

Date: September 1, 2011

To: School Administrators and Interested Parties

From: MIOSHA Asbestos Program  
Michigan Department of Licensing and Regulatory Affairs

Subject: Model Management Plan Guidance for AHERA

Attached is the Michigan Model Management Plan Guidance. The Michigan Model Management Plan was developed with the assistance of the State of Indiana, to be consistent with the 1987 EPA Asbestos-Containing Materials in Schools Rule (published October 30, 1987, in the Federal Register at 40 CFR Part 763). EPA adopted this rule in accordance with the Asbestos Hazard Emergency Response Act of 1986 (AHERA). The rule requires Local Education Agencies (LEAs) to inspect for asbestos in each school building and develop management plans to address the manner in which the asbestos will be handled.

In Michigan, LEA's was required to submit management plans to the Michigan Department of Licensing and Regulatory Affairs (LARA). The plans should be sent to the following address:

Michigan Department of Licensing and Regulatory Affairs  
Construction Safety and Health Division, Asbestos Program  
P.O. Box 30671  
Lansing, Michigan 48909-8171

The use of the Michigan Model Plan format is not required. However, the Michigan Department of Licensing and Regulatory Affairs strongly recommends that the format be used in order to assure that all required information is included in the management plan and to facilitate the State's management plan review process.

If you have any questions or comments concerning the Michigan Model Management Plan, please contact our office at the above address or by phone at (517) 322-1320.

Attachment

Asbestos Hazard Emergency Response Act (AHERA)

Michigan Model Management Plan Guidance

Prepared by the  
Michigan Department of Licensing and Regulatory Affairs  
Construction Safety and Health Division - Asbestos Program  
with the assistance of the  
Indiana Department of Environmental Management  
Office of Air Management

Date June 1, 1988

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## Chapter 1. Introduction

The Federal Asbestos Hazard Emergency Response Act of 1986 (AHERA) requires Local Education Agencies (LEAs) to inspect for asbestos in each school building. The LEA must also develop management plans which outline the manner in which the asbestos will be addressed. This guidance document explains how to properly complete and submit the State of Michigan Model Management Plan. It is important to read through the entire guidance and to gain an understanding of the report forms before attempting to complete them.

The State of Michigan Management Plan was developed to be consistent with the 1987 EPA Asbestos-Containing Materials in Schools Rule. This rule, published on October 30, 1987 in the Federal Register (40 CFR Part 763), was promulgated in accordance with AHERA. The rule requires the management plans to be submitted to the Governor (or designated agency) of the state in which the LEA is located.

The Michigan Department of Licensing and Regulatory Affairs (LARA) coordinates the implementation of AHERA in Michigan. Once completed, the management plans must be sent to:

Michigan Department of Licensing and Regulatory Affairs  
Construction Safety and Health Division  
Asbestos Program  
P.O. Box 30671  
Lansing, Michigan 48909-8171

The use of this model format is not required. However, its use will help assure that required information is included in the management plan, and will also facilitate the State's management plan review process.

## Chapter 2. Format for Management Plan

The Michigan Model Management Plan Format is divided into six sections:

1. General Local Education Agency (LEA) and Building Information - This section details information pertaining to the entire LEA as well as all buildings covered in the management plan. (Forms A-1 thru A-3)
2. Pre-AHERA Inspection Information - The management planner and inspector are required to provide available information on inspections which were conducted prior to December 14, 1987. This information should be included in this section on Forms B-1 thru B-4.
3. Exclusionary Statements - If the LEA wishes to claim an exclusion from certain inspection requirements, the inspector must include the appropriate forms from Forms C-1 thru C-6b in this section. If the LEA does not wish to claim a particular exclusion(s), then disregard the appropriate form or forms.
4. AHERA Inspection Information - This section is comprised of Forms D-1 thru D-7b and details information required to be collected by the inspector (i.e., the Inspection Report). This section includes hazard assessments for homogeneous areas discovered during both pre-AHERA and AHERA inspections.
5. Plan Details - The management planner must submit specific details about each school building's asbestos management program on Forms E-1 thru E-10 in this section.
6. Recordkeeping - This section contains Forms F-1a thru F-8 for maintaining records related to preventative measures and response actions, clearance air sampling, O & M training, periodic surveillance, O & M cleaning, O & M activities, and major and minor fiber release episodes. These records must be maintained for all of the above activities that are initiated after December 14, 1987.

In Appendix C you will find 47 forms (number A-1 through F-8). You may photocopy these forms as needed. Some forms (i.e., Pre-AHERA Inspection Information, and Exclusionary Statements) are optional and should only be used if the LEA has the information to complete the form. Forms that are not used should not be included in the management plan. All information except blueprints, should be contained on letter-size (8.5" x 11") paper.

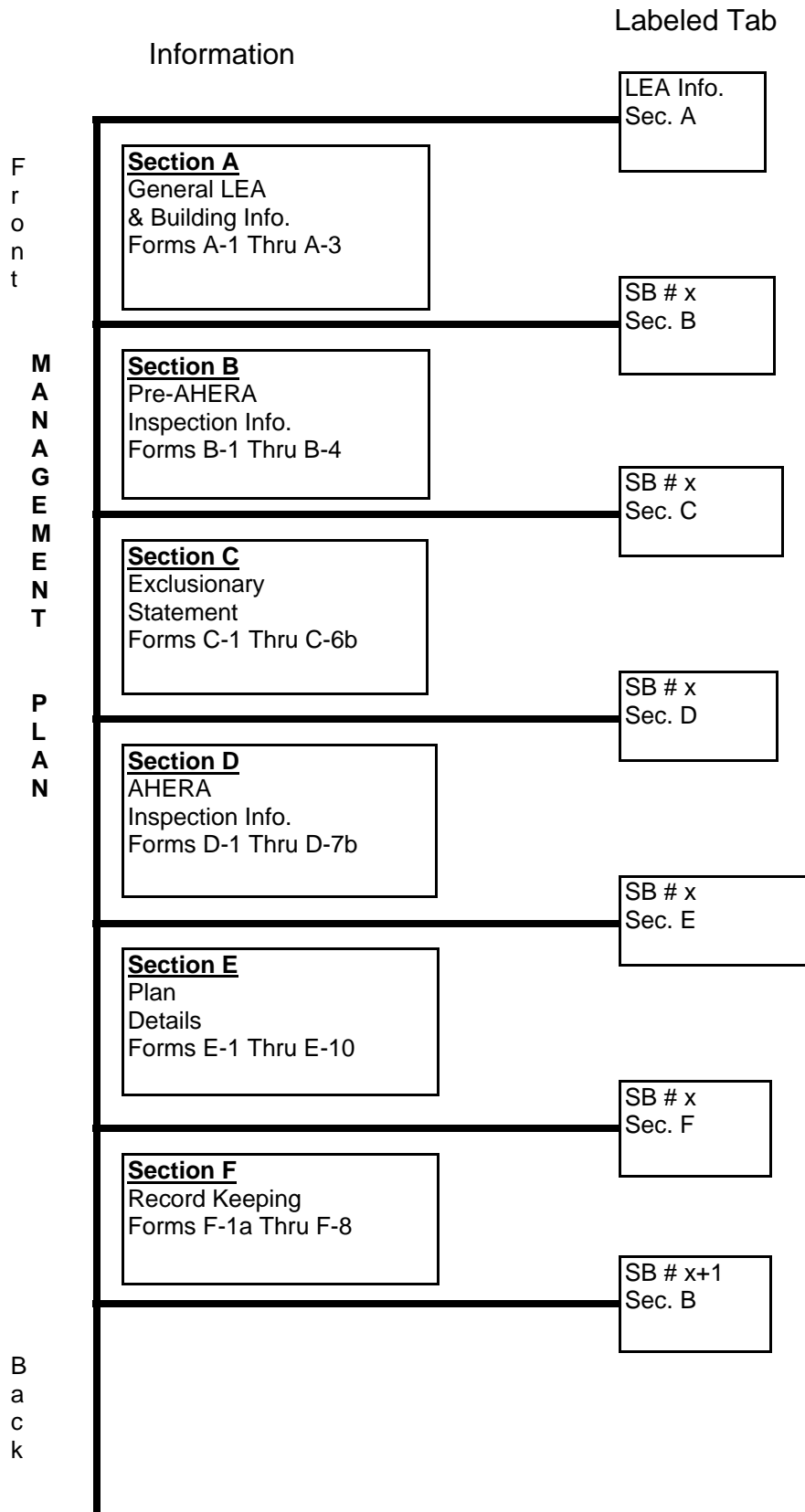
The management plan should be submitted in a three-ring binder. All information should also be typed onto the forms. Any extra information such as additional forms, text, sketches, or diagrams should be inserted after the appropriate form.

If you use a blueprint to provide information about a building, it should be drawn or reduced to fit on an 8.5" x 11" piece of paper, or you should submit the blueprint folded to a size to fit in an 8.5" x 11" envelope or folder. The envelope or folder should be labeled on the front with the LEA Name, LEA address, School Building Name, and School Building Address. Envelopes or folders containing blueprints should be submitted along with the three-ring binder containing the rest of the management plan.

The three-ring binder should be labeled on the front and on the spine. The label on the front of the binder should have the LEA Name, and LEA Address. The label on the spine should have the LEA Name. If you are submitting the management plan in stages (i.e., Buildings a through c immediately. . . Buildings d through f later), then also label the first three-ring binder on the front with "Management Plan #1." You should also indicate in a cover letter submitted with the management plan which buildings are not covered by the plan, and provide an anticipated date for plan submittal for remaining buildings. Management plans covering remaining buildings and submitted at a later date should be labeled accordingly with sequential numbers beginning with two.

The information submitted in Section A (General LEA & Building Information) should cover all the buildings in the submitted management plan. The information that you provide in Sections B through F, however, will be building specific. Therefore, for each building, you must submit information in Section B through F. To do this, the management plan must be divided by labeled tabs. This will keep building specific information for School Building #1 (SB #1) separate from building specific information for School Building #2 (SB #2), etc. Figure 1 illustrates the submittal format.

**Figure 1. Format for Management Plan**





### Chapter 3. Additional Information

If you have questions concerning this guidance document, or if you have not yet received a copy of the October 30, 1987 Federal Register which includes the Asbestos-Containing Materials in School Rule, write to the address given on page 1 or call (517) 322-1320.

## Appendix A

### Definitions

This appendix defines terms used in this guidance document. The definitions are taken from 763.83 of the Asbestos-Containing Materials in Schools Rule, published in the October 30, 1987 Federal Register at 40 CFR Part 763. When in doubt about the definition of any term, refer to either this appendix, or 763.83 of the rule.

1. “Accredited” or “accreditation” when referring to a person or laboratory means that such person or laboratory is accredited in accordance with section 206 of Title II of the Act (AHERA).
2. “Asbestos” means the asbestiform varieties of: Chrysotile (serpentine); crocidolite (riebeckite); amosite (cummingtonitegrunerite); anthophyllite; tremolite; and actinolite.
3. “Asbestos-containing material” (ACM) when referring to school buildings means any material or product which contains more than 1 percent asbestos.
4. “Asbestos-containing building material” (ACBM) means surfacing ACM, thermal system insulation ACM, or miscellaneous ACM that is found in or on interior structural members or other parts of a school building.
5. “Damaged friable miscellaneous ACM” means friable miscellaneous ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is inadequate or, if applicable, which has delaminated such that its bond to the substrate (adhesion) is inadequate or which for any other reason lacks fiber cohesion or adhesion qualities. Such damage or deterioration may be illustrated by the separation or crumbling of the ACM into layers; separation of ACM from the substrate; flaking, blistering, or crumbling of the ACM surface; water damage, significant or repeated water stains, scrapes, gouges, mars or other signs of physical injury on the ACM. Asbestos debris originating from the ACBM in question may also indicate damage.
6. “Damaged friable surfacing ACM” means friable surfacing ACM which has deteriorated or sustained physical injury such that the internal structure (cohesion) of the material is inadequate or which has delaminated such that its bond to the substrate (adhesion) is inadequate, or which, for any other reason, lacks fiber cohesion or adhesion qualities. Such damage or deterioration may be illustrated by the separation of ACM into layers; separation of ACM from the substrate; flaking, blistering, or crumbling of the ACM surface; water damage, significant or repeated water stains, scrapes, gouges, mars or other signs of physical injury on the ACM. Asbestos debris originating from the ACBM in question may also indicate damage.

7. “Damaged or significantly damaged thermal system insulation ACM” means thermal system insulation ACM on pipes, boilers, tanks, ducts, and other thermal system insulation where the insulation has lost its structural integrity, or its covering, in whole or in part, is crushed, waterstained, gouged, punctured, missing, or not intact such that it is not able to contain fibers. Damage may be further illustrated by occasional water damage on the protective covering/jackets; or exposed ACM ends or joints. Asbestos debris originating from the ACBM in question may also indicate damage.
8. “Friable” when referring to material in a school building means that the material, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure, and includes previously non-friable material after such previously non-friable material becomes damaged to the extent that when dry it may be crumbled, pulverized, or reduced to powder by hand pressure.
9. “Homogeneous area” means an area of surfacing material, thermal system insulation material, or miscellaneous material that is uniform in color and texture.
10. “Local education agency” means:
  - (1) Any local educational agency as defined in section 198 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 3381).
  - (2) The owner of any non-public, nonprofit elementary, or secondary school building.
  - (3) The governing authority of any school operated under the defense dependents’ education system provided for under the Defense Dependents’ Education Act of 1978 (20 U.S.C. 921, et seq.).
11. “Miscellaneous material” means interior building material on structural members of fixtures, such as floor and ceiling tiles, and does not include surfacing material or thermal system insulation.
12. “Non friable” means material in a school building which when dry may not be crumbled, pulverized, or reduced to powder by hand pressure.

13. “Potential damage” means circumstances in which:
  - (1) Friable ACBM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities.
  - (2) There are indications that there is reasonable likelihood that the material or its covering will become damaged, deteriorated, or delaminated due to factors such as changes in building use, changes in operations and maintenance practices, changes in occupancy, or recurrent damage.
  
14. “Potential significant damage” means circumstances in which:
  - (1) Friable ACBM is in an area regularly used by building occupants, including maintenance personnel, in the course of their normal activities.
  - (2) There are indications that there is a reasonable likelihood that the material or its covering will become significantly damaged, deteriorated, or delaminated due to factors such as changes in building use, changes in operations and maintenance practices, changes in occupancy, or recurrent damage.
  - (3) The material is subject to major or continuing disturbance, due to factors including, but not limited to, accessibility or, under certain circumstances, vibration or air erosion.
  
15. “Preventive measures” means actions taken to reduce disturbance of ACBM or otherwise eliminate the reasonable likelihood of the materials becoming damaged or significantly damaged.
  
16. “Response action” means a method, including removal, encapsulation, enclosure, repair, operations and maintenance, that protects human health and the environment from friable ACBM.

17. "School building" means:
  - (1) Any structure suitable for use as a classroom, including a school facility such as a laboratory, library, school eating facility, or facility used for the preparation of food.
  - (2) Any gymnasium or other facility which is specifically designed for athletic or recreational activities for an academic course in physical education.
  - (3) Any other facility used for the instruction or housing of students or for the administration of educational or research programs.
  - (4) Any maintenance, storage, or utility facility, including any hallway, essential to the operation of any facility described in this definition of "school building" under paragraph (1), (2), or (3).
  - (5) Any portico or covered exterior hallway or walkway.
  - (6) Any exterior portion of a mechanical system used to condition interior space.
18. "Significantly damaged friable miscellaneous ACM" means friable miscellaneous ACM where the damage is extensive and severe.
19. "Significantly damaged friable surfacing ACM" means damaged friable surfacing ACM in a functional space where the damage is extensive and severe.
20. "Surfacing material" means material in school building that is sprayed-on, troweled-on, or otherwise applied to surfaces, such as acoustical plaster on ceilings and fireproofing materials on structural members, or other materials on surface for acoustical, fireproofing, or other purposes.
21. "Thermal system insulation" means material in a school building applied to pipes, fittings, boilers, breeching, tanks, ducts, or other interior structural components to prevent heat loss or gain, or water condensation, or for other purposes.

## Appendix B

### Forms/Explanation of Forms

This appendix contains the forms you will need to complete the management plan. On the back of each form is an explanation of the information requested, along with instructions on submitting additional information (i.e., Analysis Reports, Blueprints, etc.). Items specifically required by the Asbestos-Containing Materials in Schools Rule, published in the October 30, 1987 Federal Register at 40 CFR Part 763, will be noted by a bold-face number referring to the appropriate section and paragraph in the Rule.

Section A  
General LEA and Building Information  
Forms A-1 thru A-3

The forms in this section should be used to provide information about the LEA and all buildings covered by this management plan.



LEA Name

SB#

## ASBESTOS MANAGEMENT PLAN

### LEA Information

1. Local Education Agency (LEA) Name

2. LEA Address

Street

City

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. LEA Designated Person

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

4. Designated Person Address (If Different than LEA Address)

Street

City

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

5. Designated Person Telephone Number

6. Designated Person Training Information

LEA Information Form A-1

Lines 1 & 2. Enter the name and address of the Local Education Agency (LEA).

Lines 3, 4, & 5. Enter the LEA designated person's name, address, (if different than the LEA's), and telephone number. 763.93(e)(4)

Line 6. Enter the course name(s), dates, and hours of training taken by the designated person. 763.93(e)(4)

LEA Name

### Building Summary

SB#

School Building Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Building Address

Street

City

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Building Contains:

- |                                       |                          |   |                          |
|---------------------------------------|--------------------------|---|--------------------------|
| 1. Friable ACBM                       | <input type="checkbox"/> | 2. Non-Friable ACBM                       | <input type="checkbox"/> |
| 3. Friable Material Assumed to be ACM | <input type="checkbox"/> | 4. Non-Friable Material Assumed to be ACM | <input type="checkbox"/> |
| 5. None of the Above                  | <input type="checkbox"/> |   |                          |

SB#

School Building Name

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Building Address

Street

City

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Building Contains:

- |                                       |                          |   |                          |
|---------------------------------------|--------------------------|---|--------------------------|
| 1. Friable ACBM                       | <input type="checkbox"/> | 2. Non-Friable ACBM                       | <input type="checkbox"/> |
| 3. Friable Material Assumed to be ACM | <input type="checkbox"/> | 4. Non-Friable Material Assumed to be ACM | <input type="checkbox"/> |
| 5. None of the Above                  | <input type="checkbox"/> |   |                          |

## Building Summary Form A-2

This form should be used to provide a list of school buildings (two per page) covered by the management plan.

LEA Name. Enter the LEA name at the top of this form.

SB#. The inspector, management planner, or LEA designated person, should assign a sequential number beginning with 1, to each school building covered by the management plan. Enter that number here.

School Building Name and Address. Enter the building name and address in these lines.  
763.93(e)(1)

Building Contains. Check all that apply. 763.93(e)(1)

LEA Name

### Notification Procedures

SB#(s) Covered

Notification Procedures

Notification Procedures Form A-3

LEA Name. Enter the LEA name at the top of this form.

SB#(s) Covered. Use this space to enter the SB#(s) of buildings covered by the notification procedures listed below.

Notification Procedures. Use this space to provide a description of steps taken to inform workers and building occupants, or their legal guardians, about inspections, reinspections, response actions, and post-response action activities, including periodic reinspection and surveillance activities that are planned or in progress. 763.93(e)(10) and 763.93(g)(4)

Section B  
Pre-AHERA Inspection Information  
Forms B-1 thru B-4

On all forms in this section, please enter the LEA Name and the SB# in the boxes at the top of the form. Please do not enter information for more than one SB# on the same form. You will need to use each form in this section to provide information on the building that was inspected.

LEA Name

SB#

## Pre-AHERA Inspection Building Description

1. Date of Inspection

2. Building Description/Homogeneous Area Location



Pre-AHERA Inspection Building Description Form B-1

Line 1. The rule requires the LEA provide information about inspections conducted before December 14, 1987 (pre-AHERA). Enter the date of inspection in this line. If more than one inspection was conducted, use a separate form for each inspection.

Line 2. For each pre-AHERA inspection, the rule requires the LEA to provide a description of each school building which clearly identifies each location and approximate square or linear footage of any homogeneous or sampling area where material was sampled for ACM, and if possible, the exact locations where bulk samples were collected. The rule specifies that a blueprint, diagram, or written description be used to provide this information. You may use this box to enter the written description. If you use a large diagram or blueprint, follow instructions in Chapter 2, Format for Management Plan of this guidance document and label the folder or envelope containing the blueprint or diagram "Pre-AHERA Building Description" along with the LEA information label. 763.93(e)(2)(ii)



Pre-AHERA Inspection  
Homogeneous Area Report Form B-2

Homogeneous Area (HA) Name. In this column, give each homogeneous area discovered during a pre-AHERA inspection a logical name (i.e. Basement Steam Pipe #1, Hallway Ceiling, etc.). This will provide a common reference point for the inspector, management planner, and LEA designated person when discussing a homogeneous area.

HA#. Each homogeneous area within each building should be assigned a sequential number beginning with 1. Enter that number here. This number will be used later to identify homogeneous areas which must be assessed by the AHERA accredited inspector in Section D and/or to identify homogeneous areas that qualify for an exclusionary statement in Section C.

F/NF. Indicate whether the homogeneous area is composed of friable (F) or non-friable (NF) material. The inspector will need this information to perform a hazard assessment.

Classification. Classify the homogeneous area by entering the corresponding abbreviation: Surfacing Material (SM), Thermal System Insulation (TSI), or Miscellaneous Material (MM). This information is also needed by the inspector in order to conduct a hazard assessment.

Size SF/LF. Indicate the approximate square or linear footage of the homogeneous area in this column. Also please indicate whether the measurement is in terms of square feet (SF) of surface material or linear feet (LF) of pipe or duct insulation by entering the appropriate abbreviation immediately following the measurement. 763.93(e)(2)(ii)



Pre-AHERA Inspection  
Sampling/Analysis Report Form B-3

HA#. Enter the HA# corresponding to the homogeneous area from which the sample was taken.

Sample#. Each sample taken during an inspection prior to December 14, 1987, should have been assigned a number. Enter that number here.

Sample Date. Enter the date on which each pre-AHERA sample was taken.  
763.93(e)(2)(ii)

Analysis Date. Enter the date on which each pre-AHERA sample was analyzed.  
763.93(e)(2)(ii)

Analysis Results. Enter the analysis results here. You may want to indicate the percentage of asbestos in the sampled material and also the type of asbestos (i.e., chrysotile, amosite, crocidolite, etc.). This information will aid in the planning and implementation of response actions.

Attach Copies . . . You are required to include a copy of the original analysis reports, as well as any other laboratory reports pertaining to the analysis. Include these reports in the management plan immediately following this form. 763.93(e)(2)(iii)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

### **Pre-AHERA Response Action Description**

Response Action/Preventive Measure Description

Pre-AHERA Response Action Description Form B-4

Response Action/Preventive Measure Description. The LEA must provide a description of any response actions or preventive measures taken to reduce asbestos exposure prior to December 14, 1987, including if possible, the names and addresses of all contractors involved, start and completion dates of the work, and the results of any air samples analyzed during and upon completion of the work. Enter this information on this form.  
763.93(e)(2)(iv)

Section C  
Exclusionary Statements  
Forms C-1 thru C-6b

The LEA is allowed to claim exclusions under 763.99 from certain sampling and inspection requirements if the LEA can document its qualifications for the exclusions. If the LEA wishes to claim an exclusion from an inspection requirement, then the appropriate form from this section must be completed. LEAs should use caution in making exclusionary statements as few schools will actually qualify for them. On all forms in this section, please enter the LEA Name and the SB# in the boxes at the top of the form. Please do not enter information for more than one SB# on the same form.



LEA Name

SB#

### Exclusionary Statement Friable ACBM

1. Inspector Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. State of Accreditation

4. Accreditation Number

5. HA#

6. Exclusionary Statement

Exclusionary Statement  
Friable ACBM Form C-1

This form allows the LEA to exclude a homogeneous or sampling area of friable material from the sampling requirements and may be used if an accredited inspector has determined that, based on sampling records, friable ACBM was identified in a homogeneous or sampling area during an inspection conducted before December 14, 1987 (pre-AHERA). This form must be submitted to the LEA designated person for inclusion in the management plan within 30 days after the exclusionary determination is made. An accredited inspector must still assess the homogeneous area under 763.88 and enter the assessment on Form D-7a & b. 763.99(a)(1)

Lines 1 & 2. Enter the name, signature, and date of signature, of the inspector making the exclusionary statements. 763.99(a)(1)

Line 3. Enter the state in which the inspector is accredited. 763.99(a)(1)

Line 4. The accreditation number can be either an official accreditation number assigned to the individual by the state in which he/she is accredited, or (if the individual is not accredited by another state) a certificate number from the EPA-approved training center. If the EPA-approved course did not issue certificate numbers, then enter the inspector's social security number in this line. 763.99(a)(1)

Line 5. Enter the HA# assigned to the homogeneous area for which the exclusionary statement is being made. The HA# must duplicate the HA# assigned to the homogeneous area in Form B-1.

Line 6. Enter the exclusionary statement here. 763.99(a)(1)

LEA Name

SB#

### Exclusionary Statement Non-Friable ACBM

1. Inspector Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. State of Accreditation

4. Accreditation Number

5. HA#

6. Exclusionary Statement

7. Has Material Become Friable? Yes  No

Exclusionary Statement  
Non-Friable ACBM Form C-2

This form allows the LEA to exclude a homogeneous or sampling area of non-friable material from the sampling requirements and may be used if an accredited inspector has determined that, based on sampling records, non-friable ACBM was identified in a homogeneous or sampling area during an inspection conducted before December 14, 1987 (pre-AHERA). This form must be submitted to the LEA designated person for inclusion in the management plan within 30 days after the exclusionary determination is made. If the material has become friable since the pre-AHERA inspection, the inspector must assess the homogenous area under 763.88 and enter the assessment on Form D-7a & b. 763.99 (a)(2)

Lines 1 thru 6. Follow instructions for lines 1 thru 6 from Form C-1. 763.99(a)(2)

Line 7. The inspector must determine whether or not the material has become friable since the previous inspection. Check the appropriate box. 763.99(a)(2)

LEA Name

SB#

## Exclusionary Statement Asbestos-Free Area

Mail To: Regional Asbestos Coordinator  
Land & Chemicals Division (LC-8J)  
U.S. EPA, Region V  
77 West Jackson Boulevard  
Chicago, IL 60604

1. Inspector Name

Last	First	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. State of Accreditation

4. Accreditation Number

5. HA#

6. Exclusionary Statement

Exclusionary Statement  
Asbestos-Free Area Form C-3a & 3b

This form allows the LEA to exclude a homogeneous or sampling area from the sampling requirements and may be used if an accredited inspector has determined that, based on sampling records and inspection reports, no ACBM is present in a homogeneous or sampling area and the records show that the area was sampled, before December 14, 1987 in substantial compliance with 763.85(a). The inspector must make a statement to that effect in Line 6 of this form. Within 30 days of the exclusionary determination, the LEA must submit a copy of the inspector's statement to the EPA Regional office (address given on form) and include the statement in the management plan. The LEA should include with the copy sent to EPA a cover letter clearly stating the LEA name and address, as well as the school building name and address. 763.99(a)(3), (3)(i), & (3)(ii)

Lines 1 Thru 6. Follow instructions for lines 1 thru 6 from Form C-1. 763.99 (a)(3), (3)(i), & (3)(ii)

LEA Name

SB#

**Exclusionary Statement  
Asbestos-Free Area  
(continued)**

6. Exclusionary Statement (continued)

Exclusionary Statement  
Asbestos-Free Area Form C-3a & 3b

This form allows the LEA to exclude a homogeneous or sampling area from the sampling requirements and may be used if an accredited inspector has determined that, based on sampling records and inspection reports, no ACM is present in a homogeneous or sampling area and the records show that the area was sampled, before December 14, 1987 in substantial compliance with 763.85(a). The inspector must make a statement to that effect in Line 6 of this form. Within 30 days of the exclusionary determination, the LEA must submit a copy of the inspector's statement to the EPA Regional office (address given on form) and include the statement in the management plan. The LEA should include with the copy sent to EPA a cover letter clearly stating the LEA name and address, as well as the school building name and address. 763.99(a)(3), (3)(i), & (3)(ii)

Lines 1 Thru 6. Follow instructions for lines 1 thru 6 from Form C-1. 763.99(a)(3), (3)(i), & (3)(ii)



LEA Name

SB#

### Exclusionary Statement Assumed ACM

1. Inspector Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. State of Accreditation

4. Accreditation Number

5. HA#

6. Exclusionary Statement

7. Was suspected ACBM Non-Friable? Yes  No

8. Has material become Friable? Yes  No

Exclusionary Statement  
Assumed ACM Form C-4

This form allows the LEA to exclude a homogeneous or sampling area from the sampling requirements and may be used if an accredited inspector has determined that, based on sampling records of an inspection conducted before December 14, 1987 (pre-AHERA), suspected ACBM identified in a homogeneous or sampling area is assumed to be ACM. This form must be given to the LEA designated person for inclusion in the management plan within 30 days after the determination is made. 763.99(a)(5)

Lines 1 Thru 6. Follow instructions for lines 1 thru 6 from Form C-1. 763.99(a)(5)

Lines 7 & 8. The inspector must determine whether or not the material identified was non-friable, and, if it was non-friable when it was identified, whether or not the material has become friable. Check the appropriate boxes. Friable materials or non-friable materials that have become friable must be assessed according to 763.88. 763.99(a)(5)

LEA Name

SB#

## Exclusionary Statement Asbestos Removal Operations

Mail To: Regional Asbestos Coordinator  
Land & Chemicals Division (LC-8J)  
U.S. EPA, Region V  
77 West Jackson Boulevard  
Chicago, IL 60604

1. Inspector Name

Last	First	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. State of Accreditation

4. Accreditation Number

5. HA#

6. Exclusionary Statement

Asbestos Removal Operations Form C-5a & 5b

This form allows the LEA to exclude a homogeneous or sampling area from sampling and inspection requirements and may be used if an accredited inspector determines that, based on inspection records and contractor and clearance records, no ACBM is present in the homogeneous or sampling area where asbestos removal operations have been conducted before December 14, 1987. The inspector must enter a statement to that effect in Line 6 of this form. The LEA must submit a copy of this form to the EPA Regional Office (address given on form) and must include this form in the management plan. The LEA should include, with the copy sent to EPA, a cover letter clearly stating the LEA name and address, as well as the school building name and address. 763.99(a)(6)

Lines 1 Thru 6. Follow instructions for lines 1 thru 6 from Form C-1. 763.99(a)(6)

LEA Name

SB#

**Exclusionary Statement  
Asbestos-Removal Operation  
(continued)**

6. Exclusionary Statement (continued)

Asbestos Removal Operations Form C-5a & 5b

This form allows the LEA to exclude a homogeneous or sampling area from sampling and inspection requirements and may be used if an accredited inspector determines that, based on inspection records and contractor and clearance records, no ACBM is present in the homogeneous or sampling area where asbestos removal operations have been conducted before December 14, 1987. The inspector must enter a statement to that effect in Line 6 on this form. The LEA must submit a copy of this form to the EPA Regional Office (address given on form) and must include this form in the management plan. The LEA should include, with the copy sent to EPA, a cover letter clearly stating the LEA name and address, as well as the school building name and address. 763.99(a)(6)

Lines 1 Thru 6. Follow instructions for lines 1 thru 6 from Form C-1. 763.99(a)(6)

LEA Name

SB #

### Exclusionary Statement Post 10/12/88 Construction

Mail To: Regional Asbestos Coordinator  
Land & Chemicals Division (LC-8J)  
U.S. EPA, Region V  
77 West Jackson Boulevard  
Chicago, IL 60604

1. Inspector Name

Last	First	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Inspector Signature	Date
<input type="text"/>	<input type="text"/>

3. State of Accreditation

4. Accreditation Number

5. Architect or Project Engineer Name

Last	First	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Architect or Project Engineer Signature	Date
<input type="text"/>	<input type="text"/>

## Exclusionary Statement

### Post 10/12/88 Construction Form C-6a & 6b

This form may be used by the LEA to exclude school buildings constructed after October 12, 1988 from the inspection requirements. The LEA may have the architect or project engineer responsible for the construction of the new building, or an accredited inspector, sign the exclusionary statement on this form. The person must sign a statement to the effect that no ACBM was specified as a building material in any construction document for the building, or, to the best of his or her knowledge, no ACBM was used as a building material in the building. The LEA shall submit a copy of this form to the EPA Regional Office (address given on form) and shall include, with the copy sent to EPA, a cover letter clearly stating the LEA name and address, as well as the school building name and address. 763.99(a)(7)

Lines 1 Thru 4. If an accredited inspector is chosen to sign this statement, fill in lines 1 thru 4. Follow instructions for lines 1 thru 4 from Form C-1.

Lines 5 Thru 9. If an architect or project engineer is chosen to sign this statement, enter the Name, Signature, Date of Signature, Firm Name, Firm Address, and Phone Number in the appropriate line. 763.99(a)(7)

Line 10. Enter the exclusionary statement here. 763.99(a)(7)



LEA Name

SB#

**Exclusionary Statement  
Post 10/12/88 Construction  
(continued)**

7. Architect or Project Engineer Firm Name

8. Architect or Project Engineer Firm Address

Street

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

9. Architect or Project Engineer Phone Number

10. Exclusionary Statement

## Exclusionary Statement

### Post 10/12/88 Construction Form C-6a & 6b

This form may be used by the LEA to exclude school buildings constructed after October 12, 1988 from the inspection requirements. The LEA may have the architect or project engineer responsible for the construction of the new building, or an accredited inspector, sign the exclusionary statement on this form. The person must sign a statement to the effect that no ACBM was specified as a building material in any construction document for the building, or, to the best of his or her knowledge, no ACBM was used as a building material in the building. The LEA shall submit a copy of this form to the EPA Regional Office (address given on form) and shall include, with the copy sent to EPA, a cover letter clearly stating the LEA name and address, as well as the school building name and address. 763.99(a)(7)

Lines 1 Thru 4. If an accredited inspector is chosen to sign this statement, fill in lines 1 thru 4. Follow instructions for lines 1 thru 4 from Form C-1.

Lines 5 Thru 9. If an architect or project engineer is chosen to sign this statement, enter the Name, Signature, Date of Signature, Firm Name, Firm Address, and Phone Number in the appropriate line. 763.99(a)(7)

Line 10. Enter the exclusionary statement here. 763.99(a)(7)

Section D  
AHERA Inspection Information  
Forms D-1 Thru D-7b

On forms D-2 through D-7b, in this section, please enter the LEA Name and the SB# in the boxes at the top of the form. Please do not enter information for more than one SB# on the same form. You will need to use each form in this section to provide information on the building that was inspected.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

**Inspector and Building Data**

1. Date of Inspection

2. Inspector Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

3. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

4. State of Accreditation

5. Accreditation Number

6. Building Name

7. Building Address

Street

City

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

8. Local Education Agency (LEA) Name

9. LEA Address

Street

City

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

## Inspector and Building Data Form D-1

Line 1. Enter the exact date of inspection. If inspections were conducted on more than one day, then a separate form must be completed for each date. 763.85(a)(4)(vi)(A)

Line 2 & 3. Enter the name, signature, and date of signature of inspector. If more than one inspector conducted the inspection on that date, then a separate form must be completed for each inspector. 763.85(a)(4)(vi)(A)

Line 4. Enter the state in which inspector is accredited. 763.85(a)(4)(vi)(A)

Line 5. The accreditation number can be either an official accreditation number assigned to the individual by the state in which he/she is accredited, or (if the individual is not accredited by another state) a certificate number from the EPA-approved training center. If the EPA-approved course did not issue certificate numbers, then enter the inspector's social security number in this line. 763.85(a)(4)(vi)(A)

Line 6 & 7. Enter the building name and address. If more than one building is inspected on that date, then an entirely separate inspection report must be completed for each building. For the definition of a "building", see the definition of "school building" in Appendix A of this guidance document.

Lines 8 & 9. Enter the name and address of the Local Education Agency (LEA) which governs the use of the inspected building.



## Homogeneous Area Report Form D-2

Homogeneous Area (HA) Name. In this column, give each homogeneous area discovered during an AHERA inspection a logical name (i.e., Basement Steam Pipe #1, Hallway Ceiling, etc.) This will provide a common reference point for the inspector, management planner, and LEA designated person when discussing a homogeneous area.

HA#. Each homogeneous area within each building should be assigned a sequential number beginning with 1. Enter that number here. This number will be used later to identify homogeneous areas which must be assessed by the AHERA accredited inspector in Section D and/or to identify homogeneous areas that qualify for an exclusionary statement in Section C.

F/NF. Indicate whether the homogeneous area is composed of friable (F) or non-friable (NF) material. The inspector will need this information to perform a hazard assessment.

K/A. Indicate whether the homogeneous area is known (K) or assumed (A) to contain Asbestos-Containing Material (ACM) or (N) not asbestos containing. A homogeneous area is known to contain ACM if sampling and analysis performed according to 763.85 and 763.87 has indicated the material as positive for ACM. The inspector will also need this information to perform a hazard assessment.

Classification. Classify the homogeneous area by entering the corresponding abbreviation: Surfacing Material (SM), Thermal System Insulation (TSI), or Miscellaneous Material (MM). This information is also needed by the inspector in order to conduct a hazard assessment.

Size SF/LF. Indicate the approximate square or linear footage of the homogeneous area in this column. Also please indicate whether the measurement is in terms of square feet (SF) or surface material or linear feet (LF) of pipe or duct insulation by entering the appropriate abbreviation immediately following the measurement. 763.93(e)(3)(ii)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
 CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
 AHERA MANAGEMENT PLAN

LEA NAME

SB#

**FUNCTIONAL SPACE**

Functional Space (FS) Name

Homogeneous Area	HA#	F/NF	K/A/N	Classification SM/TSI/MM

Functional Space (FS) Name

Homogeneous Area	HA#	F/NF	K/A/N	Classification SM/TSI/MM



### Functional Space Report Form D-3

Functional Space (FS) Name. AHERA regulations define a functional space as “a room, group of rooms, or homogenous area designated by a management planner, project designer, or person accredited to conduct response actions.” The AHERA Preamble refers to functional space as a “term of art” used by the accredited expert to appropriately characterize an area as containing “significantly damaged friable surfacing ACM” or “significantly damaged friable miscellaneous ACM.” In the context of response actions, the affected functional space is that area within the containment area.

Homogeneous Area (HA) Name. In this column, give each homogeneous area discovered during an AHERA inspection a logical name (i.e., Basement Steam Pipe #1, Hallway Ceiling, etc.) This will provide a common reference point for the inspector, management planner, and LEA designated person when discussing a homogeneous area.

HA#. Each homogeneous area within each functional space should have an assigned number (i.e., Room 203). Enter that number here. This number will be used later to identify homogeneous areas which must be assessed by the AHERA accredited inspector in Section D and/or to identify homogeneous areas that qualify for an exclusionary statement in Section C.

F/NF. Indicate whether the homogeneous area is composed of friable (F) or non-friable (NF) material. The inspector will need this information to perform a hazard assessment.

K/A. Indicate whether the homogeneous area is known (K) or assumed (A) to contain Asbestos-Containing Material (ACM) or (N) not asbestos containing. A homogeneous area is known to contain ACM if sampling and analysis performed according to 763.85 and 763.87 has indicated the material as positive for ACM. The inspector will also need this information to perform a hazard assessment.

Classification. Classify the homogeneous area by entering the corresponding abbreviation: Surfacing Material (SM), Thermal System Insulation (TSI), or Miscellaneous Material (MM). This information is also needed by the inspector in order to conduct a hazard assessment.

Size SF/LF. Indicate the approximate square or linear footage of the homogeneous area is this column. Also please indicate whether the measurement is in terms of square feet (SF) or surface material or linear feet (LF) of pipe or duct insulation by entering the appropriate abbreviation immediately following the measurement. 763.93(e)(3)(ii)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

**Homogeneous Area Locator**

HA#

Homogeneous Area Location

HA#

Homogeneous Area Location

#### Homogeneous Area Locator Form D-4

The inspection report must include “an inventory of the locations of the homogeneous areas...”. The rule does not specify the method to be used, however, LARA recommends that homogeneous areas be inventoried in two ways, both graphically and in writing. This form should be used for identifying each homogeneous area by its HA#, and for giving a written description of the location of the area.

The inspector should also illustrate the location of the homogeneous areas by drawing a clear sketch or diagram of the building showing walls, doors, windows, and other building features in relation to the homogeneous areas. The inspector should use the HA# to point out homogeneous areas on the sketch (do not use color-coding, as colors cannot be duplicated on most photocopiers). The sketch should have a scale, and be as accurate as possible. Graph paper is recommended. An accurate sketch will allow homogeneous areas, areas of damage, and sampling sites to be easily located in the future. If you use a large diagram or blueprint, follow instruction in Chapter 2, Format for Management Plan of this guidance document and label the folder or envelope containing the blueprint or diagram “Homogeneous Area Locator” along with the LEA information label. 763.85(a)(4)(vi)(B)



## Sampling Log Form D-5

HA#. Enter the HA# corresponding to the homogeneous area from which the sample was taken.

Sample #. Enter the sample number given to the sample when it was taken. This can either be a sequential or random number, whichever method the inspector chooses. When referring to samples in text, you may want to identify a sample with the homogeneous area from which it was collected (i.e., "Sample 1-12" would mean "Sample 12 taken from HA #1).

Sample Date. Enter the date the sample was collected. 763.85(a)(4)(vi)(B)

Analysis Date. Enter the date on which the analysis was conducted. 763.93(e)(3)(iv)

Analysis Results. Enter the analysis results here. You may want to indicate the percentage of asbestos in the sampled material and also the type of asbestos (i.e., chrysotile, amosite, crocidolite, etc.). This information will aid in the planning and implementation of response actions.

Attach Copies. . .You are required to include a copy of the analyses of any bulk samples collected and analyzed. Include such copies in the management plan immediately following this form. 763.93(e)(3)(iv)

LEA Name

SB#

## Sample Location Determination

1. Describe Manner Used to Determine Sample Locations

2. Inspector Name

Last

First

M.I.

3. Inspector Signature

Date

4. State of Accreditation

5. Accreditation Number

Sample Location Determination Form D-6

Line 1. Enter the method the inspector used to determine the sample locations. Sampling location determination must be conducted in accordance with 763.86. 763.85(a)(4)(vi)(C)

Lines 2 through 5. Enter information for each inspector who collected samples. If more than one inspector collected samples, use an additional form for each inspector. See instructions for Lines 4 & 5 in Form D-1 for details on entering accreditation information. 763.85(a)(4)(vi)(C)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

**Sample Locator**

HA#

Sample #

Exact Sample Location

HA#

Sample #

Exact Sample Location

HA#

Sample #

Exact Sample Location



### Sample Locator Form D-7

HA#. Enter HA# corresponding to the homogeneous area from which the sample was taken.

Sample #. Enter the sample number assigned to the sample.

Exact Sample Location. The rule requires the inspector to inventory the exact location where each sample was collected. As with the homogeneous area inventory on Form D-3, you should describe the location both graphically and in written form. You should use this form for the written description. You should also illustrate the sample locations on the building sketch of homogeneous areas. 763.85(a)(4)(vi)(B)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

**Hazard Assessment**

1. Inspector Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. Inspector Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. State of Accreditation

4. Accreditation Number

HA#

Hazard Assessment Classification

Reason for Classifications

## Hazard Assessment Forms D-8a & 8b

Lines 1 & 2. Enter the name and signature of each inspector who performed a hazard assessment. If more than one inspector performed a hazard assessment, complete an additional form for each inspector. 763.93(e)(2)(v) & 763.88(a)(2)

Lines 3 & 4. Enter accreditation information. For more details on this subject, see instructions for Form D-1, Lines 4 & 5. 763.93(e)(2)(v) & 763.88(a)(2)

HA#. Enter the HA# corresponding to the homogeneous area being assessed. You should begin assessment with homogeneous areas discovered in pre-AHERA inspections and assigned HA#s on Form B-2. When those assessments have been completed, enter HA#s for homogeneous areas discovered in the AHERA inspection and entered on Form D-2.

Hazard Assessment Classification. The accredited inspector must classify homogeneous areas discovered in both pre-AHERA inspections and AHERA inspections into one of seven categories. Following is a list of those categories which should be entered in this box. 763.88(b), 763.93(e)(2)(v) & (e)(3)(v)

1. Damaged or significantly damaged thermal system insulation ACM
2. Damaged friable surfacing ACM
3. Significantly damaged friable surfacing ACM
4. Damaged or significantly damaged friable miscellaneous ACM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable (known) ACBM or friable suspected ACBM

Reasons for Classifications. Type in the inspector's reasons for classifying each homogeneous area into each hazard assessment category. If the inspector uses a standardized method of classification (i.e., a form or decision tree) to perform the physical assessment, these documents should be included to supplement the written reasons given here. 763.88(b)

LEA Name

SB#

### Hazard Assessment (continued)

HA#

Hazard Assessment Classification

Reasons of Classification

HA#

Hazard Assessment Classification

Reason for Classification

## Hazard Assessment Forms D-8a & 8b

Lines 1 & 2. Enter the name and signature of each inspector who performed a hazard assessment. If more than one inspector performed a hazard assessment, complete an additional form for each inspector. 763.93(e)(2)(v) & 763.88(a)(2)

Lines 3 & 4. Enter accreditation information. For more details on this subject, see instructions for Form D-1, Lines 4 & 5. 763.93(e)(2)(v) & 763.88(a)(2)

HA#. Enter the HA# corresponding to the homogeneous area being assessed. You should begin assessment with homogeneous areas discovered in pre-AHERA inspections and assigned HA#s on Form B-2. When those assessments have been completed, enter HA#s for homogeneous areas discovered in the AHERA inspection and entered on Form D-2.

Hazard Assessment Classification. The accredited inspector must classify homogeneous areas discovered in both pre-AHERA inspections and AHERA inspections into one of seven categories. Following is a list of those categories which should be entered in this box. 763.88(b), 763.99(e)(2)(v) & (e)(3)(v)

1. Damaged or significantly damaged thermal system insulation ACM
2. Damaged friable surfacing ACM
3. Significantly damaged friable surfacing ACM
4. Damaged or significantly damaged friable miscellaneous ACM
5. ACBM with potential for damage
6. ACBM with potential for significant damage
7. Any remaining friable (known) ACBM or friable suspected ACBM

Reasons for Classifications. Type in the inspector's reasons for classifying each homogeneous area into each hazard assessment category. If the inspector uses a standardized method of classification (i.e., a form or decision tree) to perform the physical assessment, these documents should be included to supplement the written reasons given here. 763.88(b)

Section E  
Plan Details  
Forms E-1 Thru E-10

On all forms in this section, please enter the LEA Name and the SB# in the boxes at the top of the form. Please do not enter information for more than one SB# on the same form. You will need to use each form in this section to provide information on the building for which the plan details apply.

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

## Building Description

Building Description

### Building Description Form E-1

Building Description. You must provide a blueprint, diagram, or written description of each school building that clearly identifies each location and approximate square or linear footage of all friable/non-friable, known/assumed ACM homogeneous areas, and exact sample locations. You may use this form to provide a written description. If you use a large diagram or blueprint, follow instructions in Chapter 2, Format for Management Plan of this guidance document and label the folder or envelope containing the blueprint or diagram “Building Description” along with the LEA information label. 763.93(e)(3)(ii)



LEA Name

SB#

### Laboratory Information

1. Laboratory Name

2. Laboratory Address

Street

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

3. Analyst Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

4. Analyst Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

5. Applicable Requirements Statement

Laboratory Information Form E-2

Lines 1 & 2. Enter the name and address of the laboratory which performed sample analyses. 763.93(e)(3)(iv)

Lines 3 & 4. Enter the name, signature, and date of signature of analyst who performed the analyses. 763.99(e)(3)(iv)

Line 5. The laboratory used to perform analyses must meet the applicable requirements of 763.87(a). A statement to that effect must be entered here. 763.93(e)(3)(iv)



Recommendations Forms E-3a & 3b

Lines 1 & 2. Enter the management planner name, signature and date of signature in these spaces. 763.93(e)(5)

Line 3. Enter the State in which the management planner is accredited. 763.93(e)(5)

Line 4. The accreditation number can be either an official accreditation number assigned to the individual by the state in which he/she is accredited, or (if the individual is not accredited by another state) a certificate number from the EPA-approved training center. If the EPA-approved course did not issue certificate numbers, then enter the management planner's social security number in this line. 763.93(e)(5)

Line 5. Enter the management planner's recommendations made to the LEA regarding response actions. 763.93(e)(5)

LEA Name

SB#

## Recommendations (continued)

### 5. Recommendations

Recommendations Forms E-3a & 3b

Lines 1 & 2. Enter the management planner name, signature and date of signature in these spaces. 763.93(e)(5)

Line 3. Enter the State in which the management planner is accredited. 763.93(e)(5)

Line 4. The accreditation number can be either an official accreditation number assigned to the individual by the state in which he/she is accredited, or (if the individual is not accredited by another state) a certificate number from the EPA-approved training center. If the EPA-approved course did not issue certificate numbers, then enter the management planner's social security number in this line. 763.93(e)(5)

Line 5. Enter the management planner's recommendations made to the LEA regarding response actions. 763.93(e)(5)

LEA Name

SB#

## Response Action and Preventive Measures

1. Location

2. Methods

3. Reasons

4. Schedule

Response Actions and Preventive Measures Form E-4

Line 1. Enter locations where response actions and preventive measures will be taken.  
763.93(e)(6)

Line 2. Enter the methods to be used for each response action and preventive measure.  
763.93(e)(6)

Line 3. Enter the reasons for selecting each response action and preventive measure.  
763.93(e)(6)

Line 4. Enter the schedule for beginning and completing each response action and preventive measure. 763.93(e)(6)



LEA Name

SB#

## Personnel Accreditation Statement

1. LEA Designated Person Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. LEA Designated Person Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. Accreditation Statement

Personnel Accreditation Statement Form E-5

Lines 1 & 2. Enter the LEA designated person name, signature, and date of signature.

Line 3. The LEA must provide a statement regarding the accreditation of persons who inspected for ACBM and who will design or carry out response actions (except for operations and maintenance). The statement requirements are outlined in 763.93(e)(7)(i) & (ii). Enter the statement here. 763.93(e)(7)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

## Remaining Asbestos

Description

--

## Remaining Asbestos Form E-6

You must provide a detailed description in the form of a blueprint, diagram or written description, of any ACBM or suspected ACBM assumed to be ACM which remains in the building once response actions are undertaken. You may use this form to provide a written description. If you use a large diagram or blueprint, follow instructions in Chapter 2, Format for Management Plan of this guidance document and label the folder or envelope containing the blueprint or diagram "Remaining Asbestos" along with the LEA information label. This description must be updated as response actions are completed. 763.93(e)(8)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

## Future Activities

### 1. Surveillance and Reinspection Plan

### 2. Operation and Maintenance Activities Plan

Future Activities Forms E-7a & 7b

Line 1. You must provide a plan for surveillance and reinspections under 763.92 and 763.85 respectively. 763.93(e)(9)

Line 2. You must provide a plan for operations and maintenance under 763.91. 763.93(e)(9)

Line 3. You must provide a description of the management planner's recommendation regarding additional cleaning under 763.91(c)(2). 763.93(e)(9)

Line 4. You must provide the LEA's response to the management planner's additional cleaning recommendation. 763.93(e)(9)

LEA Name

SB#

**Future Activities  
(continued)**

3. Additional Cleaning Recommendation

4. LEA response to Additional Cleaning Recommendation

Future Activities Forms E-7a & 7b

Line 1. You must provide a plan for surveillance and reinspections under 763.92 and 763.85 respectively. 763.93(e)(9)

Line 2. You must provide a plan for operations and maintenance under 763.91. 763.93(e)(9)

Line 3. You must provide a description of the management planner's recommendation regarding additional cleaning under 763.91(c)(2). 763.93(e)(9)

Line . You must provide the LEA's response to the management planner's additional cleaning recommendation. 763.93(e)(9)



LEA Name

SB#

## Resource Evaluations

Resource Evaluation For:

1. Successful Response Action Completion
2. Reinspection Implementation
3. Operations and Maintenance Activities
4. Periodic Surveillance and Training Implementation

Resource Evaluation Form E-8

Use this form to provide an evaluation of resources needed to complete response actions successfully and carry out reinspection, operations and maintenance activities, periodic surveillance and training. 763.93(e)(11)

LEA Name

SB#

### Consultant Accreditation Statement

1. LEA Designated Person Name

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

2. LEA Designated Person Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

3. Accreditation Statement

Consultant Accreditation Statement Form E-9

Lines 1 & 2. Enter the LEA designated person name, signature, and date of signature.

Line 3. The LEA must provide a statement regarding the accreditation of consultants who contributed to the management plan. The statement requirements are outlined in 763.93(e)(12)(i) & (ii). Enter the statements here. You must also provide the name of each consultant with each statement. 763.93(e)(12)

LEA Name

SB#

## LEA Responsibility Certification

### 1. LEA Designated Person

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### 2. LEA Designated Person Signature

Date

<input type="text"/>	<input type="text"/>
----------------------	----------------------

### 3. Responsibility Statement

LEA Responsibility Certification Form E-10

Lines 1 & 2. Enter the LEA designated person's Name, Signature, and Date of Signature in these lines. 763.93(i)

Line 3. Each management plan must contain a true and correct statement, signed by the LEA designated person which certifies that the general LEA responsibilities as stipulated by 763.84 have been or will be satisfied. Enter that statement here. 763.93(i)

Section F  
Recordkeeping  
Forms F-1a Thru F-8

On all forms in this section, please enter the LEA name and SB# in the boxes at the top of the form. Please do not enter information for more than one SB# on the same form. You will be required to maintain these records for all asbestos related activities initiated after December 14, 1987.

LEA Name

SB#

## Description of Preventive Measures and Response Actions

1. Location

2. Methods

3. Reasons

4. Schedule

5. Name and Location of Storage or Disposal Site of the ACM



Description of Preventive Measures and Response Actions Form-1a

Line 1. Enter locations where response actions and/or preventive measures were taken. 763.94(b)(1)

Line 2. Enter the methods used for each response action and/or preventive measure taken. 763.94(b)(1)

Line 3. Enter the reason for selecting each response action or preventive measure taken. 763.94(b)(1)

Line 4. Enter the starting and completion dates of preventive measures or response actions taken. 763.94(b)(1)

Line 5. Enter the name and location of storage or disposal site of ACM if ACBM were removed. 763.94(b)(1)

LEA Name

SB#

### Description of Preventive Measures and Response Actions (continued)

1. Name of Contractor involved

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. State of Accreditation

3. Accreditation Number

1. Name of Contractor Involved

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. State of Accreditation

3. Accreditation Number

Description of Preventative Measures of Response Action Taken Form F-1b

Line 1. Enter the name of the contractors involved in preventative measures or response action. 763.94(b)(1)

Line 2. Enter the state in which contractor is accredited. 763.94(b)(1)

Line 3. The accreditation number can be either an office accreditation number assigned to the individual by the state in which he/she is accredited, or (if the individual is not accredited by another state) a certificate number from the EPA-approved training center. If the EPA-approved course did not issue certificate numbers, then enter the contractor's social security number in this line. 763.94(b)(1)

LEA Name

SB#

## Response Action Clearance Monitoring

1. Name of Person Collecting Air Sample

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Air Sampler's Signature

3. Locations Where Air Samples Were Collected

4. Date Air Samples Collected

5. Name and Address of Laboratory Analyzing Samples

6. Date of Analysis

Response Action Clearance Monitoring Form F-2a

Line 1 & 2. Enter the name and signature of the person that conducted air sampling at the completion of the response action. 763.94(b)(2)

Line 3. Enter the methods and locations of the air samples taken to clear response actions as defined by 763.90(i). 763.94(b)(2)

Line 4. Enter date that clearance air samples were collected. 763.94(b)(2)

Line 5. Enter the name and address of the laboratory that analyzed the clearance air samples. 763.94(b)(2)

Line 6. Enter the date that samples were analyzed. 763.94(b)(2)

LEA Name

SB#

### Response Action Clearance Monitoring (continued)

7. Results of Analysis

8. Method of Analysis

9. Name of Person Performing Analysis

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. Signature of Person Performing Analysis

11. Statement of Laboratory's Qualifications

Response Action Clearance Monitoring Form F-2b

Line 7. Enter the results of the air sampling analysis. 763.94(b)(2)

Line 8. Enter the method of laboratory analysis. 763.94(b)(2)

Line 9 & 10. Enter the name and signature of the person performing the laboratory analysis. 763.94(b)(2)

Line 11. Enter statement of laboratory's qualifications specifying that the lab meets the requirements of 765.90(i)(2)(ii). 763.94(b)(2)

LEA Name

SB#

### In-House O & M Training

1. Person's Name and Job Title

2. Date of Training

3. Location of Training

4. Number of Hours of Training Provided

### In House Operations and Maintenance (O & M) Training Form F-3



Line 1. Enter name and title of each person required to be trained under 763.92(a)(1) and (2). 763.94(c)

Line 2. Enter date that training was provided. 763.94(c)

Line 3. Enter location where training was provided. 763.94(c)

Line 4. Enter hours of training provided. 763.94(c)

LEA Name

SB#

### Periodic Surveillance

1. Name of Person Performing Surveillance

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Date of Surveillance

3. Description of Changes in the Condition of the Materials

Periodic Surveillance Forms F-4

Line 1. For each time that periodic surveillance under 763.92(b) is performed, enter the name of each person performing the surveillance. 763.94(d)

Line 2. Enter date that surveillance was performed. 763.94(d)

Line 3. Enter a description of any changes in the conditions of ACBM since the last inspection. 763.94(d)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
CONSTRUCTION SAFETY AND HEALTH DIVISION - ASBESTOS PROGRAM  
AHERA MANAGEMENT PLAN

LEA Name

SB#

### O & M Cleaning

1. Name of Person Performing Cleaning

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. Date of Cleaning

3. Location and Description of Cleaning Methods

Operations and Maintenance (O & M) Cleaning Form F-5

Line 1. For each time that cleaning under 763.91(c) is performed, enter the name of each person performing the cleaning. 763.94(e)

Line 2. Enter the date of cleaning. 763.94(e)

Line 3. Enter a description of the locations cleaned and the methods used to perform each cleaning. 763.94(e)

LEA Name

SB#

## O&M Activities

### 1. Name of Person Performing Activities

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 2. Start and Completion Dates

### 3. Location and Description of O&M Activity

### 4. Name and Location of Storage or Disposal Site for ACM

Operations and Maintenance (O & M) Activities Form F-6

Line 1. Each time that O & M activities under 763.91(a) are performed, enter the name of each person performing the activity. 763.94(f)

Line 2. Enter start and completion dates of O & M activities under 763.91(d). 763.94(f)

Line 3. Enter a description of the O & M activity that occurred and the location. 763.94(f)

Line 4. If ACBM was removed during O & M activity, enter the name and address of the storage or disposal site of the ACM. 763.94(f)

LEA Name

SB#

## Major Fiber Release

### 1. List Location and Description of Activities

### 2. List Start and Completion Dates of Activities

### 3. Name and Location of Storage or Disposal Site for ACM



Major Fiber Release Form F-7a

Line 1. For each time that a major fiber release activity under 763.91(e) is performed, list the location where the activity occurred, and a description of the activity including preventative measures used. 763.94(g)

Line 2. List the start and completion date of the above activity. 763.94(g)

Line 3. If ACBM was removed during the major fiber release activity, enter the name and address of the storage or disposal site of the ACM. 763.94(g)

LEA Name

SB#

### Major Fiber Release (continued)

4. Name of Contractor Involved

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Contractor Involved

State of Accreditation

Accreditation Number

4. Name of Contractor Involved

Last

First

M.I.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Contractor Involved

State of Accreditation

Accreditation Number

Major Fiber Release Form F-7b

Line 4. List the name, signature, state of accreditation and accreditation number of each person performing an activity under 763.91(e). Follow the instructions for lines 1-3 from form F-1b. 763.94(g)

LEA Name

SB#

## Minor Fiber Release

1. List Location and Method of Repair, Preventative Measures or Response Action Taken

2. Date of Minor Fiber Release Episode

3. Name and Location or Storage of Disposal Site for ACM

4. List Names of Persons Performing Repair or Cleanup

## Minor Fiber Release Form F-8

Line 1. For each fiber release episode under 763.91(f), list the location of the episode and the method of repair, preventative measures, or response actions taken. 763.94(h)

Line 2. List the date of each fiber release episode under 763.91(f). 763.94(h)

Line 3. If ACBM was removed during the repair, preventative measure, or response action as a result of the fiber release episode, enter the name and address of the storage or disposal site of the ACM. 763.94(h)

Line 4. List the names of all persons performing work as a result of the fiber release episode. This should include people involved in repair, preventative measures, or response actions. 763.94(h)