Final Inspection of Asbestos Removal, Renovation, and Demolition Projects

Date: _____
Project: _____
Location: _____
Building: _____

CHECKLIST:

Residual dust on:	Yes	No		Yes	No
a. Floor	____	____	e. Horizontal surfaces	____	____
b. Horizontal surfaces	____	____	f. Pipes	____	____
c. Pipes	____	____	g. Ducts	____	____
d. Ventilation equipment	____	____	h. Register	____	____
			i. Lights	____	____

FIELD NOTES:
Record any problems encountered here.

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FINAL AIR SAMPLE RESULTS: _____
_____
_____

Figure F-7. Clearance Checklist

BILLING CODE 4510-26-C