

DUE APRIL 17, 2026

A S B E S T O S
PERIODIC SURVEILLANCE DATA SHEET

(to: Karen Heinrich, fax 503-850-3451, karen.heinrich@oregonadentist.org)

NAME OF SCHOOL _____

NAME OF INSPECTOR _____ POSITION _____

DATE(S) THAT THE INSPECTION WAS CONDUCTED _____

It is the inspector's responsibility to visually inspect and assess all changes, and record the present status of all ACBM or assumed ACBM indicated in the management plan, including any additional suspect materials added after the three year inspection.

LIST AREA AND MATERIAL	CHANGES			COMMENTS
	NONE	MIN	MAJ	
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. _____				
9. _____				
10. _____				
11. _____				
12. _____				

Signature of Inspector

Date