

**ASBESTOS HAZARD EMERGENCY RESPONSE ACT (AHERA)  
DESIGNATED PERSON CHECKLIST**

SCHOOL DISTRICT:				
SCHOOL/BUILDING NAME:			PHONE:	
PHYSICAL ADDRESS:			ZIP CODE:	
CITY:			COUNTY:	
<b>MANAGEMENT PLAN(S)</b>				
<b>Management Plan Available At:</b>			<b>REMARKS</b>	
<b>School Administrative Unit Office</b>		<b>YES</b>	<b>NO</b>	
<b>School</b>		<b>YES</b>	<b>NO</b>	
Developed By:				
Firm Name:				
Firm Address:				
<b>DOES THE MANAGEMENT PLAN INCLUDE THE FOLLOWING:</b>				<b>REMARKS</b>
	<b>YES</b>	<b>NO</b>	<b>NA</b>	
1. Original inspection report conducted by accredited person?				
2. Three-year reinspection reports?				
3. Record of six-month periodic surveillance in buildings containing, or assumed to contain ACBM?				
4. Operations, maintenance, and repair program if friable or assumed friable ACBM is present?				
6. Inspections of all buildings built or acquired after the original inspection that will be used as part of the school?				
7. "No ACBM" statement signed by an architect, accredited inspector, or professional engineer?				
8. Up-to-date records of asbestos awareness training for custodial/maintenance staff who may work in a building containing ACBM maintained?				
9. Maintenance and updates to include any response action activities?				

	YES	NO	NA	REMARKS
10. Blueprint, diagram, or written description of each school building identifying location, amount and sample location of ACBM?				
11. Annual written notification to parents, teachers and employee organizations of the availability of the management plan(s)/exclusion statements?				
12. Statement signed by adequately trained designated person that general LEA responsibilities have been/will be met by LEA personnel?				
13. Warning label posted adjacent to friable and nonfriable ACBM and suspected ACBM in routine maintenance areas?				

ADDITIONAL COMMENTS:	
Signature of Designated Person:	School Official:
Date:	Date: