



## Fiber Release Episode Notification Form

Date(s) episode occurred: \_\_\_\_\_ Time of Day: \_\_\_\_\_

Was the building occupied?  Yes  No

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Location where the episode occurred (include room number or clear designation of the area):  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Asbestos-containing Material (ACM) involved: \_\_\_\_\_

Type of ACM: \_\_\_\_\_

Describe what happened to create the fiber release episode:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Preventive measures were used to protect building occupants? Check all that apply

- Isolated the area-Restrict entry (poly on doors, hard barriers)
- Posted warning signs
- Modified HVAC to affected area
- Air testing performed
- Asbestos Consultant contacted for evaluation
- Project Design prepared is greater than 3 linear/square feet

Name of Consultant: \_\_\_\_\_

Name of Asbestos Contractor: \_\_\_\_\_

Date corrective action was started/will start: \_\_\_\_\_

Please submit this form within 24 hours of event pursuant to 454 CMR 28.13(7)(e)2.d.  
to: [Zachariah.Costa@mass.gov](mailto:Zachariah.Costa@mass.gov)

*Note: Retain a copy of this notice in your AHERA management plan.*