



City of Philadelphia - Department of Public Health
Air Management Services, 2nd Fl. Asbestos Control Unit
321 University Ave. Philadelphia, PA 19104

Office Use Only

Date Received L&I:

Date Received AMS:

Date Inspected

Inspector No.

Asbestos Inspection Report

1. Name of Building / Property: _____ Address _____

2. Name of Building / Property Owner: _____ Address _____ Phone No. _____

3. Name of Philadelphia Certified Investigator: _____ Certification No. _____ Contact Information / Email / Phone No. _____

L&I Commercial Activity No. (Former Business Privilege License No.) _____ Business Tax ID No. _____

4. Name of Philadelphia Licensed Laboratory: _____ License No. _____ Phone No. _____

5. Scope of Work: (Insert or attach a complete description of the portion of the subject property inspected and the anticipated work that will result in the disturbance of the identified Asbestos Containing Materials (ACMs) (e.g. demolition, asbestos abatement, and / or renovation activities.)

The scope of work will either be complete building demolition of the building or major renovations throughout the building. A comprehensive asbestos inspection along with bulk sampling of accessible suspect materials was performed.

6. Property has been declared to be in imminent danger (ID) of failure or collapse by the City of Philadelphia Department of Licenses & Inspections. Attached is a copy of the L&I Notice of Violation declaring the property I.D. ****Note: INVESTIGATOR MUST BE ON SITE DURING DEMOLITION!**

7. (ACMs) identified? Yes (List Below) No (explain)

8. Suspected ACM's sampled? Yes (attached are copies of the laboratory chain of custody and bulk sample results.) No (Why?)

9. List all identified ACM's located in the planned renovation/demolition areas. Damaged ACM must be listed and then repaired or removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area. (Attached are add'tl sheets)

Location	Description	Type (Code 1)	Amount		Condition (Code 2)	Action (Code 3)
			Square	Linear		

<p>Code 1</p> <p>FRI - Friable NF1 - Non-Friable, Cat. 1 NF2 - Non-Friable, Cat. 2</p>	<p>Code 2</p> <p>DD - Deteriorated or Delaminated ND - Non-Damaged</p>	<p>Code 3</p> <p>REM - Removal necessary prior to Demo/Reno NRN - No removal necessary, label ACM REP - Repair & Label ACM, removal not necessary</p>
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10. I hereby certify that the foregoing statements are true and the information contained in this report is true. This certification is made subject to the penalties set forth in 18 PA. C.S. S4904 relating to unsworn falsification to authorities. Furthermore I certify that the inspection, sampling, and labeling requirements of section X of the Asbestos Control Regulation (ACR) have been met. The building owner has been notified of the ACR requirements and given a copy of this report. If the inspection has revealed ACM which will be disturbed by the proposed work or if it has revealed ACM in bad condition, the building owner has been notified to remove or repair the ACM in accordance with the ACR prior to renovation or demolition activity.

11. Signature of Certified Asbestos Investigator:	Date: _____	Signature of Building Owner: _____	Date: _____
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9. List Asbestos Containing Material (ACM) located in the planned renovation/demolition area(s). Damaged ACM must be listed and then repaired or removed prior to renovation. You (Investigator) must label all ACM that may be left in the work area.

Q/U = Quantity Undetermined

Location	Description	Type (Code 1)	Amount		Condition (Code 2)	Action (Code 3)
			Square	Linear		
Basement Mechanical Room	White Packing surrounding the Boiler Breeching/Chimney connection point	FRI	5 square feet		ND	REM
Throughout Basement	12" x 12" White Floor Tile and associated Mastic (120 sf below non-asbestos Vinyl Composite Tile)	NF1	2,748 square feet		ND	REM
Throughout First Floor	12" x 12" White Floor Tile and associated Mastic (3,740 sf below Carpeting and 856 sf below non-asbestos Vinyl Composite Tile)	NF1	4,896 square feet		ND	REM
Throughout	Wood and Metal Fire Doors throughout the Building (assumed asbestos-containing interior cores)	NF2	Approx. 20 doors		ND	REM
Throughout – Concealed within Electric Boxes Behind Panel Breakers	Wire Insulation	NF2	Q/U		ND	REM
Concealed within Wall Cavities (feeding radiators from Attic)	Magnesia (MAG) Pipe/Pipe Fitting Insulation	FRI	Q/U		ND	REM
Attic	Magnesia (MAG) Pipe/Pipe Fitting Insulation	FRI		250 linear feet		REM
Rooftops	Roof field and flashing (assumed asbestos-containing)	NF1	6,500 square feet			REM

Signature of Certified Asbestos Investigator:

Date:

8/14/2019

Signature of Building Owner:

Date: