**Section 855.APPENDIX B Illustrations – Inspection and Management Plan Forms**

**Section 855.ILLUSTRATION B Inspection Report Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Category | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sample Area I.D. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | Inspection Date | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| School I.D. # | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School Address | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City |  | | | | | | | | | | | | | | | | | | | State | | | | | | |  | | | | | | | | | | | | | | | | | | | | Zip | | | | | |  | | | | | | | |
| Room(s) | |  | | | | | | | | | | | | | | | Sample Numbers | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Inspector Name(s) and I.D. #(s) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Area: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Material Sampled: | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friability: | | | High | | | | | |  | | | Moderate | | | | | | | | | | | |  | | | | | | Low | | | | | | | |  | | | Area Estimate: | | | | | | | | | | | | | |  | | | Ft. | | |
| Water Damage: | | | | | | | Yes | | | | |  | | | | | | | No | | | | | | |  | | | | | | Pipe Diameter: | | | | | | | | | | | | | | |  | | | | In. | | | | | | | | | |
| Physical Damage: | | | | | | | | | Heavy | | | | | | |  | | | | | Moderate | | | | | | | | | | | | | |  | | | Low | | | | | |  | | | | | | | None | | | | | |  | | | |
| Type of Wall: | | | | | Smooth Concrete | | | | | | | | | | | | | | | | |  | | | | | | Gypsum Board | | | | | | | | | | | | | |  | | | | | Textured Concrete | | | | | | | | | | | | |  |
| Masonry | | |  | | | | | Other | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Floor: | | | | | | Concrete | | | | | | | | |  | | | | | Carpet | | | | | | | | | |  | | | | | Tile | | | | |  | | | Wood | | | | | | |  | | | | Other | | | |  | | |
| Type of Ceiling: | | | | | | | | | Acoustic Tile | | | | | | | | | | | | |  | | | | | | Exposed Structure | | | | | | | | | | | | | | | |  | | | | | Textured Plaster | | | | | | | | | |  | |
| Accessibility: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Height of friable material from floor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Ft. | | | | | | | | | | | | | | | | | | | | | | | |
| Existence of barriers: | | | | | | | | | | | | | | | | | Suspended Ceiling | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Encapsulation | | | | | | | | | | |  | | | | Other | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proximity to items requiring maintenance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Electrical | | | | | | | | |  | | | | | |  | | | | | | | | |
| Ventilation | | | | | | | | | |  | | | Plumbing | | | | | | | | | | | |  | | | | | | Other | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Less than 1 Ft. | | | | | | | | | | | |  | | | | | | More than 1 Ft.-Less than 5 Ft. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| More than 5 Ft. | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ventilation Systems: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vents near friable material: | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | |  | | | | No | | | |  | | | | | | | | | | | | | | | | | | | |
| Distance | | | | | | | | |  | | | | | Ft. | | | | Return Grille | | | | | | | | | | | | | | | |  | | | | | Supply Grille | | | | | | | | | | |  | | | | | |  | | | | |
| Air Movement: | | | | | | | | | | | | | Heavy | | | | | | | | |  | | | | | | | Moderate | | | | | | | | | |  | | | Low | | | | | |  | | | | | | | | | | | | |
| Activity and Movement: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Use of Room: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity: | | | | High | | | | | | | | |  | | | | | | Moderate | | | | | | | | | | | | |  | | | | Low | | | | | |  | | | | | | | | | | | | | | | | | | |
| What is above the room? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is adjacent to the room? | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |