

ADVANCED AIR ANALYSIS, INC.

FINAL-ABATEMENT INSPECTION FORM

PROJECT NAME: _____ DATE: _____

ADDRESS: _____

PROJECT DESCRIPTION: _____

ABATEMENT CONTRACTOR: _____

SUPERVISOR NAME: _____

IH NAME/SIGNATURE: _____

INSPECTION TIME: _____ INSPECTION DATE: _____

WORK-SITE INSPECTION	NOT			COMMENTS
	YES	NO	APPLICABLE	
1. FLOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. PIPES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. VENTILATION EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. DUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. ALL OTHER HORIZONTAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. ALL OTHER VERTICAL SURFACES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. NAME OF ENCAPSULANT USED: _____				
9. THE WORK AREA WAS FOUND TO BE ACCEPTABLY FREE OF DUST AND DEBRIS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESULT OF FINAL VISUAL INSPECTION:

INSPECTOR: _____

SIGNATURE: *Justin J. [Signature]*

DATE: _____

TIME: _____

TYPE OF FINAL CLEARANCE AIR SAMPLES

PCM TEM

FOR FINAL AIR SAMPLE RESULTS PLEASE SEE AIR SAMPLING FORM FOR "PCM" ANALYSIS OR LABORATORY ANALYSIS REPORT FOR "TEM" ANALYSIS