

PERIODIC SURVEILLANCE

Form AA010

- 1. Building: Moody
- 2. Date of Surveillance: 4/2/98
- 3. Name of person conducting surveillance: \_\_\_\_\_
- 4. Did you visually inspect all areas that are identified in the Management Plan as asbestos-containing building materials?    yes \_\_\_\_\_    no \_\_\_\_\_
- 5. Is there any change in the condition of these materials since the last periodic surveillance?    yes \_\_\_\_\_    no \_\_\_\_\_

Comments: Building renovated all A.C.M.  
removed!  
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