

A periodic surveillance must be conducted of each school building that contains ACBM or is assumed to contain ACBM at least once every 6 months. Visually inspect all areas that are identified in your AHERA Management Plan to observe current conditions. Note both damage and change in condition by circling the appropriate category below using the comment section for details. Date and sign this surveillance then submit a copy of the record to the Designate Person for inclusion in the AHERA Management Plan.

**DO NOT TOUCH ASBESTOS - CONTAINING MATERIAL WITHOUT PROPER TRAINING**

**Bolton Primary School (BPS)**

Material	Location	Quantity	Damaged	Changed
Cement Asbestos Board	Chalkboards presumed throughout (none observed during inspection but may be obscured by cork boards or white boards)		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Asbestos Insulated Wiring	Potentially throughout (previously observed in stage area that has since been remodeled)		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Covebase/Mastic	Throughout		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Fire Door	Throughout		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Gypsum Wallboard	Throughout		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Lay-in Ceiling Tile	Throughout		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Sheet Floor Covering	Throughout		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Vinyl Floor Tile	Throughout		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Window Glazing Compound	Throughout		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Air Cell/Hard Fittings	Throughout the building in inaccessible areas		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>
Asbestos Pipe Insulation	Throughout the building in inaccessible areas		Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input checked="" type="radio"/>

