be classified as non-ACM, a minimum number of samples must be collected and analyzed as required by AHERA/ASHARA regulations.

³All materials identified as having an asbestos content greater than 1% are considered to be regulated asbestos containing materials (RACM).

NOTE: If this structure is to be demolished by intentional burning by a Delaware Fire Company. This form must be provided to the Fire Company in order for DNREC-AQM to process the Fire Fighting Instruction by intentional burning application.