

PERIODIC SURVEILLANCE FORM

Name of Building: _____

Address: _____

Date of Surveillance: _____ School District: _____

This building has known or assumed:

Friable ACBM only

Non-friable ACBM Only

both Friable & Non-friable ACBM

Status of condition change of friable and/or non-friable known or assumed ASBM within this building:

Change in ACBM
Condition Present

No Change in ACBM
Condition Present

For Homogeneous area(s) of known or assumed ACBM which have changed condition since the last inspection, re-inspection, or periodic surveillance, complete the following:

H. Area I.D.	Homogeneous Area Description	New Material Condition	Location of Condition Change	Condition Change Description

(Additional condition changes may be documented on reverse side)

Person conducting Periodic Surveillance:

_____ Signature

_____ Date