

State of Maine

Department of Environmental Protection
Lead & Asbestos Hazard Prevention Program
17 State House Station, Augusta, Maine 04333
TEL (207) 287-2651 FAX (207) 287-6220

Asbestos Abatement Project Visual Evaluation Form B

Asbestos Abatement Project Code:

Important Notice

Pursuant to 06-096 CMR 425, Maine Asbestos Management Regulations, a documented visual evaluation for the following asbestos abatement activities when air clearance sampling is not required must be included in the final asbestos abatement project report: roofing removed by mechanical roof saws or cutters, removal of exterior cementitious products, glove bag and wrap and cut operations and final inspection after removal of containment. Individuals conducting visual evaluations must be certified or accredited as shown below. Completion of Form B and inclusion into the final abatement report constitutes compliance with the requirements of 06-096 CMR 425.

Choose one of the following:

Roofing removed by mechanical roof saws or cutters (visual evaluation by contractor employed Asbestos Project Supervisor, Air Monitor, OSHA trained competent person or third party independent Air Monitor).

Exterior cementitious products (visual evaluation by contractor employed Asbestos Project Supervisor, Air Monitor, OSHA trained competent person or third party independent Air Monitor).

Glove bag and wrap and cut activities where "Project Totals" are less than 100 ((visual evaluation by contractor employed Air Monitor, or third party independent Air Monitor).

Glove bag and wrap and cut activities where "Project Totals" are more than 100 (visual evaluation by **third party independent Air Monitor**).

Final Inspection after Removal of Containment (visual evaluation by contractor employed Asbestos Project Supervisor, Air Monitor, or third party independent Air Monitor). **The Final Inspection is required for all asbestos abatement projects including the asbestos abatement activities listed above.**

Asbestos Abatement Contractor Name & Physical Address:

Company Name:

Street:

City: State: Zip:

Telephone: FAX:

Contact:

Asbestos Abatement Project Location:

Facility Name:

Street:

City: State: Zip:

Owner:

Visual Evaluation by:

Asbestos Abatement Contractor employee

Third party independent Air Monitor

Comments:

Signature:

I certify that I have personally examined the regulated area of the above named asbestos abatement project and found that the regulated area was clear of visible debris as required by 06-096 CMR 425, Maine Asbestos Management Regulations.

Signature

Date:

Print Name

Title:

ME Certification #:

Expiration Date: