

# ASBESTOS ABATEMENT INSPECTION CHECKLIST

## GENERAL INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

## Pre-Work Preparation

Yes  No — Containment barriers are fully sealed and secure

Yes  No — Warning signs are posted at all access points

Yes  No — HVAC systems are disabled and vents sealed

Yes  No — Decontamination unit is fully operational

## Worker Safety & PPE

Yes  No — Workers are wearing approved respirators and suits

Yes  No — Current medical surveillance records are on site

Yes  No — Training certifications are valid and available

Yes  No — Respirator fit tests are verified for all staff

## Removal Procedures

Yes  No — Wet methods are used to suppress airborne dust

Yes  No — Waste is placed in leak-tight labeled containers

Yes  No — HEPA vacuums are used for continuous cleanup

Yes  No — Negative air pressure is maintained and monitored

### Final Clearance

Yes  No — Visual inspection confirms no visible debris remains

Yes  No — Air monitoring samples are collected and analyzed

Yes  No — Waste manifests are completed and signed

Yes  No — Containment is removed only after clearance

### FINAL NOTES

Inspector Comments:

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Inspector Name: \_\_\_\_\_

Inspector Email: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

I confirm this inspection was completed accurately