

STATE OF TENNESSEE



AHERA MANAGEMENT PLAN

GUIDE DOCUMENTS

INTRODUCTION

- ◆ Asbestos Hazard Emergency Response Act (AHERA) is a Federal Law that was signed into effect in 1987.
- ◆ All non-profit public and private K-12 schools must be inspected by an AHERA accredited Inspector and have an asbestos Management Plan developed by an AHERA accredited Management Planner.
- ◆ The completion of this package will serve as an AHERA Management Plan. The Management Plan **MUST** be completed on the attached State forms.
- ◆ Each school in a Local Educational Authority (LEA) must have an individual AHERA Management Plan.
- ◆ This Original Management Plan must be kept on file in the school. A copy of each school's Management Plan must be kept at the Main Office of the LEA. A copy of the Management Plan must be submitted to the State for review.
- ◆ Failure to comply with the AHERA regulations could result in civil and criminal penalties of up to \$5,000 per day per penalty.

STATE OF TENNESSEE AHERA MANAGEMENT PLAN GUIDE DOCUMENTS

GENERAL INSTRUCTIONS

PURPOSE: All Local Education Agencies (LEAs), both public and private, shall use the attached documents for submittal of the AHERA Management Plan to the State of Tennessee. A LEA can consist of a single building, multiple buildings on a campus, or several schools making up a school system.

PRESENTATION: All sheets **MUST** be typed. All sheets shall be 8 ½" x 11" except for the floor plan sheets which may be 11" x 17" for doubled in-fold. Place a colored sheet of paper between each building packet within the school information section for easy separation. The Management Plan must be bound along the Left side with a 19-ring plastic comb binder. **THREE RING BINDERS WILL NOT BE ACCEPTED.**

DISTRIBUTION: **THE ORIGINAL MANAGEMENT PLAN MUST BE KEPT ON FILE IN THE MAIN OFFICE OF EACH SCHOOL.** If a LEA has more than one school, the Management Plan information for all of the schools must be kept on file in the LEA central office.

A copy of the Management Plan must be mailed to:

TENNESSEE DEPARTMENT OF EDUCATION
DIVISION OF RESOURCES AND SUPPORT SERVICES

6TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0375

ATTENTION: Deborah Boshears-Davis
Phone: (615) 532-1681
Email: Deborah.Davis@state.tn.us

If there are any questions regarding the Management Plan, contact Deborah Boshears-Davis, Executive Director at (615) 532-1681.

PREPARATION: Complete forms as instructed below and assemble in order given.

A. TRANSMITTAL SHEET, TAHERA 1.0 (2/97)

Indicate with an "X" that the submission is a "MANAGEMENT PLAN". If this is the first time you are submitting the package to the State, put the "X" in the "ORIGINAL SUBMISSION" column. If you are submitting corrections to a package already on file with the State put the "X" in the "CORRECTION/DEFICIENCY SUBMISSION" column.

Fill in the LEA Name, LEA # (if known), Address, Designated Person, Telephone Number, and Date of Submission.

B. COVER SHEET, TAHERA 2.0 (2/97)

Fill in the Management Planner's Name, and Management Planning Firm or LEA Name Address and Telephone Number and AHERA Training information.

Fill in the Designated Person's Name, Address, Telephone number and AHERA Training information.

Fill in the LEA Name, LEA No. (if known), Address, Superintendent's Name, and date of report submission.

This form must be signed and dated by the Management Planner, LEA Designated Person and the LEA Superintendent (headmaster or principal).

C. ASSURANCES, TAHERA 3.0 (2/97)

Pursuant to Section 763.84 and Section 763.93 of the EPA Asbestos in Schools Regulation (40 CFR Part 763), each Management Plan must contain a true and correct statement, signed by the LEA Designated Person and Superintendent, that certifies that all general LEA responsibilities have been met. This form is provided to assist the LEA in complying with this portion of AHERA.

Fill the school year, LEA Name, and LEA # (if known). **This form must be signed and dated by the LEA Designated Person and the Superintendent (headmaster or principal).**

D. TABLE OF CONTENTS, TAHERA 4.0 (2/97)

After completing the Management Plan develop a Table of Contents using the format indicated on the enclosed example.

Fill in the LEA Name and LEA # (if known).

Note: Repeat the listings for Section G, Subsections a – j for each content listing.

Fill in page numbers and TAHERA form numbers associated with each content listing.

E. SCHOOL BUILDING LIST, TAHERA 5.0 (2/97)

Fill in the LEA Name, LEA # (if known). List all owned or leased schools and separate buildings in the LEA, and school numbers if assigned by Department of Education. Indicate the school or building

name, and address. Indicate with an “X” that the school has friable (F), Non-friable (NF) asbestos containing building material (ACBM) or No ACBM.

NOTE: The LEA includes any buildings that are used for associated educational purposes such as Administration Building, Maintenance Shop, Storage Buildings, Bus Barn, Dormitories, etc.

F. SCHOOL INFORMATION FORM, TAHERA 6.1 (2/97)

Use this form for facilities constructed before October 12, 1998.

A TAHERA 6.1 Form must be completed for each school related building in your LEA.

Indicate School Building name and number (if known) at the top of form.

BUILDING STATISTICS: Indicate the actual date built, school/building name, use of building and square footage for that school/building. Indicate an actual date of original construction, additions, or renovations to each school/building.

STRUCTURAL SYSTEMS: Indicate with an “X” the type of walls, floors, roof, and foundation for the school/building. If any other type of material was used please explain.

MECHANICAL SYSTEMS: Indicate with an “X” the type of heating and cooling system used in the school/building. If any other type of system is used please explain.

ARCHITECTURAL FINISHES: Indicate with an “X” the type of ceiling, flooring and wall finishes used in the school/building. If any other type of material was used please explain.

SUMMARY OF DOCUMENTS REVIEWED: Indicate with an “X” what documents were reviewed in association with the inspection of this school/building.

INSPECTION INFORMATION: Indicate the date of Inspection, Inspection Team Members, Accreditation Number/State, and Affiliation. This form must be signed by all Inspection Team Members.

Indicate the LEA Name, LEA No (if know), and the date of submission.

G. SCHOOL INFORMATION/CERTIFICATION FORM, TAHERA 6.1a (2/97) (FOR ASBESTOS FREE SCHOOL

This form may be used to certify that the new school or school building constructed after October 12, 1988 does not contain any ACBM.

A TAHERA 6.1A form must be completed for each Asbestos Free School/Building in your LEA.

Indicate the LEA Name, and LEA #(if known).

BUILDING STATISTICS: Indicate the actual date built, school/building name, use of building and square footage for that school/building. Indicate an actual date of original construction, additions, or renovations to each school/building.

STRUCTURAL SYSTEMS: Indicate with an "X" the type of walls, floors, roof, and foundation for the school/building. If any other type of material was used please explain.

MECHANICAL SYSTEMS: Indicate with an "X" the type of heating and cooling system used in the school/building. If any other type of system is used please explain.

ARCHITECTURAL FINISHES: Indicate with an "X" the type of ceiling, flooring and wall finishes used in the school/building. If any other type of material was used please explain.

SUMMARY OF DOCUMENTS REVIEWED: Indicate with an "X" what documents was used to determine the school/building is asbestos free.

Indicate the date of building occupancy.

The School Information/Certification Form MUST be signed by an architect, project engineer, or an AHERA accredited inspector. Indicate registration or accreditation number and attach a copy of the inspector's certification (if applicable).

H. HOMOGENEOUS AREA SUMMARY, TAHERA 6.2 (2/97) (Must be completed by an AHERA accredited Inspector)

Indicate LEA Name, LEA # (if known), School Name, and School # (if known).

For each Homogeneous Area (HA) identified in the school assign a separate homogeneous number and fill in the requested identification and assessment information, and provide total square or linear footage or other quantities and units of materials.

I. HOMOGENEOUS AREA DRAWING, TAHERA 6.3 (2/97)

Indicate LEA Name, and LEA # (if known), School Name, and School # (if known).

Include one (1) drawing for each Homogeneous Area (HA). Identify through cross-hatching or draw in each Homogeneous Area. Indicate the location and sample number of all samples collected.

Drawings shall be of a convenient scale for each of understanding. These sheets may be enlarged to 11 x 17 and bound sideways into the Management Plan.

Indicate scale or provide dimensions on all Drawings. Indicate direction of North on all Drawings. Provide a Legend with all Drawings.

J. RESPONSE ACTIONS, TAHERA 6.4 (2/97) (Must be completed by an AHERA accredited Management Planner and the LEA).

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

For each ACBM homogeneous area previously identified, indicate the Management Planner's recommended Response Action, the LEAs selected Response Action

and the associated schedule. (If Response Action h "other" is selected, further explanation is required.)

Further explanation must be given when LEAs selected Response Action is different from the Management Planner's Recommended Response Action.

Indicate the Management Planner's method for Response Action selection (i.e., Particular Decision Tree, page number of AHERA regulation) and date of submittal.

K. IMPLEMENTATION OF RESPONSE ACTIONS, TAHERA 6.5 (2/97) (Must be completed by an AHERA accredited Management Planner.)

Indicate LEA Name, LEA # (if known), School Name, and School # (if known).

A copy of this form must be completed for each Response Action that the LEA will implement at the school. Copies for additional homogeneous areas should be placed directly behind this form.

Resource dollars may include anticipated funding, manpower, equipment, and training required. If no resources are required, please indicate "NONE".

Indicate the date of submittal.

L. FOLLOW-UP ACTIONS, TAHERA 6.6 (2/97)

Indicate the LEA Name, LEA # (if known).

Indicate the "DATE OF IMPLEMENTATION OF THE MANAGEMENT PLAN".

Provide the LEAs Plan for Notification of the Parents, Teachers, Students and LEA employees. Indicate the date of implementation of the Management Plan. The date of implementation should be the date of occupancy of the school/building. Attach a DATED copy of the actual Notification.

M. DRAWING OF ACBM TO REMAIN, TAHERA 6.7 (2/97)

Indicate the LEA Name, LEA # (if known), School Name and School # (if known).

Include at least one (1) drawing for each school, detailing the type and location of any ACBM to remain in the building following implementation of the Response Actions. Cross hatch or draw in Homogeneous Areas.

Drawings shall be of a convenient scale for ease of understanding. These sheets may be enlarged to 11 x 17 and bound sideways into the Management Plan.

Indicate scale or provide dimensions on all Drawings. Indicate direction of North on all Drawings. Provide a Legend for all Drawings.

N. OPERATIONS AND MAINTENANCE PLAN, TAHERA 6.8 (2/97) (Must be completed by an AHERA accredited Management Planner).

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

For each school, outline the site-specific Operations and Maintenance (O & M) plan on this form.

O. BULK SAMPLE SUMMARY TAHERA 6.9 (2/97) (Must be completed by an AHERA accredited Inspector/Management Planner.)

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

List, for each sample collected, the Inspector's sample number assigned in the field, a description of the material, sample location, sample number, type and percentage of asbestos.

THIS FORM MUST BE SIGNED BY THE INSPECTOR AND INDICATE THE DATE OF SUBMITTAL.

P. OPERATIONS AND MAINTENANCE PROCEDURES, TAHERA 7.0 (2/97) (Must be completed by an AHERA accredited Management Planner.)

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

For all buildings within this Management Plan describe elements which will be included in the LEAs Operations and Maintenance Program such as Worker Protection, Initial and additional cleaning program recommendations, building occupant protection (access control, signs, control of air movement, work practices, area cleaning, disposal methods), design and performance of other than small-scale, short-duration maintenance activities, and activities associated with minor and major fiber release episodes. The program shall also discuss methods of protecting non-friable material from becoming friable due to damage caused by misuse, maintenance, or construction projects.

Indicate the page number and date form has been completed and the date of submittal.

Q. LABORATORY ACCREDITATION STATEMENT, TAHERA 8.0 (2/97) (Must be completed by AHERA accredited Laboratory.)

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

The required laboratory information **MUST** be completed and the form must be signed by the Laboratory Manager.

The following documents **MUST** be submitted by the Laboratory:

BULK SAMPLE ANALYSIS: Indicate LEA Name, LEA # (if known), School Name, and School # (if known).

Include a Laboratory Analysis Sheet, signed by the analyst for the bulk samples. Initialed Analysis Sheets will not be accepted.

ACCREDITATION CERTIFICATES: Submit certificates for the Laboratory.

NOTE: The Management Planner is required to submit Certificates for all Inspectors, Management Planners. Include copies of the original and current Training Certificates.

R. PERIODIC SURVEILLANCE REPORT, TAHERA 9.0 (2/97) (May be filled out by LEA Designated Person).

This form can be used for Two- (2) Periodic Surveillance Inspections per School Year (Fall Semester/Spring Semester).

This report shall be completed and placed in the Management Plan from the Date of Implementation, as indicated on the TAHERA 6.6 form.

Indicate the LEA Name, LEA # (if known), School Name, School # (if known), and Building Name (if different from the LEA).

Indicate the Date of Inspection.

Indicate each asbestos containing Homogeneous Area (HA#), description of ACBM, area inspected and any changes in the condition of the material since the last surveillance.

If all of a Homogeneous Area has been removed, since the last inspection, indicate the date of removal.

The Surveillance Inspector must sign the form.

S. ABATEMENT ACTION, TAHERA 10.0 (2/97)

This form must be used to document all abatements which have (or will) occur at each school in the LEA.

Complete a TAHERA 10.0 form for each abatement project.

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

Provide a written description of the abatement action. Include the type of each material, amount of material removed, location of project (example: Boiler Room Basement, etc.), and methods used in removal.

Indicate the start and completion dates of the abatement project.

Indicate the Name, Address and accreditation number of the Abatement Designer.

Indicate the Name, Address and accreditation number for the Air Monitoring Laboratory.

Indicate the Name and Address for the Waste Disposal site.

Attach a copy of the FINAL TEM CLEARANCE OF THE AIR MONITORING REPORT that indicates all of the information requested in Item # 6 of the TAHERA 10.0 form.

Indicate the date of submission.

T. EMPLOYEE TRAINING FORM, TAHERA 11.0 (2/97)

Training must be provided for all custodial and/or maintenance employees. The two-hour Training must be administered at the beginning of employment with the LEA. AHERA requirements do not require refresher courses for the Awareness Training.

Maintenance Workers, who perform small-scale short-duration work that might disturb asbestos containing building materials, must have an addition 14-hour asbestos training course.

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

Complete this form for each training program instituted at the LEA. Fill in all items. This form shall be signed by the LEA Designated Person and filed in the Management Plan. Indicate the date of submission.

U. OPERATIONS AND MAINTENANCE ACTIVITY, TAHERA 12.0 (2/97)

Complete this form, for each Operations and Maintenance (O & M) activity for each school.

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

The form must be signed by the LEA Designated Person.

V. CLEANING RECORD, TAHERA 13.0 (2/97)

Complete this form for initial and subsequent cleaning pursuant to 40 CFR 763.91 (c).

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

This form must be signed by the Designated Person and filed in the Management Plan.

W. FIBER RELEASE EPISODE, TAHERA 14.0 (2/97)

Complete this form for each fiber release episode pursuant to 40 CFR 763.91 (f).

Indicate the LEA Name, LEA # (if known), School Name, and School # (if known).

The form must be signed by the Designated Person and filed in the Management Plan.

Indicate the date of submission.

X. THREE YEAR REINSPECTION, TAHERA 16.0 (2/97) (Must be completed by an AHERA accredited Inspector/Management Planner).

This form must be completed once every 3 years from the Date of Implementation of the Management Plan.

Indicate LEA Name and LEA Number (if known) at top of form.

Indicate School Building Name and Number at top of form.

Indicate the Date of Implementation and the inspection date of this Three-Year Re-inspection.

Fill in the Homogeneous Area Number, Current Quantity and Material Description for each and every asbestos containing homogeneous area previously recorded (this includes both FRIABLE and NONFRIABLE asbestos containing building materials). LIST ONLY ONE HOMOGENEOUS AREA PER COLUMN.

Fill in the LAST 3 YEAR and CURRENT columns for each Homogeneous Area.

Fill in the Assessment and Response Actions.

The Inspector and Management Planner must sign this form.

Copies of the original and Current Training Certificates for the Inspector and Management Planner must be submitted with the Three-Year Re-inspection.

“EXAMPLES OF STATE TAHERA FORMS”

STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM

DATE: _____

LEA SYSTEM NAME: _____

LEA#: _____

ADDRESS:

DESIGNATED PERSON: _____ **PHONE:** _____

**PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
BY PLACING AN "X" IN THE APPROPRIATE BOX.**

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

COVER SHEET

No person or firm shall offer to perform or be hired to perform as professionals the services of inspection, preparation of management plans, designing of response actions, or supervising of response actions except as properly accredited under the provisions of the Federal Regulations Title 40, Part 763 (AHERA). The U.S. Environmental Protection Agency and the State of Tennessee recommended those persons or firms performing as professionals are registered under the registration laws of the State of Tennessee or a state, which has reciprocity with the State of Tennessee. Such professionals should be independent practitioners and should have no financial or other interest in contractors, subcontractors, manufacturers, or jobbers under their jurisdiction where direct conflict of interest could occur, except as permitted.

An employee of a State or local public or private education agency (LEA) may provide the services of inspection or preparation of the management plans for their respective LEAs facilities, provided that person is properly accredited under the AHERA laws and regulations.

The signatures hereon attest to the above statement and certify that it is the intent of the signatories to carry out all other provisions of the AHERA laws and regulations.

MANAGEMENT PLANNER (MP) (attach a copy of accreditation certificate in Appendix)

Name: _____ Accreditation No. _____

Firm: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Training Agency: _____ Course: _____

Signature: _____ Course Date: _____

DESIGNATED PERSON:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

DESIGNATED PERSON SIGNATURE

SUPERINTENDENT SIGNATURE

DATE: _____

DATE: _____

LEA NAME: _____ LEA #: _____

ADDRESS: _____

SUPERINTENDENT: _____

TELEPHONE: _____ DATE: _____

ASSURANCES

SCHOOL YEAR ENDING _____

LEA SYSTEM NAME: _____ LEA NO. _____

This AHERA Management Plan was developed and has been submitted pursuant to the Asbestos Hazard Emergency Response Act of 1986, Public Law 99-519; and the United States Environment Protection Agency Rule: Asbestos Containing Material in Schools, 40 CFR Part 763, Subpart E.; and the undersigned does hereby certify that the Local Education Agency (LEA) indicated below has and will ensure the following:

1. The activities of any persons who perform inspections, re-inspections, and periodic surveillance, develop and update management plans, and develop and implement response actions, including operations and maintenance, are carried out in accordance with Part 763 and other Federal and State regulations and requirements.
2. All custodial and maintenance employees are properly trained as required in Part 763 and all other applicable Federal and State regulations (e.g., the Occupational Safety and Health Administration Asbestos Standard for Construction, the EPA Worker Protection Rule or applicable State regulations).
3. All workers and building occupants, and their legal guardians, are informed at least once each school year about inspections, response actions, and post-response action activities, including periodic re-inspection and surveillance activities, that are planned or in progress.
4. All short-term workers (e.g., telephone repair workers, utility workers, or exterminators) who may come in contact with asbestos in a school are provided information regarding the locations of asbestos-containing materials (ACM).
5. All warning labels are posted in accordance with Section 763.95.
6. All management plans are available for inspection and notification of such availability has been provided as specified in the AHERA regulations under Paragraph 763.93 (g).
7. The undersigned person designated by the LEA pursuant to Paragraph 763.84 (g) (1) has received adequate training as stipulated in Paragraph 763.84 (g) (2).
8. The LEA has and will consider whether any conflict of interest may arise from the interrelationship between the Management Planner and other accredited persons performing AHERA activities.

LEA DESIGNATED PERSON (please print): _____

LEA DESIGNATED PERSON'S SIGNATURE: _____

DATE: _____

SUPERINTENDENT (please print): _____

SUPERINTENDENT SIGNATURE: _____

DATE: _____

SCHOOL INFORMATION FORM

Building Name: _____

Date Built: _____

Address: _____

Use: _____

Total Square Feet: _____

STRUCTURAL SYSTEMS

Walls		Floors		Roof		Foundation	
<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Slab-on-Grade
<input type="checkbox"/>	Steel	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Crawlspace
<input type="checkbox"/>	Wood	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Basement
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
Other (Explain Other):							

MECHANICAL SYSTEMS

Heating				Cooling			
<input type="checkbox"/>	Central HVAC	<input type="checkbox"/>	Wall Electric	<input type="checkbox"/>	Central HVAC	<input type="checkbox"/>	Window Unit
<input type="checkbox"/>	Radiator	<input type="checkbox"/>	Other	<input type="checkbox"/>	Wall Electric	<input type="checkbox"/>	Other
Other (Explain Other):							

ARCHITECTURAL FINISHES

Ceiling		Flooring		Walls	
<input type="checkbox"/>	Plaster and Lathe *	<input type="checkbox"/>	Vinyl Tile *	<input type="checkbox"/>	Plaster and Lathe *
<input type="checkbox"/>	Gypsum Board *	<input type="checkbox"/>	Carpet	<input type="checkbox"/>	Gypsum Board *
<input type="checkbox"/>	Acoustical Finish *	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Masonry
<input type="checkbox"/>	Tile *	<input type="checkbox"/>	Unfinished	<input type="checkbox"/>	Wood/Paneling
<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other
Other (Explain Other):					

SUMMARY OF DOCUMENTS REVIEWED

<input type="checkbox"/>	Floor Plans	<input type="checkbox"/>	Sections	<input type="checkbox"/>	Past Abatement Projects
<input type="checkbox"/>	Mechanical Drawings	<input type="checkbox"/>	As-Built Drawings	<input type="checkbox"/>	Past Abatement Specifications
<input type="checkbox"/>	Specifications	<input type="checkbox"/>	Sampling Reports (In-house)	<input type="checkbox"/>	Past Abatement Drawings
<input type="checkbox"/>	Finish Schedules	<input type="checkbox"/>	Past Surveys	<input type="checkbox"/>	

INSPECTION INFORMATION

INSPECTION DATE: _____

INSPECTION TEAM	SIGNATURE	ACCREDITATION NUMBER

- These materials are considered suspect ACBM and must be sampled.

SCHOOL INFORMATION/CERTIFICATION FORM

LEA NAME: _____

LEA#: _____

1. BUILDING STATISTICS

Date Built	Area Name, Wing, Addition, etc.	Use	Total Area (Square Feet)
------------	---------------------------------	-----	--------------------------

2. STRUCTURAL SYSTEMS

WALLS

Masonry/Concrete
Steel
Wood
Other

FLOORS

Wood
 Concrete
 Steel
 Other

ROOF

Wood
 Concrete
 Steel
 Other

FOUNDATIONS

Slab-on-grade
Crawlspace
Basement
Other

NOTES: (Explain Other) _____

3. MECHANICAL SYSTEMS

HEATING

Central HVAC
Radiator
Wall Electric
Other

COOLING

Central HVAC
 Wall Electric
Window Units
Other

NOTES: (Explain Other) _____

4. ARCHITECTURAL FINISHES

CEILING

Lathe and Plaster
Gypsum Board
Acoustical Finish
Tile
Other

FLOORING

Vinyl Tile
 Carpet
 Wood
 Unvarnished
 Other

WALLS

Lathe and Plaster
Gypsum Board
Masonry
Wood/Paneling
Other

NOTES: (Explain Other) _____

5. SUMMARY OF DOCUMENTS REVIEWED

Floor Plans	Sections	Past Abatement Projects
Mechanical Drawings	<input type="checkbox"/> As Built Drawings	Past Abatement Specifications
Specifications	<input type="checkbox"/> Sampling Reports (in-house)	Past Surveys
Finish Schedules		

6. NEW SCHOOL BUILDINGS CONSTRUCTED AFTER OCTOBER 12, 1988

DATE OF BUILDING OCCUPANCY _____

I hereby affirm that no ACBM was specified as a building material in any construction document reviewed for the building or that to the best of my knowledge, no ACBM was used as a building material in the building.

NAME (Please print) _____

SIGNATURE _____

REGISTRATION/ACCREDITATION # _____

TITLE _____

NOTE: Statement must be signed by the Architect, Project Engineer, or an Accredited Inspector. Attach accreditation certificate for accredited inspector.

LEA NAME: _____

LEA #: _____

SCHOOL NAME: _____

SCHOOL #: _____

HOMOGENEOUS AREA SUMMARY

HA No.	Material Description	Material Type (T, S, or M)	BIA No's in HA	Sample #'s taken in HA	HA Drawing No.

HA No.	ACBM				No ACBM	Total Quantity	Exposure Considerations								Assessment Category		
	Confirmed		Assumed				A	B	C	D	E	F	G	H			
	F	NF	F	NF													

EXPOSURE CONSIDERATIONS (A through F, rate 1 to 5 with 5 being the worst):

- | | | |
|------------------------------|------------------------------|--|
| A. Deterioration | G. Length of Exposure | H. Exposure Population |
| B. Physical Damage | 1. 1 hr/week | 1. Maintenance |
| C. Water Damage | 2. 5 hr/week | 2. Maintenance, Custodial |
| D. Activity/Vibration | 3. 10 hr/week | 3. Maintenance, Custodial, Faculty |
| E. Exposure | 4. 20 hr/week | 4. Maintenance, Custodial, Faculty, Students |
| F. Accessibility | 5. 40 hr/week | 5. Maintenance, Custodial, Faculty, Students, Public |

ASSESSMENT CATEGORIES:

1. Damaged/Significantly damaged TSI
2. Damaged friable SURFACING ACBM
3. Significantly damaged friable SURFACING ACBM
4. Damaged or significantly damaged friable MISC. ACBM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable ACBM or friable suspected ACBM

LEGEND:

- HA = Homogeneous Area
T = Thermal System Insulation
S = Surfacing
M = Miscellaneous
BIA = Building Inspection Area

LEA NAME: _____

LEA #: _____

SCHOOL/BUILDING NAME: _____

SCHOOL #: _____

HOMOGENEOUS AREA DRAWING

Identify limits of homogeneous area and sample locations

DATE: _____

LEA NAME: _____

LEA #: _____

SCHOOL NAME: _____

SCHOOL #: _____

IMPLEMENTATION OF RESPONSE ACTIONS

1. RESPONSE ACTION:

Institute Preventative Measures
Operation and Maintenance Program
Repair
Isolate

Enclose
Remove
Encapsulate
Other

2. DETAILED DESCRIPTION:

3. LOCATIONS (list all HA No.'s, BIA No.'s or attach Drawing):

4. REASONS (give reason for selecting response action):

5. SCHEDULE (starting and completion dates for response action):

6. RESOURCES NEEDED (Additionally, list funding sources, if known):

DATE: _____

LEA NAME: _____

LEA #: _____

DATE OF IMPLEMENTATION OF MANAGEMENT PLAN: _____

FOLLOW-UP ACTIONS

1. **NOTIFICATION PLAN: Describe** method of Annual/Yearly Notification to Parents, Students, and LEA Employees. Suggested types of Notification are a Note in your Student Handbook, PTA Meeting Minutes, Newspaper Article, or Student take-home Flyer.

The Notification should include the location and available viewing times of the Management Plan along with the name of the LEA Designated Person. It is also the LEA's responsibility to notify Parents, Students and LEA Employees of any inspections, and/or abatements of Asbestos Containing Building Materials.

2. **PERIODIC SURVEILLANCE PLAN:** The LEA shall perform Periodic Surveillance at least every six- (6) months from the date of the Implementation of the Management Plan. (Report surveillance on TAHERA 9.0 Form).

3. **REINSPECTION PLAN:** The requirements of the Re-inspection Plan are described in Paragraph 763.85(b) of AHERA and shall include an inspection by an AHERA accredited inspector. The inspection of all friable and nonfriable, known or assumed ACBM must be conducted every 3 years from the Implementation Date. The Inspector is REQUIRED to visually inspect all known or assumed ACBM, touch the material to determine any change in condition; identify homogeneous areas where material has become friable since the last inspection; reassess areas where condition of material has changed; and verify quantities of known or assumed ACBM. On the TAHERA 16.0 the Inspector is required to record dates of re-inspection; any change in material condition; names and signatures of persons making the re-inspection; accreditation numbers and the State where accreditation was received.

At the option of the LEA, additional sampling can be performed by the Inspector to determine if previously assumed of ACBM's contain asbestos. If additional sampling is performed, the exact sample locations and the manner used to determine sample locations, laboratory results and a laboratory accreditation statement must be indicated on the appropriate TAHERA forms. The Original Management Plan must be revised to reflect the above information.

NOTE: An AHERA accredited Management Planner MUST complete the RE-inspection Package.

4. **YEARLY PROGRESS REPORTS:** Yearly Progress Reports are to be submitted to the State no later than July 9 of each year. This report shall include a Transmittal Sheet (TAHERA 1.0), Assurances Form (TAHERA 3.0), Periodic Surveillance Reports for both 6-month periods (TAHERA 9.0), and a DATED Annual Notification to parents, teachers, and LEA employees.
-

LEA NAME: _____

LEA #: _____

SCHOOL NAME: _____

SCHOOL #: _____

DRAWING OF ACBM TO REMAIN

Identify type and extent of ACBM to remain in the building following implementation of response actions.

LEA NAME: _____

LEA #: _____

SCHOOL NAME: _____

SCHOOL #: _____

OPERATIONS AND MAINTENANCE PLAN

LEA NAME: _____

LEA #: _____

SCHOOL NAME: _____

SCHOOL #: _____

OPERATIONS AND MAINTENANCE PROCEDURES

DATE: _____

LEA NAME: _____

LEA# _____

SCHOOL NAME: _____

SCHOOL #: _____

LABORATORY ACCREDITATION STATEMENT

It is certified by the signature below that the laboratory identified below is accredited by the National Bureau of Standards or has received interim accreditation for polarized light microscopy (PLM) analysis under the EPA Interim Asbestos Bulk Sample Analysis Quality Assurance Program.

LABORATORY NAME:

ADDRESS:

TELEPHONE: _____ DATE: _____

ANALYSIS PERFORMED BY: _____

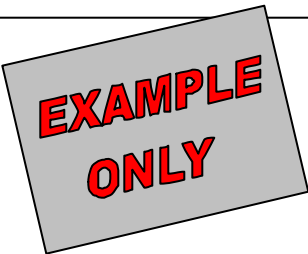
LABORATORY MANAGER: _____

LABORATORY MANAGER'S SIGNATURE: _____

ATTACH A COPY OF ACCREDITATION

DATE: _____

STATE OF TENNESSEE
AHERA TRANSMITTAL/SUBMITTAL FORM



DATE: 03/30/94

LEA SYSTEM NAME: GORDON COUNTY SCHOOLS

LEA#: 000

ADDRESS: 100 MAIN STREET

GORDONSVILLE, TN 37777

DESIGNATED PERSON: JOE SMITH

PHONE: (615) 555-5555

PLEASE INDICATE TYPE OF DOCUMENT(S) BEING SUBMITTED
BY PLACING AN "X" IN THE APPROPRIATE BOX.

ORIGINAL SUBMISSION	CORRECTION/DEFICIENCY SUBMISSION	TYPE OF DOCUMENT
X		MANAGEMENT PLAN
		ASBESTOS FREE MANAGEMENT PLAN
		YEARLY PROGRESS REPORT
		THREE YEAR REINSPECTION
		OTHER (Please Explain)

LEA NAME: _____

LEA#: _____

SCHOOL NAME: _____

SCHOOL #: _____

ABATEMENT ACTION

Use this form to document removal, enclosure, and encapsulation or repair materials greater than 3 Square or Linear Feet of Asbestos Containing Building Materials (ACBM). Provide one- (1) form for every abatement action.

1. Provide or attach detailed written description of abatement action.

Starting Date: _____

Completion Date: _____

Original Management Plan Homogeneous Area No. _____
(Attach TAHERA 6.3 to indicate location of abatement action)

2. Name of Abatement Contractor: _____

Address: _____

Accreditation #/Agency: _____

3. Name of Abatement Designer: _____

Address: _____

Accreditation #/Agency: _____

4. Air Monitoring Laboratory: _____

Address: _____

Accreditation #/Agency: _____

5. Name of Waste Disposal Site: _____

Address: _____

6. Attach Air Monitoring Report which provides the following information:

- a. Air Monitoring FINAL Clearance Report (TEM)
- b. Location of Samples and Date Collected
- c. General Description of Analyzing Method Used
- d. Name of Analyst and Signature
- e. Result of Analyses
- f. Laboratory Accreditation Statement (if applicable)

DATE: _____

