

FORM NUMBER**FORM DESCRIPTION**

1. LEA Asbestos Coordinator/Key Persons Training Record
2. Individual Maintenance Employee Training Record
3. Annual Notification of Building Occupants
- 3A. Notification of Asbestos Related Activities
4. Surveillance Inspection Report Form
5. Fiber Release Episode Report Form
6. Cleaning and Maintenance Record
7. Contractor/Maintenance Work Permit
8. Abatement Project Notification
9. Small Scale, Short Duration Activity Report
10. Response Action Summary Record
11. Asbestos Containing Materials Disposal Record
12. Air Sampling for Verification of Response Actions



ST. PAUL'S SCHOOL

James M. Sinisgallo is the LEA Designated Person/Asbestos Program Manager for St. Paul's School. The Asbestos Program Manager (APM) is located in the Facilities/Maintenance Offices at 58 Dunbarton Road and can be contacted by calling 603-229-4607 or by dialing extension 4607 from any School phone.

APM training received includes the Asbestos LEA Coordinator/Program Manager Training Class provided by RPF Associates, Inc. on May 1, 2008.

James M. Sinisgallo certifies that the LEA responsibilities under AHERA have been and will be met in accordance with the AHERA Rule.

Signed by: _____

A handwritten signature in black ink, appearing to be 'JMS', written over a horizontal line.

Date: 03 Apr 2008

RPF ASSOCIATES, INC.

320 First NH Turnpike, Northwood, NH 03261 (603) 942-5432

Class Location: Northwood, NH

This is to certify that

James M. Sinisgallo

has completed the requisite training for

Asbestos LEA Coordinator/Program Manager Refresher

Pursuant to Title II of the Toxic Substance Control Act, 15 U.S.C. 2646

May 1, 2008

Course Date

08.2871-02-090571

Certificate Number/DOB

Amber Fixler

Amber Fixler—Instructor

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

LEA ASBESTOS COORDINATOR/KEY PERSONS TRAINING RECORD

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

WORKER RECEIVING TRAINING	SCHOOL OF ASSIGNMENT

O&M MAINTENANCE WORKERS	SCHOOL OF ASSIGNMENT

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

INDIVIDUAL MAINTENANCE EMPLOYEE TRAINING RECORD

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING OF ASSIGNMENT:

ADDRESS:

CITY:

STATE:

ZIP CODE:

WORKER'S NAME:

HOME ADDRESS:

CITY:

STATE:

ZIP CODE:

HOME PHONE NUMBER:

TRAINED FOR	Y/N	TRAINING DATE	RE-TRAINING DATE
ASBESTOS AWARENESS			
SMALL SCALE, SHORT DURATION			
ASBESTOS REMOVAL/REPAIR			
ABATEMENT PROJECT SUPERVISOR			

ASBESTOS TRAINING RECEIVED

DATE	TRAINING INST.	COURSE NAME	HOURS	CERT. #

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

ANNUAL NOTIFICATION OF BUILDING OCCUPANTS

TO:

The _____ School has been inspected for the presence of asbestos-containing materials. The condition of these materials will be reviewed every six months until they have been removed from the building.

A written plan has been developed for managing these materials while they remain in place. This plan is on file in the office location identified below during normal business hours. Copies may be made on request at a cost of 10 cents per page.

FROM:

ASBESTOS COORDINATOR:		
SIGNATURE:	DATE:	
LOCAL EDUCATION AGENCY:		
SCHOOL BUILDING:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

NOTIFICATION OF ASBESTOS RELATED ACTIVITIES

TO:

The _____ School is currently involved in the asbestos related activity outlined below. All building occupants must be made aware of this activity so that questions may be directed to the asbestos coordinator named below.

A written plan has been developed for managing these materials while they remain in place. This plan is on file in the office location identified below during normal business hours. Copies may be made on request at a cost of 10 cents per page.

ASBESTOS RELATED ACTIVITIES:	
START DATE:	COMPLETION DATE:

FROM:

ASBESTOS COORDINATOR:		
SIGNATURE:	DATE:	
LOCAL EDUCATION AGENCY:		
SCHOOL BUILDING:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

SURVEILLANCE INSPECTION REPORT FORM

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF SURVEILLANCE INSPECTION:

NAME OF INSPECTOR:

SIGNATURE OF INSPECTOR:

CERTIFICATION OF INSPECTOR:
(IF APPLICABLE)

LIST ONLY THE LOCATION AND CONDITIONS THAT HAVE CHANGED SINCE THE
LAST SURVEILLANCE OR ACCREDITED INSPECTION

LOCATION	CHANGE NOTED

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

FIBER RELEASE EPISODE REPORT FORM

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF FIBER RELEASE EPISODE:

LOCATION OF EPISODE:

DESCRIPTION OF EPISODE:

DESCRIPTION OF METHODS USED TO CONTAIN AND CONTROL:

METHODS TO PREVENT RECURRENCE:

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

CLEANING AND MAINTENANCE RECORD

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

LOCATION OF CLEANING ACTIVITIES:

DESCRIPTION OF ACTIVITIES:

WORK PERFORMED BY INTERNAL/CONTRACTOR:

CONTRACTOR ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT PERSON:

TELEPHONE #:

REASON FOR CLEANING:

START DATE FOR ACTIVITY:

COMPLETE DATE FOR ACTIVITY:

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

CONTRACTOR/MAINTENANCE WORK PERMIT

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DESCRIPTION OF WORK TO BE PERFORMED:

SCHOOL EMPLOYEES/CONTRACTORS PERFORMING WORK:

Asbestos coordinator MUST sign and authorize any work to be done.

The work described above will not involve any Asbestos Containing
Materials nor will it involve potential for damage to any ACM.

Asbestos Coordinator: _____

Date: _____

The work described above involves contact with ACM or the potential
for contact and damage to ACM. All work will be conducted in
accordance with the included Operations & Maintenance guidelines
and all applicable OSHA, EPA and state regulations regarding the
handling and disposal of ACM.

Asbestos Coordinator: _____

Date: _____

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

ABATEMENT PROJECT NOTIFICATION

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

EPA abatement notification must be postmarked 10 days before planned work and no more than 48 hours after the start of emergency work.

NOTICE SENT TO:

ADDRESS:

CITY:

STATE:

ZIP CODE:

PROJECT DESCRIPTION

PLANNED OR EMERGENCY ABATEMENT:

SMALL SCALE, SHORT DURATION OR GREATER:

AMOUNT OF MATERIAL TO BE REMOVED:

SQ FEET

LIN FEET

START DATE:

ESTIMATED COMPLETION DATE:

CHECK TYPE OF WORK:

REMOVAL

DECONTAMINATION

REPAIR

ENCAPSULATION

ENCLOSURE

NAME OF LANDFILL:

LOCATION OF LANDFILL:

NAME OF TRANSPORTER:

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

SMALL SCALE, SHORT DURATION ACTIVITY REPORT

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

LOCATION OF ACTIVITY:

DESCRIPTION OF ACTIVITY:

WORK PERFORMED BY CONTRACTOR/INTERNAL TEAM:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT PERSON:

TELEPHONE #:

DATE OF START OF ACTIVITY:

AMOUNT OF MATERIAL TO BE REMOVED/CLEANED:

SQ FT

LN FT

DATE OF COMPLETION OF ACTIVITY:

NAME OF LANDFILL:

LOCATION OF LANDFILL:

NAME OF TRANSPORTER:

AOHS FORM 11 USED?:

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

RESPONSE ACTION SUMMARY RECORD

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

LOCATION OF RESPONSE ACTION:

DESCRIPTION OF WORK:

WORK PERFORMED BY:

ADDRESS:

CITY:

STATE:

ZIP CODE:

CONTACT PERSON:

TELEPHONE #:

AMOUNT OF MATERIAL TO BE REMOVED:

SQ FT

LIN FT

CLEARANCE METHOD USED: TEM PCM

START DATE:

COMPLETION DATE:

DATE EPA NOTIFICATION SENT:

NAME OF LANDFILL:

LOCATION OF LANDFILL:

NAME OF TRANSPORTER:

AOHS FORM 11 USED?:

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORD KEEPING SYSTEM

ASBESTOS CONTAINING MATERIALS DISPOSAL RECORD

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

COMPLETE APPLICABLE INFORMATION

ACCUMULATED ACM DEBRIS: YES NO

ACM FROM ABATEMENT PROJECTS: YES NO

DATES OF ABATEMENT: START: COMPLETE:

PICKED UP AT:

PICK UP DATE:

PICKED UP BY: (COMPANY)

SIGNATURE OF DRIVER:

CONTAINER TYPE:

NUMBER OF CONTAINERS:

DISPOSAL SITE NAME:

EPA LICENSED:

IS CHAIN OF CUSTODY/MANIFEST ATTACHED? YES NO

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

APPLIED OCCUPATIONAL HEALTH SYSTEMS

AHERA RECORDKEEPING SYSTEM

AIR SAMPLING FOR VERIFICATION OF RESPONSE ACTIONS

LOCAL EDUCATION AGENCY:

SCHOOL BUILDING:

ADDRESS:

CITY:

STATE:

ZIP CODE:

NAME OF PERSON COLLECTING AIR SAMPLES:

SIGNATURE:

LABORATORY ANALYZING SAMPLES:

ADDRESS:

CITY:

STATE:

ZIP CODE:

DATE OF ANALYSIS:

METHOD:

TEM

PLM

RESULTS OF ANALYSIS (S/MM OR F/CC)

SAMPLE #	RESULTS	SAMPLE #	RESULTS

ASBESTOS COORDINATOR:

SIGNATURE:

DATE:

