



# MASSACHUSETTS DEPARTMENT OF **LABOR STANDARDS**

## **Standardized Reporting Format AHERA Inspections and Reinspections**

DLS has developed a standardized reporting format for Asbestos Inspectors to record and report their finding of AHERA Inspections and Reinspections. As stated in 454 CMR 28.05(c)(12), EPA recommends that States develop and require the use of standardized forms for recording results of Inspections in schools, and that the use of these forms be incorporated into the curriculum for training conducted for licensure.

Local Education Agencies (LEAs) are frequently unable to locate critical information needed regarding the locations, amounts and condition of ACM in their schools. Plans that are not user friendly make it difficult for LEA's to quickly reference locations of known or assumed ACM when notifying their outside contractors or in the event of a fiber release episode. As a result of regulatory changes in 454 CMR 28.00, LEAs are required to submit to DLS an electronic copy of a reinspection within 30 days of the reinspection (454 CMR 28.13(2)(b)1).

At the present time, DLS would consider the use of this template as satisfying the state of the art for Asbestos Inspectors when recording and reporting inspection/reinspection results.

Directions for completing and submitting the *Standardized Template* can be found in *Appendix A*, which accompanies the template.

EPA also recommends that States develop a standard format for the purposes of organizing the management plan to track ongoing recordkeeping (454 CMR 28.05(d)(10)). The attached guidance document entitled "*Organizing the Management Plan*" includes the ten key AHERA recordkeeping topics. The goal of a consistent structure of the management plan is to improve overall AHERA compliance and provide a user-friendly format that is easy to navigate for the LEA, contractors, parents and school staff. At the present time, DLS would consider this method of organizing the management plan as state of the art for Management Planners.



# MASSACHUSETTS DEPARTMENT OF LABOR STANDARDS

## Standardized Report for Inspections and Re-Inspections Appendix A

### Completing the Standardized Template:

**Column 1:** List the type of material and description of each unique homogeneous area. Materials must be separated by size, color, pattern and/or time of application (i.e., material in an addition to the building must be separate from the original building.)

**Column 2:** List each room or space within the homogeneous area where the material is found.

**Column 3:** List the total quantity of ACM in the homogeneous area, using square feet, linear feet, or for individual units, list the total number (such as fire doors). You can list the square/linear footage by room if you choose.

**Note:** You would list a room/separately if the physical assessment differs from the rest of the homogeneous area.

**Column 4:** Type F for Friable, N for Non-friable. See new DLS definition of friable: includes non-friable if it has been subjected to forces that will create dust. (such as broken floor tiles)

**Column 5:** Physical assessment category 1 through 7

Use Category 5: Potential for damage—if one of the risk factors is Moderate, either Contact, Air Erosion, Vibration, Water Damage. See DLS definitions.

Use Category 6: Potential for significant damage—if one of the risk factors is High, either Contact, Air Erosion, Vibration, Water Damage. See DLS definitions.

**Note:** If the material is not accessible or visible, make that note in Column 5. If the material would still be subject to one of the risk factors, such as drilling/cutting into a pipe chase, use category 5, and make a note in column 9 that the material is not visible or accessible.

**Note:** If the material is not ACM, put N/A in this column.

**Column 6:** If ACM has not been sampled, it is assumed. Put Y in this column if ACM is assumed.

**Column 7:** List the date sampling was performed. Put Y if ACM, put N if no ACM.

**Column 8:** List the response action recommendation. Must be consistent with the Assessment.

**Note:** If the material is not ACM, put N/A in this column.

**Column 9:** List the amount of damage, either in a percentage of the Homogeneous area (if evenly distributed) or the amount of localized damaged by room/area. Highlight damaged areas.

**Note:** If the ACM is not visible or accessible, write that in this column. If the material is not ACM, put N/A.

**Column 10:** List a start and end date to complete the response action recommendation. Prioritize schedules for damaged friable ACM, and damaged non-friable ACM. Other factors to consider when prioritizing response actions include: location, frequency of use, type of activity, condition, extent of damage/deterioration, and interim controls that may be available.

**Note:** Even if response is to maintain under O&M program, put a start and end date for a 3-year period.

**Note:** If the material is not ACM, put N/A in this column.

**Column 11:** Put Y If Special Cleaning Is needed, frequency of the cleaning, method of cleaning, and location(s) of cleaning. This would be needed in areas where friable ACM/friable assumed ACM is located, and where damaged ACM is located until repairs can be completed.  
Write N in this column if no special cleaning is required in any part of the homogeneous area.

**Other notes:**

- If material is not accessible, state that it is not accessible or visible (such as mastic, tile under newer flooring, ACM behind enclosures, etc.), and there is no potential that the material may be subject to any of the known risk factors. Some inaccessible ACM may be subject to a risk factor, so a physical assessment of 5 would be given.
- If the material is not ACM, some of the columns will be not applicable (put N/A in those columns),
- Use a Font size no smaller than 10 points
- Number all pages consecutively
- The chart is a word document so you can change the width of columns as needed.

**Submitting the Report:**

- Include a cover page from your firm with the following information: The Inspector and Management Planner Name and License Number, date of the reinspection, the name and address of the school, and total number of pages
- Upon submission of the report to DLS, you acknowledge that the information provided is true and accurate to the best of your knowledge.

Reports shall be submitted electronically to DLS, either to: [zachariah.costa@mass.gov](mailto:zachariah.costa@mass.gov) or [janet.mckenna@mass.gov](mailto:janet.mckenna@mass.gov)

For questions or concerns regarding the completion and submittal of the *Standardized Form*, contact DLS through the emails provided above, indicate the best way to reach you (email or phone number), and we will respond promptly.

## 3-Year AHERA Reinspection

Date of Reinspection: \_\_\_\_\_



MASSACHUSETTS DEPARTMENT OF  
**LABOR STANDARDS**

School Name: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

School Address: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_ License Number: \_\_\_\_\_

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