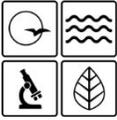


MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM

**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION**  
**PART A: GENERAL INFORMATION**

1. INSPECTION INFORMATION			
INSPECTION DATE	NOTIFICATION NUMBER	INSPECTION INVOICE NUMBER	
2. PROJECT TYPE	3. INSPECTION TYPE	4. REASON FOR INSPECTION	
<input type="checkbox"/> Demolition  <input type="checkbox"/> Ordered Demolition  <input type="checkbox"/> Renovation  <input type="checkbox"/> Emergency Renovation	<input type="checkbox"/> Pre-abatement (Complete parts A, B, C and G) <input type="checkbox"/> Abatement in progress (Complete parts A, B, C, D, E and G) <input type="checkbox"/> Post abatement (Complete parts A, B, C, E and G) <input type="checkbox"/> Demolition (Complete parts A, B, F, and G)	<input type="checkbox"/> Field surveillance – (use this when you happen upon something in the field)  <input type="checkbox"/> For cause (tip or complaint)  <input type="checkbox"/> Routine	
5. NOTIFICATION RECEIVED?		6. FACILITY TYPE	
<input type="checkbox"/> Yes    Abatement - 10 CSR 10-6.241(3)(e) <input type="checkbox"/> No      Demolition - 10 CSR 10-6.080(3)(m) adopting by reference 40 CFR 61.145(b)		<input type="checkbox"/> Exempt (isolated residential building with four or fewer dwelling units) <input type="checkbox"/> Other (note facility type):	
7. SITE INFORMATION			
NAME			
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER WITH AREA CODE	EMAIL
8. OWNER INFORMATION			
NAME			
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER WITH AREA CODE	EMAIL
9. ASBESTOS REMOVAL CONTRACTOR INFORMATION <span style="float: right;"><input type="checkbox"/> N/A</span>			
NAME		LICENSE NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER WITH AREA CODE	EMAIL
10. DEMOLITION/RENOVATION CONTRACTOR INFORMATION <span style="float: right;"><input type="checkbox"/> N/A</span>			
NAME			
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER WITH AREA CODE	EMAIL
11. OTHER CONTRACTORS/CONSULTANTS <span style="float: right;"><input type="checkbox"/> N/A</span>			
IDENTIFY NAME, ADDRESS, CONTACT, EMAIL, TELEPHONE NUMBER WITH AREA CODE AND PROJECT INVOLVEMENT			



**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION**  
**PART B: INSPECTION REPORT REQUIREMENTS**

**1. DOCUMENTATION OF INSPECTION**

Was the facility or portion of the facility to be affected by demolition or renovation thoroughly inspected for the presence of asbestos? (including category I and II nonfriable asbestos) - 10 CSR 10-6.080(3)(m) adopting by reference 40 CFR 61.145(a)

Describe any deficiencies in the inspection:

Yes  No

DATE OF INSPECTION

**2. ASBESTOS INSPECTOR INFORMATION**

NAME		MISSOURI CERTIFICATE NUMBER	
EMPLOYER			
ADDRESS			
CITY		STATE	ZIP CODE
CONTACT	TELEPHONE NUMBER WITH AREA CODE	EMAIL	

**3. DESCRIPTION OF ASBESTOS-CONTAINING MATERIALS IDENTIFIED**

TYPES OF MATERIAL IDENTIFIED:

- Ceiling tile  
 TSI  
 Floor tile  
 Sheet flooring  
 Roofing  
 Sprayed / troweled on  
 Caulk  
 Glazing  
 Mastic  
 Debris  
 Other (specify):

4. QUANTITY OF MATERIAL NOTIFIED	SQUARE FEET	LINEAR FEET	CUBIC FEET
Regulated Asbestos-Containing Material (RACM)			
Nonfriable Asbestos-Containing Material (ACM)			

**5. HOW WAS MATERIAL DETERMINED TO BE ASBESTOS?**  N/A

- PLM  
 TEM  
 Presumed  
 Point Count

**6. CONDITION OF THE ASBESTOS**  N/A

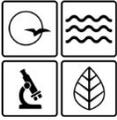
- Good  
 Fair  
 Poor  
 Friable  
 Nonfriable

**7. SAMPLE INFORMATION**

- Samples Collected?  Yes  No  
 Chain of custody  
 Samples taken at appropriate locations  
 Each sample identified by distinct number  
 Exact location identified for each sample  
 Drawing or map of the facility showing where samples were taken

**8. ADDITIONAL COMMENTS CONCERNING THE ASBESTOS INSPECTION OF THE FACILITY**

Empty box for additional comments.



**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION**  
**PART C: ASBESTOS EMISSION CONTROL PROCEDURES**

1. METHOD OF REMOVAL			
<input type="checkbox"/> Gross <input type="checkbox"/> Dismantlement of components <input type="checkbox"/> Manual <input type="checkbox"/> Glovebag <input type="checkbox"/> Other (specify):			
2. EMISSION CONTROLS			
10 CSR 10-6.080(3)(M) adopting by reference 40 CFR 61.145(c).			
A.	All RACM removed or to be removed prior to demolition / renovation?  If No, RACM not to be removed was:  <input type="checkbox"/> Category I nonfriable material in good condition.  <input type="checkbox"/> On a facility component encased in concrete or other hard material and is kept adequately wet when exposed.  <input type="checkbox"/> Not accessible for testing and therefore not discovered until after demolition (exposed RACM and asbestos-contaminated waste must be treated as asbestos waste and kept wet until disposal).  <input type="checkbox"/> Category II nonfriable material that has a low probability of becoming crumbled, pulverized or reduced to powder during demolition.	Yes    No    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
B.	RACM stripped in place?  If yes, check the following that apply: <input type="checkbox"/> Adequately wet during stripping and ensured that it remains wet until collected for disposal. <input type="checkbox"/> Lowered carefully to floor/ground without damaging RACM. <input type="checkbox"/> Transferred in leak-tight chutes if > 50 feet above ground.  If not wetting, check the following that apply: <input type="checkbox"/> Written approval for dry removal has been obtained from state/EPA due to safety hazard or equipment damage.  <input type="checkbox"/> Local exhaust ventilation and collection system is used (describe system in comments). <input type="checkbox"/> Glove-bag used.  <input type="checkbox"/> Leak tight wrapping is used to contain all RACM prior to dismantlement.	YES    NO    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMMENTS
C.	Facility component removed in units with RACM?  If yes, check the following that apply: <input type="checkbox"/> Adequately wet during cutting/disjoining operations. <input type="checkbox"/> Lowered carefully to floor/ground without damaging RACM. <input type="checkbox"/> RACM stripped or contained in leak tight wrapping.	YES    NO    N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	COMMENTS

**2. EMISSION CONTROLS - CONTINUED**

D.	<p>RACM stripped after unit is removed?</p> <p>If yes, check the following that apply</p> <p><input type="checkbox"/> Adequately wet during stripping and kept wet until collected for disposal or used local exhaust ventilation and collection system (describe ventilation/collection system).</p> <p><input type="checkbox"/> Lowered carefully to floor/ground without damaging RACM.</p> <p><input type="checkbox"/> Transfer in leak-tight chutes if &gt; 50 feet above ground.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	COMMENTS
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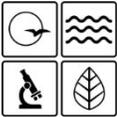
10 CSR 10-6.080(3)(M) Adopting By Reference 40 CFR 61.145(C).

E.	<p>RACM stripped from large facility components?</p> <p>If no, was the large component:</p> <p><input type="checkbox"/> Removed/disposed without damaging RACM.</p> <p><input type="checkbox"/> Encased in leak tight wrapping labeled per 61.149(d)(1)(i), (ii), and (iii) during loading, unloading and storage.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	COMMENTS
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F.	<p>RACM adequately wet during freezing temperatures?</p> <p>If no, were:</p> <p><input type="checkbox"/> Facility components removed in units.</p> <p><input type="checkbox"/> Temperatures recorded at beginning, mid, end of each work day; retain records for two years.</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	COMMENTS
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G.	<p>Is a representative on-site that is trained in the requirements of the NESHAP during all times when RACM is stripped, removed or otherwise handled?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <p>N/A <input type="checkbox"/></p>	COMMENTS
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**3. ADDITIONAL COMMENTS**



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
AIR POLLUTION CONTROL PROGRAM

**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION**  
**PART D: ADDITIONAL STATE REQUIRED DOCUMENTATION FOR ASBESTOS PROJECTS**

**1. REQUIRED ON-SITE DOCUMENTATION FOR ASBESTOS ABATEMENT PROJECTS**

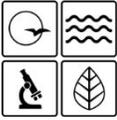
10 CSR 10-6.241(3)(B) 2.					
A.	Documentation of current asbestos contractor registration on site.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
B.	Proof of asbestos occupational certification for all workers.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
C.	Current photo identification for all individuals engaged in the project on-site.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
D.	Proof of training and current photo identification for any air sampling technicians on-site.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
E.	Most recent available air sampling results on-site.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS

**2. VERIFICATION OF STATE CERTIFICATION FOR ALL ONSITE PERSONNEL**

EMPLOYEE NAME	DISCIPLINE (EXAMPLE: WORKER)	CERTIFICATION NUMBER (LIST LAST 4 OR 5 DIGITS)	CERTIFIED	
			YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

An individual working without certification is in violation of 10 CSR 10-6.250 (3)(a) 1. A contractor who employs workers who are not certified is in violation of 10 CSR 10-6.241(3)(b) 1.

**3. ADDITIONAL COMMENTS**



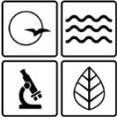
**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION**  
**PART E: WASTE DISPOSAL REQUIREMENTS**

**1. WASTE DISPOSAL REQUIREMENTS**

10 CSR 10-6.080(3)(M) adopting by reference 40 CFR 61.150.

A.	<p>Material placed in leak tight containers or wrapping? Mark all leak tight containers that apply - if other specify: <input type="checkbox"/> Plastic bags   <input type="checkbox"/> Boxes   <input type="checkbox"/> Barrels <input type="checkbox"/> Totes   <input type="checkbox"/> Double bagged   <input type="checkbox"/> Barrel <input type="checkbox"/> Goosenecked   <input type="checkbox"/> Plastic lined <input type="checkbox"/> Other:</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
B.	<p>Containerized RACM waste adequately wetted? Check all that apply: <input type="checkbox"/> Moisture seen   <input type="checkbox"/> Water in bag <input type="checkbox"/> Water source on site</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
C.	<p>Containerized or wrapped materials properly labeled? All of the following are required. Mark all that were noted during the inspection: <input type="checkbox"/> Asbestos warning label <input type="checkbox"/> Generator name <input type="checkbox"/> Generator site</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
D.	<p>Containers or wrapping maintained in sealed/leak-tight condition?</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
E.	<p>For facilities where RACM was not removed prior to demolition, was material kept adequately wet at all times after demolition and during handling and loading for transport to a disposal site?</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
F.	<p>Were vehicles used to transport asbestos waste marked during loading/unloading?</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
G.	<p>Were waste shipment records maintained and available at the time of inspection? If Yes, which records were available? <input type="checkbox"/> Generator copy. <input type="checkbox"/> Signed copy from disposal facility.</p>	<p>YES   NO   N/A <input type="checkbox"/>   <input type="checkbox"/>   <input type="checkbox"/></p>	COMMENTS
H.	<p>How long was asbestos-containing waste material stored on-site before removal?</p>	COMMENTS	

**2. ADDITIONAL COMMENTS**



**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION  
PART F: DEMOLITION**

**1. DESCRIBE HOW BUILDING WAS OR WILL BE DEMOLISHED**

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**2. RESIDENTIAL EXEMPTION**

A.	Is the structure a residential structure with four or fewer dwelling units?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
B.	If A. is yes, are there any additional structures to be demolished within a year or same planning period by the same owner or operator? (If so, list the addresses and description of additional structures in the comments section.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS

**3. ORDERED DEMOLITIONS**

10 CSR 10-6.080(3)(M) adopting by reference 40 CFR 61.145(c).

A.	Demolition ordered by state/local government? If yes, list type of order and the agency ordering demolition in the comments section. Acquire a copy of the order.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
B.	Was the facility declared structurally unsound?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
C.	If facility was demolished with RACM intact or without inspection, was portion of building containing RACM or that was not inspected adequately wetted during demolition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
D.	Demolition notice has been submitted, or will be submitted within 24 hours of initiating demolition	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS

**4. REMOVAL OF ASBESTOS-CONTAINING MATERIALS**

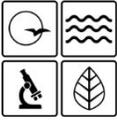
10 CSR 10-6.080(3)(M) adopting by reference 40 CFR 61.145(c).

A.	RACM removed or to be removed prior to demolition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
B.	Category I nonfriable material removed or to be removed prior to demolition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
	If no, is it in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If no, will it become subjected to sanding, cutting, grinding or abrading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.	Category II nonfriable ACM removed or to be removed prior to demolition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
	If no, is it less than threshold quantities of RACM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	If no, has it or will it become crumbled, pulverized or reduced to powder by forces acting on it during the course of demolition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**4. REMOVAL OF ASBESTOS-CONTAINING MATERIALS - CONTINUED**

D.	Structure to be demolished by intentional burning (live fire training only). If yes was all RACM (including category I and II) removed prior to burn?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
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**5. ADDITIONAL COMMENTS**



**ASBESTOS INSPECTION REPORT – DEMOLITION / RENOVATION**  
**PART G: INSPECTOR OBSERVATIONS**

1. INSPECTOR OBSERVATIONS					
A.	Did you observe visible emissions to the outside air at any time prior to, during, or after your inspection?  If yes, describe specific location (Example: door, window, waste storage area) in comments section.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
B.	Did you observe any suspect ACM debris outside removal area?  If yes, describe (Example: location, estimated quantity) in comments section.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS
C.	Did you observe any suspect ACM that was or will be disturbed by the demolition or renovation project that was not identified by the asbestos inspection?  If yes, describe, (Example: location, estimated quantity) in comments section. Collect samples as needed to document violations.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	COMMENTS

2. ADDITIONAL COMMENTS	

3. PHOTOGRAPHS - INSTRUCTIONS	
Take photographs of all observed violations or potential violations. Keep a log of photographs taken for later identification. Photos Taken? <input type="checkbox"/> YES <input type="checkbox"/> NO	

INSPECTOR NAME	DATE
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INSPECTOR SIGNATURE
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