FWS Form 3-2430

Insert Facility Name Above

ASBESTOS INSPECTION FORM

SEMIANNUAL INSPECTION

DATE:_____ BLDG NAME:_____ BLDG#_____

ROOM:_____ INSPECTOR:_____

The most recent accredited AHERA inspection is used as a basis for this survey.

Asbestos Materials	Unchanged	Contact Damage	Water Damage
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N
	Y/N	Y/N	Y/N

COMMENTS:_____

ACTION TAKEN:_____

ACTION APPROVED BY:_____DATE:_____